



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Promoted by IRDA, Govt. of India)

Head Office:-315,Paras Chambers,D.No.-3-5-890,HimayatNagar, Hyderabad-500029(A.P)
e-mail : iisla.ad2013@gmail.com, admin@iisla.co.in, Web-site : www.iisla.co.in.,
Telephone Numbers: 040- 66253666, 040-23261072, 040-23261073.

Notice- Nominee Details

Dear Members of IISLA

You are all aware that IISLA has obtained Group Personal Accident Insurance Policy from National Insurance Company Ltd for the benefit of all its members. In order to facilitate speedy settlement of claims, as and when it arises, and for smooth administration of the scheme, you are hereby requested to kindly provide complete details of the nominee, along with a copy of the photo ID of the nominee, in the enclosed form, and return the same duly completed and signed, to Admin office of IISLA, Hyderabad, by 30th of this month.

This has the approval of nominee directors of IISLA

Administration Head

Date: 02.06.2014



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GROUP PERSONAL ACCIDENT INSURANCE POLICY

Form of Nomination

(All the details to be filled by the member in BLOCK LETTERS only)

Name of Member: _____ Membership No. _____

SLA No: _____ Mail ID: _____

Address: _____ Contact No: _____

To,
Officer InCharge,
IISLA, Himayathnagar
Hyderabad,

I do hereby inform that the person mentioned here under shall be my Nominee under the Group Personal Accident Insurance policy for receiving all the benefits under the said policy (in the event of my death or incapacitated to receive the benefit as per the conditions of the policy).

Name of Nominee	Age	Address	Relationship with the member	Contact details phone no. & Email ID of
1	2	3	4	5

Place:

Signature of the Member:

Date:

Name of Member:

Address :