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



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

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						les Persons Na No & Code	ame,			
Code & Liliali					Unitact	No & Code				
Source Code/POS UID Aadhar No./P	No./PAN			Policy Iss	uing O	ffice Address	& Code			
1. Name:										
2. Age (till last birthday):	Contact	No/Mobile N	No:				Email Id:			
What is the exact nature of your statements of your statements are statements.										
4. If you are pilot or navigator or										
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 grante	ed:								
f. Date of last medical examina	ition for the license									
5. Has your license been suspen	ded or withdrawn or have yo	u ever been					Yes	No 🗌		
charged with any offence und	er the air navigation regulati	ons?:								
If Yes, give details										
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?:							Yes	No 🗌		
If Yes, give details of each acci	dent:									
8. Have you made any claim dur	ng the last 5 years under an	Aviation Pers	sonal				Yes	No		
Accident Policy: If Yes, give details of each claim										
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 f The nominee must be an immediat			or all o	ther Insur	ed Per	sons propose	ed to be insu	red shall be the Pro	poser himself/herself.	
Sr		Date of	1			Gender	Mobile N			
No Name of Insured	Name of Nominee	Birth	Age	Relatio	nsnip	(M/F/TG)	Email Id	the Nomine	of Nominee	
			İ İ							
*If the Nominee is Minor, Name ar	d relationship with minor.									
Name of the Appointee	Relationship	Date of E	3irth	Age	Ger	nder(M/F/T	G)	Address of the	e Appointee	
I, the undersigned, hereby declare defect of any kind, that I am and a										
Place:										
Date:							(Signature of the pe	erson to be insured)	

UIN: IRDAN134CP0011V01201112

IRDAI Reg No : 134

	For pilo	Proposal Form for ts, navigators, aircraft flight						er cre	w members)				
1. 1	1. Proposer's Name in full:												
2. 1	2. Proposer's Address:												
3. (3. Contact No. & Email Id:												
4.	Address Proof:				Aadha	ar Card	l □ Drivi	ng Lic	cense Pass	oort 🗆	Voter ID	☐ Others ☐	
5.	CKYC No:												
	confirm that there is no change i	in my existing KYC details w	hich I have sh	ared	d earlier. In	case a	ny chang	ge in n	ny KYC details,	, I und	ertake to ir	nform you in v	vriting
6.	Do you have an EIA Account? If \	Yes, Account Details :											
	If No, I would like to apply for EI	A with	Ка	rvy	□ CAMS [□NSDI	L 🗆 CSD	DL 🗆					
l	you a Politically Exposed Person				l				11 /:				
	inition of PEP: "PEP are individua ign country. This would include i				1				-		_		dicial
1	nilitary officials, senior executives		-		1		_		-		_	-	
l	related to a PEP either directly (c		marriage or sir	milai	r (civil) forn	ns of p	artnershi	ip. Clo	ose associates	are in	dividuals c	losely connect	ted to
	P, either socially or professionall												
	Proposer's business or occupation	on:											
	Persons to be insured	the difference to be a little and							La collège de la collège	1\			
	(A declaration form in the prescr	ribed format should be com	npleted by eac	ch pe	erson to be	insure	ed and att	tache	d to this propo	osal)			٦
	SL. No Name	Age last Birth	day(In Years)	De	esignation/Occupation			Capital Sum Insured (Rs)			Table of Benefits		-
													-
					T								
9.	Period of Insurance From: To:												
10.	Nature of flying to be done:												
11.	Geographical limits to which flyi	ng will be confined:											
12.	Has any of the persons to be ins	ured, to your knowledge, a	ny physical de	efect	:				Yes No	o 🗌			
(or infirmity of any kind?												
13.	Has any insurance company at a	ny time,											
	a. declined your proposal?:								Yes No	o 🗌			
	b. required an increased premiu	um or imposed special cond	ditions?:						Yes No	o 🗌			
	c. cancelled or refused to renew	y your insurance?							Yes No	o 🗌			
14.	Has any aircraft owned or opera	ted by you ever met with a	n accident						Yes No	o 🔲			
	involving injuries to passengers	and /or crew members?:							1651	~ Ш			
	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 insure	ed person, this column shou	uld be comple	ted.									
	Nominee Details (Applicable for nominee must be an immediate			11 .	- 4 1	l D			4 - h - i d	-111 1-	+l D	I-:IE/I	l 14
Sr	nominee must be an immediate	relative of the proposer. In	Data of			ea Pers	Gende		Mobile No /		dress of	Bank A/C D	
No	Name of Insured	Name of Nominee	Birth	Age	Relation	nship	(M/F/T		Email Id		Nominee	of Nomin	
			i										
*If th	ne Nominee is Minor, Name and	relationship with minor.											
	Name of the Appointee	Relationship	Date of B	irth	Age	Gen	nder(M/	F/TG)	Add	ress of th	e Appointee	
l,		do hereby assign	the monies pa	ayab	le by Unive	rsal So	mpo Ger	neral I	Insurance Con	npany	Limited in	the event of i	nsured
	on's death to arge to the company.			(relationship	p to th	e insured	d) and	I I declare that	his/h	er receipt s	shall be suffici	ent
	ature of the Insured)												
Witn													
0	ture of the witness: e of the witness :												
	ess of the witness :												
_	mium Payment and Bank		f	1		6 1		1.6					
	nent Option:	Mand Draft Fund Transf		raer	Debit	Card	Credi	t Card	d Cash				
	Cheque/DD/PO (Payable in favor			Cor	mpany Ltd)								
N	ame of the Account Holder:					Instru	ment Am	ount	(Rs):				
	strument No.:						A/C No.: Name and	J D	l				
	strument Date: SC Code :					UPI Id		a Bran	icn:				
		Current Other (P	Please Specify) []								
-	ınd Transfer/Wallet :	Name of Bank/Wallet					action No).					
1	AN Number : e:As per the Regulatory requirem	nents, we can affect haven	nt of the refu	nd (i	if any) and		lumber : ms only t	hroug	th Flectronic C	learing	g System /	FCS) / Nationa	
Elec	tronic Funds Transfer (NEFT) / Re	eal Time Gross Settlement ((RTGS) / Interk	oank	Mobile Pa								
	ue, please provide your account				oses.								
-	IK ACCOUNT DETAILS REQUIF me of Account holder	KED FOR REFUND OR CL	AIIVI PURPO	5E									
	nk Name & Branch:												
_	nk Account Number									_			_
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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 statues, 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.
- $2. \ \, \text{Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.}$

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

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