

## ASSURE WARRANTY

### PROPOSAL FORM

**Important:**

These are the minimum requirements to be furnished by You. We may seek any other information as desired and required for underwriting purposes.

- Please tick the boxes wherever applicable. Please fill in **CAPITALS**.
- Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
- All fields are mandatory.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

**INSURED DETAILS (Applicable for Individual and Group):**

Type of Policy	Individual/ Group
Master Policy holder Name (For Group Policy)	
Please state the approximate number of members to be insured	
Details of Group Members – Refer Annexure 1	
Name of the Insured/Proposer	
Communication Address:	
Mobile No.:	
Email Address:	
Type of Usage:	Commercial <input type="checkbox"/> / Personal <input type="checkbox"/>
Period of Insurance:	From: To:
Pan:	
CKYC No:	

I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing ☐

Are you a Politically Exposed Person? or a close relative of a PEP\*? ☐ Yes ☐ No (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This

would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")	
Address Proof:	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others
Financier Details (Applicable for individual):	
GSTIN(if customer if registered for GST):	
<b>INSURED ASSET DETAILS- Applicable for Individual and Group</b>	
	<b>Insured Asset 1</b>
Type of Asset (Please select as per applicability)	<input type="checkbox"/> Non-Electronic <input type="checkbox"/> Electronic – Handheld <input type="checkbox"/> Electronic – Computer and Computer Paraphernalia <input type="checkbox"/> Electronic – Others
Type of Cover (Insured can select any one cover)	<input type="checkbox"/> Warranty Insurance <input type="checkbox"/> Extended Warranty Insurance
Equipment/Product Type	
Make	
Model	
Invoice Number	
Invoice Date	
Asset Mfg. Year	
Asset Serial Number/ IMEI No*	
Basis of SI : a) Original Purchase price / MRP b) Replacement Value /Market value C) Other (kindly specify)	
Category of Asset: Please select as per applicability:	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished <input type="checkbox"/> Specific components if any –(pls specify)
Sum Insured in (₹)	
Policy Period	From: To:
Manufacturer's Warranty Period	From: To:

Risk Date:	From: To:
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Note: kindly use annexure in the above format if there are more assets to be insured

OPTIONAL COVER	
1. Waiver of Condition of Average	Yes / No
2. Betterment Benefit @10%	Yes / No

OTHER INFORMATION: *	
Do you have any other insurance, if yes please specify:	
Do you have any other business placed with Us?	
Has any company Declined/Cancelled/Refused to renew/ Accept on special terms in the past?	Yes / No  If Yes, please give the details.....

Member Details Annexure 1



Member details.xlsx

PREVIOUS INSURER DETAILS*						
Product Name	Policy Number	Name of Insurer	Policy Period	Premium Paid (₹)	No. of claims	Claim Amount (₹)

E -Account Opening	
Do you have eIA account? If Yes, Account details	
I would like to apply for eIA with :	<input type="checkbox"/> Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL

Premium Payment and Bank Details:

Payment Options: <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> 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:	Transaction No.:
PAN Number:	TAN Number:
Note: As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.	
<b>BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE</b>	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFSC Code	

☐ **AML Declaration:**

1. I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 and its subsequent amendments.
2. I understand that the company has the right to call for documents to establish the sources of funds.
3. The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.
4. Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify the country

☐ **Declaration:**

1. I/We desire to insure with Universal Sampo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sampo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7. I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the company/insurer (www.universalsampo.com).
8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9. I hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. Go Green - We would like to protect our environment and would like to save paper 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
11. I/ We have read and understood the privacy Policy of our Company at www.universalsampo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.
12. I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. ☐ 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.

Place:

Date:

Signature of Proposer

**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**

1. 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
2. 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

Place:

Date:

Signature of Proposer

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<b>INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES</b>
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| <ol style="list-style-type: none"> <li>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 or risk relating to lives or property in India, any rebate of the 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 prospectus or tables of the Insurer.</li> <li>2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.</li> </ol> |
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