

**PROPOSAL FORM -
AVIATION PERSONAL ACCIDENT (CREW MEMBERS) INSURANCE POLICY**



Registered and Corporate Office : Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400 093.
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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 Has your license been suspended or withdrawn or have you ever been charged with any offence under the air navigation regulations?: If Yes, give details	Yes 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):

Name of Nominee	Nominee Relationship	Age	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

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)

Proposal Form for Aviation Personal Accident Policy For pilots, navigators, aircraft flight engineers, aircraft flight technicians & other crew members)					
1. Proposer's Name in full:					
2. Proposer's Address:					
3. Contact No. & Email Id:					
4. Address Proof: Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>					
5. CKYC No:					
<input type="checkbox"/> 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.					
6. Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>					
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (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")					
7. Proposer's business or occupation:					
8. Persons to be insured (A declaration form in the prescribed format should be completed by each person to be insured and attached to this proposal)					
SL. No	Name	Age last Birthday(In Years)	Designation/Occupation	Capital Sum Insured (Rs)	Table of Benefits
9. Period of Insurance From: To:					
10. Nature of flying to be done:					
11. Geographical limits to which flying will be confined:					
12. Has any of the persons to be insured, to your knowledge, any physical defect or infirmity of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/>					
13. Has any insurance company at any time, a. declined your proposal? : Yes <input type="checkbox"/> No <input type="checkbox"/>					
b. required an increased premium or imposed special conditions?: Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. cancelled or refused to renew your insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>					
14. Has any aircraft owned or operated by you ever met with an accident involving injuries to passengers and /or crew members?: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details					
15. Is the insurance to apply on 24 hours basis, or to apply to flying risks only?					
16. The proposer may, at his option complete this column. If the proposer is also the insured person, this column should be completed.					
17. Nominee Details (Applicable for policies bought by Individuals):					
Name of Nominee	Nominee Relationship	Age	Name of Appointee (If Nominee is a minor)	Relationship with the nominee	

I, _____ do hereby assign the monies payable by Universal Sompo General Insurance Company Limited in the event of insured person's death to _____, _____ (relationship to the insured) and I declare that his/her receipt shall be sufficient discharge to the company.

(Signature of the Insured)

Witness

Signature of the witness: _____

Name of the witness : _____

Address of the witness : _____

Premium Payment and Bank Details:

Payment Option : <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 Sompo 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.					
BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE					
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 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 NCPDR/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, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
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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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