

Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City,
Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsompo.com

Guidelines For Completion Of The Form (to Be Filled By Proposer): -
1.This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2.The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully and in BLOCK letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office Use Only

Intermediary Name:		Intermediary Contact No.:		Intermediary Reference Code:	
Intermediary Email:		Intermediary Sales Person's Name:			
Intermediary Sales Person's Contact:		Intermediary Sales Person's Code:	Source Code:		
POS UID Aadhar No./PAN:		Policy Issuing Office Code			
Policy Issuing Office Address:					

I. PROPOSAL DETAILS

Business Type: New ☐ Renewal ☐ Migration ☐ Portability ☐

2. PROPOSER'S DETAILS

Title: Mr. / Miss / Mrs. / M/s / others (if others, please specify)

Name:

First NameMiddle NameLast Name

Gender: Male ☐ Female ☐ Third Gender ☐ Date of Birth Nationality:

Marital Status: Single ☐ Married ☐ Others ☐

Correspondence Address:

District:

City/Town State: Pin Code:

Mobile/ WhatsApp No: Pan Card Number :

Permanent Address:

District:

City/Town State: Pin Code:

Contact No. Email

Occupation: Salaried ☐ Self Occupied ☐ Professional ☐ Others ☐ if others provide details

Annual Income : I to 10 Lakh ☐ 11 to 20 Lakh ☐ 21 to 50 Lakh ☐ Aove 50 Lakh ☐

ID Proof Type: PAN ☐ Passport ☐ Driving License ☐ Voter's Card ☐ If others provide details

ID Proof No. CKYC No.

E- account Opening : Do you have eIA account? If Yes, Account details
I would like to apply for eIA with : ☐ Karvy ☐ CAMS ☐ NSDL ☐ CSDL

3. POLICY DETAILS

Proposed Period of Insurance: Policy Start Date: Policy End Date:

Type of Cover: Individual ☐ Family Floater ☐ Sum Insured :

Policy Type : New ☐ Renewal ☐ Migration ☐ Portability ☐

No Claim Bonus can be opted through: Enhancement in Sum Insured ☐ Discount in Premium ☐

Premium Payment Frequency : Yearly ☐ Half yearly ☐ Quartely ☐ Monthly ☐ Single ☐

4. PROPOSED INSURED INFORMATION

Sr. No.	Name	Gender (M/F/TG*)	DOB (DD/MM/YYYY)	Pre-existing illness if any, Yes/No	Relationship with Proposer	Height (in cm)	Weight (in kg)
1							
2							
3							
4							
5							
6							

* Third Gender

5. ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

6. NOMINEE INFORMATION (Please provide details as per order mentioned in Proposed Insured Information)

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of Nominee

*If the Nominee is Minor, Name and relationship with minor:

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

7. MEDICAL INFORMATION (Please provide details as per order mentioned in Proposed Insured Information)

Insured member	Question 1 Any nervous, mental or psychiatric disease or sickness?	Question 2 Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode, blackout, fit) of any kind.	Question 3 Heart disease, including ischaemic heart disease, Diabetes/raised blood sugar, High blood pressure / Hypertension, Circulatory disorders,Urinary disease ?	Question 4 Fistula, piles, hernia, varicose veins, any boil, cyst or wound which doesnot heal or improve despite treatment?	Question 5 Any disorders of Eyes or dimness of vision, cataract etc. Any disorder of ears or difficulty or interference with hearing. Any disorder of Nose or Throat, Gland disorder such as Thyroid, Blood disorder or disorder of Reproductive system, Disease of Uterus, Ovaries or breast or any specific Gynecological disorders?
I					
2					
3					
4					
5					
6					

Insured member	Question 6 Cancer or malignant growth, Any respiratory or Allergic diseases, Disease of kidney, Liver, Stomach, Ulcer, Bowel or Gall Bladder, Kidney stones, Intestine, Brain disorder, Lung disorder, any disease of the bones, joint disorder including rheumatic disease, Rheumatic fever, Congenital/ Birth defect, Physical deformity, or HIV/AIDS?	Question 7 Any Past Instance of non-acceptance of your health or life insurance proposal by any of the insurer.	Question 8 Any other information relevant to your medical conditions?
I			
2			
3			
4			
5			
6			

Additional Information: If any of the Insured members answered yes in any of the above question, please furnish below details:

Refer Question No.	Name of the Insured this related to	Symptoms/ Conditions/ diagnosis	Date of Onset	Frequency and Severity of Symptoms	Date of last episode/ symptom	Details of any past or current meditation or treatment	Current Status (Fully recovered /ongoing)	Name of Family Doctor/ Hospital Name Contact no. and Address

8. EXISTING/PREVIOUS INSURANCE DETAILS

Do you want Us to consider these details for portability? Yes ☐ No ☐

Details of existing health insurance policy/previous health insurance policy/ other insurance like Mediclaim, Critical Illness Policy or any other medical Insurance policy(please attach a photocopy) and provide below details.

Name of Insured Members	Policy No.	Name and Address of Insurance Co.	Sum Insured	Period of Insurance		No Claim Bonus %	First Policy Inception date	Claims Received / Receivables (Rs.)	Claimed for (Nature of Problems)
				From DD/MM/YY	To DD/MM/YY				

Date of first coverage which has since been renewed continuously without break or within grace period: _____

9. PREMIUM PAYMENT AND BANK DETAILS:

Payment Option : ☐ Cheque☐ Demand Draft ☐ Fund Transfer ☐ Pay Order ☐ Debit Card ☐ Credit Card ☐ Cash

Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Sources of funds: Salary/Business/Other pleasespecify:

Please make a crossed Cheque /DD/Pay order in favor of “Universal Sampo General Insurance Company Limited”
*PAN Card copy in Mandatory for premium of premium of 50,000 and above mentioned in Cash/DD or 1,00,000 and above by Cheque/Credit/Debit Card payment to be collected only from Proposer's card/Bank Account.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE	
Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

10. DEBIT AUTHORIZATION FOR CURRENT & FUTURE RENEWAL PREMIUMS

I hereby authorize Bank to debit my account number with the bank of Rs. _____ towards first premium for availing the said Universal Sampo Health Insurance Cover.
☐ I hereby request and authorize the Bank to debit my account number the yearly due dates with the applicable renewal premium.

11. DECLARATION ☐

1.“I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2.I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3.I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4.I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement including seeking and/or sharing of my medical data through ABHA.
5.I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
☐ I hereby consent to and authorize Universal Sampo General Insurance Company Limited (“Company”) and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.
☐ Go Green
We would like to protect our environment and would like to save paper by sending all Policy and service related communication to the email id as mentioned in this form.
By choosing this option, you wish to avail Physical Policy Copy.

Date : _____ Signature of the Proposer: _____
Place : _____ Name of Proposer : _____

AML guidelines ☐

1. I / we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons ** nor are their close relatives /family members/associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

***“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Disability Declaration ☐

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:
Signature of Representative:

CKYC Declarations ☐

I hereby give consent to Universal Sampo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

12. VERNACULAR DECLARATION

Certification in case of the proposer has signed in vernacular (to be witnesses by someone other than Agent/Employee of the company)

Name of the Proposer : _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____ Name of Witness: _____

Signature of Witness: _____

Date: _____ Place: _____

13. AGENT'S DECLARATION

I, _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No(Advisor/Corporate Agent/ Broker/Relationship Officer):
Date: _____ Place : _____ Signature of Agent _____

14. PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT 1938

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Acknowledgement-Customer Copy

Received from Ms./Mrs./Mr. _____a sum of Rs. _____Through
Cheque/NEFT/DD/Cash/Others No. _____ against your proposal for Arogya Sanjeevani Policy- Universal Sampo General Insurance Company.

Signature of Universal Sampo General Insurance Company Limited Official / Intermediary _____

Date _____ Signature _____

Universal Sampo General Insurance Company Limited Official/Intermediary Name: _____

Time: _____ Place: _____

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
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