

**THE INDIAN NAVY CIVIL EMPLOYEES
CO-OPERATIVE SOCIETY LTD.
NAVAL BASE, VISAKHAPATNAM**



PERSONAL ACCIDENT POLICY WITH

**THE NEW INDIA ASSURANCE COMPANY LTD.,
Divisional Office, Dwaraka Nagar, Visakhapatnam**

Name of the Member : _____ Cell.No. _____

Design : _____ Emp.No. _____ G.L.No.: _____ C. No. _____ Dept: _____

Unit _____ Residential Address _____

I propose the following family members to include in the above policy

Sl	Name	DOB	Sex	Relation with Proposer	Name of the Nominee	Relation Ship
1						
2						
3						
4						
5						
6						

1. The above information is true to the best of my knowledge.
2. I declare that the money payable by the insurance company may be paid to the nominee declared above through the society after adjusting the dues if any payable to the society after my demise.

Visakhapatnam

Date:

Signature