

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@universalsampo.com

Declaration Form for Aviation Personal Accident Policy For Crew Members
(To be completed by each person to be insured and to form part of the Aviation Personal Accident Proposal Form)

| | | | |
|--|--|---|--|
| 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 | |
| | | | |

| | |
|---|--|
| 1. Name: | |
| 2. Age (till last birthday): | Contact No/Mobile No: Email Id: |
| 3. What is the exact nature of your duties: | |
| 4. If you are pilot or navigator or flight engineer state | |
| a. Number and type of license: | |
| b. Date of license: | |
| c. By whom granted: | |
| d. Date of expiry of license: | |
| e. Type/s of aircraft in respect of which the license is granted: | |
| f. Date of last medical examination for the license | |
| 5. Has your license been suspended or withdrawn or have you ever been charged with any offence under the air navigation regulations?: If Yes, give details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Give details of your flying experience : | Aircraft Total No. of Hours Flown |
| 7. Have you been involved in any aviation accident during the last 5 years?: If Yes, give details of each accident: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Have you made any claim during the last 5 years under an Aviation Personal Accident Policy: If Yes, give details of each claim | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Has any insurance company at any time, | |
| a.declined your proposal for aviation P.A. Policy or Life Insurance: | |
| b.required an increased premium or imposed special conditions?: | |
| c.cancelled or refused to renew your insurance?: | |
| If answer to a, b or c is “yes”, Please give details | |
| 10. What are the types of aircraft you contemplate flying? | |

Nominee Details (Applicable for policies bought by Individuals):

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 |
|-----------------------|--------------|---------------|-----|----------------|--------------------------|
| | | | | | |

I, the undersigned, hereby declare that all the above particulars are true and complete in every respect, that I am in good health and free from physical infirmity or defect of any kind, that I am and always have been of temperate habits, and that I have not withheld or suppressed any information regarding the proposal.

Place:
Date:

(Signature of the person to be insured)

☐ **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 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 Sompo 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 Sompo 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 Sompo 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 insurer (www.universalsompo.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/We 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.universalsompo.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 Sompo 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 Sompo 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

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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.

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.

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, 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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