Complete Healthcare Insurance

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

PROPOSAL FORM

Application No: _____ Agent Code: _____

Instructions for Filling up the Form: -
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:		

1. PROPOSERS DETAILS

Annual Income :

Name of the Proposer			
Gender	Male ☐ Female ☐ Third Gender ☐	Date of Birth	DD/MM/YYYY
Martial Status	Married ☐ Single ☐ Others ☐	Email ID	
Annual Income	1 to 10 L ☐ 11 to 20 ☐ 21 to 50 Lakh ☐ Above 50 Lakh ☐	Mobile No.	
ID Type	Voter Id ☐ Driving License ☐ Passport ☐ Pan Card ☐	ID Number	
CKYC No.		Pan Card No.	
Occupation	Salaried ☐ Self Employed ☐ Other ☐	Policy Type	Individual ☐ Family Floater ☐
Address			
Landmark			
City		Pin code	State
Nationality			
Do you have eIA account? If Yes, Account details		I would like to apply for eIA with :	Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

2. POLICY DETAILS

Policy Type	New ☐ Renewal ☐ Migration ☐ Portability ☐	Policy Tenure From	DD/MM/YYYY
Policy Period	1 year ☐ 2 year ☐ 3 year ☐	Policy Tenure To	DD/MM/YYYY

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

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

3. PLAN DETAILS

Basic	Essential	Privilage	Plus	Premier	Executive
1 L ☐ 2 L ☐	3 L ☐ 4 L ☐ 5 L ☐	6 L ☐ 7 L ☐ 8 L ☐ 9 L ☐ 10 L ☐	15L ☐ 20L ☐	25L ☐ 30L ☐	40L ☐ 50L ☐

4. DETAILS OF THE PERSON TO BE INSURED

Sl. No	Insured Name (First, middle, Last)	Date of birth (DD/MM/YYYY)	Gender (M/F/T)	Relationship with proposer	Height (cm)	Weight (kg)	Occupation

ABHA ID (Ayushman Bharat Health Account)

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

5. NOMINEE DETAILS (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

6. DISCOUNT

Does any person proposed to be insured presently hold any Insurance Policies (for Loyalty Discount) from Universal Sompo? ☐ YES / ☐ NO
if Yes, please provide Policy Details below

Sr No	Policy No./ Application No.	Period of Insurance	Sum Insured	Claim lodged during the preceding years

7. BASE COVERS

1.In-patient Treatment	6.Domiciliary Treatment	11.Daily Cash for Accompanying an Insured Child
2.Modern Treatment	7.Organ Donor	12.Vaccination
3.Day Care Procedures	8.Ambulance	13.Out-patient treatment
4.Pre-Hospitalization	9.Dental Treatment (In case of Accident)	14.Convalescence Benefit
5.Post-Hospitalization	10.AYUSH Benefit	15.Mother and Child Care Benefit

8. ADDITIONAL BENEFITS & VALUE-ADDED BENEFITS

Additional Benefit	Value Added Benefits (Applicable only for Basic, Essential & Privilege plans)	
Restore Benefit	Dial a Doctor	Specialist Consultation with Two follow up session (Not Applicable for Basic plan)
	Health Educational Library for People (HELP)	Wellness Package
	Second Option (Not Applicable for Basic plan)	24x7 Customer Service, Newsletter

9. ADD ON COVERS

Sr.No	Coverage	Sum Insured
1.	☐ Personal Accident	☐ Option 1 – 100% of Base SI
		☐ Option 2 – 200% of Base SI (Not Applicable for Basic, Essential & Privilege)
2.	☐ Critical Illness	☐ Option 1 – 100% of Base SI maximum upto 5Lacs

3. ☐ Hospital Daily Cash

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	200	25 lakhs	3,500
3,4,5 Lakhs	500	30 lakhs	3,500
6,7,8,9,10 lakhs	1000	40 lakhs	5,000
15 lakhs	2,000	50 lakhs	5,000
20 lakhs	2,000		

Sr.No	Coverage	Sum Insured
4.	☐ Sub Limits Applicability	☐ A ☐ B ☐ C
5.	☐ Treatment in Tiered Network	Covered
6.	☐ Extension under Pre-Hospitalization	90 Days
7.	☐ Extension under Post-Hospitalization	120 Days
8.	☐ Maternity (and Childcare Benefit) Waiting Period	24 Months

9. ☐ Coverage for Non-Medical Items

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	1,000	25 lakhs	10000
3,4,5 Lakhs	2,000	30 lakhs	10000
6,7,8,9,10 lakhs	5,000	40 lakhs	20000
15 lakhs	7,500	50 lakhs	20000
20 lakhs	7,500		

Sr.No	Coverage	Sum Insured
10.	☐ Condition waiver under Restore Benefit	Covered
11.	☐ Pre-Existing Disease Waiting Period Waiver	PED Waiting Period will be 12 Months
12.	☐ Outpatient Dental Waiting Period	Waiting Period will be 24 Months

13. ☐ Emergency Travelling Allowance

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	1,000	25 lakhs	10000
3,4,5 Lakhs	2,000	30 lakhs	10000
6,7,8,9,10 lakhs	3,000	40 lakhs	25000
15 lakhs	5,000	50 lakhs	25000
20 lakhs	5,000		

14. ☐ Second Opinion

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	2,500	25 lakhs	5000
3,4,5 Lakhs	2,500	30 lakhs	5000
6,7,8,9,10 lakhs	2,500	40 lakhs	10000
15 lakhs	5,000	50 lakhs	10000
20 lakhs	5,000		

15. ☐ Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses Extension

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	1000	25 lakhs	5000
3,4,5 Lakhs	1000	30 lakhs	5000
6,7,8,9,10 lakhs	1000	40 lakhs	5000
15 lakhs	2,000	50 lakhs	5000
20 lakhs	2,000		

16. ☐ Obesity/ Weight Control Expenses Extension [24 months waiting period]

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	25000	25 lakhs	100000
3,4,5 Lakhs	25000	30 lakhs	100000
6,7,8,9,10 lakhs	50000	40 lakhs	100000
15 lakhs	100000	50 lakhs	100000
20 lakhs	100000		

17. ☐ Sterility and Infertility Treatment Expenses Extension [24 months waiting period]

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	NA	25 lakhs	50000
3,4,5 Lakhs	NA	30 lakhs	50000
6,7,8,9,10 lakhs	NA	40 lakhs	100000
15 lakhs	50000	50 lakhs	100000
20 lakhs	50000		

18. ☐ Enhanced Organ Donor

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	50000	25 lakhs	500000
3,4,5 Lakhs	100000	30 lakhs	500000
6,7,8,9,10 lakhs	200000	40 lakhs	500000
15 lakhs	500000	50 lakhs	500000
20 lakhs	500000		

Sr.No	Coverage	Sum Insured
19.	☐ Premium Waiver	Covered
20.	☐ Global Cover	Covered (Not Applicable for SI Upto 10 L)

21. ☐ Medically Advised Support Devices

Base SI	Limit up to	Base SI	Limit up to
1,2 lakhs	15000	25 lakhs	50000
3,4,5 Lakhs	15000	30 lakhs	50000
6,7,8,9,10 lakhs	15000	40 lakhs	100000
15 lakhs	25000	50 lakhs	100000
20 lakhs	25000		

Sr.No	Coverage	Sum Insured
22.	☐ Co-Payment	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50%
23.	☐ Home Care treatment	5% of Base SI or Rs 25,000, whichever is lower
24.	☐ Wellness Benefit ☐ Disease Management Programme (Additional Premium)	Covered
25.	☐ Emergency Assistance Services	Covered
26.	☐ Health Pay Card	Covered

10. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions accurately to the best of your knowledge in respect of each person proposed to be insured.
If the answer to any of these questions is YES, please provide the complete details in the table for additional medical information.
Important: You must answer these questions truthfully.

Sl. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Within the last 2 years have you consulted a doctor or healthcare professional? (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
2.	Within the last 2 years have you underwent for any detailed investigation (e.g. X-ray, CT Scan, biopsy, MRI, Sonography, etc) (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
3.	Within the last 5 years have you been to a hospital for an operation/medical treatment?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4.	Do you take tablets, medicines, or drugs on a regular basis?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5.	Within the last 3 months have you experienced any health problems or medical conditions which you/ proposed insured person have/has not seen a doctor for	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6.	Have any of the person proposed to be insured ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations/ medication/surgery or undergone a surgery for any of the following – Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder, HIV or AIDS	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes** ☐ **No** ☐

Addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment.
Does any person proposed to be insured consume any of the following

Substance		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Alcohol		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes** ☐ **No** ☐
	Quantity**						
	No. of Years						
Smoking		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes** ☐ **No** ☐
	Quantity(No./Day)						
	No. of Years						
Any other substance like Tobacco/Guthka/Pan/ Pan Masala, etc		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes** ☐ **No** ☐
	Quantity(Pouch/Day)						
	No. of Years						
Narcotics		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes** ☐ **No** ☐
	Quantity(Pouch/Day)						
	No. of Years						

**Beer – No. of Pints per week, Wine & Spirit – ml/week)
If any of these habits has been in the past please mention the year of stopping it and the reason for doing the same habit_____
_____

11. ADDITIONAL MEDICAL INFORMATION

If you have answered YES to any of the questions in section 4, please give full details here. If you need more space please use extra sheets.
If you are unsure whether any details are relevant, please include them

Substance	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of illness/injury suffering from or suffered in the past						
Date of first diagnosis (Month & Year)						
Treatment/medication received/receiving						
Treatment outcome (fully cured/partially cured/ ongoing, etc)						

Note:
Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the policy period start date including all subsequent renewals with the company.
Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

12. PREGNANCY INFORMATION

1	Is anyone currently pregnant? If yes, please mention expected date of delivery _____ (DD/MM/YYYY) _____	☐ Yes	☐ No
2	Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy? If you answered "Yes" to any of the questions in Medical History above, then please provide details in the table below	☐ Yes	☐ No

GENERAL INFORMATION

1. Family Physician details:

Family Physicians name_____   Contact Number_____

2. Existing Insurance Details

Is the proposer or any of the persons proposed to be insured already insured under or proposed for a health insurance policy with

Universal sompo General Insurance Co. Limited or any other insurance company   Yes ☐   No ☐

If YES, please indicate below the Policy/Application number(s). (Please mention application number in case of pending proposal) Since when have you been continuously insured DD MM YYYY

Sr No	Policy No	Name of insured person	Insurer	Period of Insurance		SI & Cumulative bonus /Rs	Claims details if any
				From (DD/MM/YYYY)	**To** (DD/MM/YYYY)		
1							
2							
3							
4							
5							
6							

If you want to avail the portability benefit from your existing insurance policy, please also submit to us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above

3. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

4. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at_____
    (Please provide us your e-mail id)

☐ I hereby consent to and authorize Universal Sompo General Insurance Co. Limited (" Company") to make welcome calls, service calls or any
    other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

☐ Auto Debit Authorization For Current and Future Payments
    I hereby Authorize Bank to debit my account number_____ with the bank of Rs._____ towards premium for availing
    the said Universal Sompo Health Insurance Cover.

☐ I hereby request and authorize Bank to debit my Account number_____ on the yearly due date with the applicable
    Renewal Premium.

Date : _____   Signature of the Proposer: _____

Place : _____   Name of Proposer : _____

13. PAYMENT & BANK ACCOUNT 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 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 ☐ Current ☐ Other (Please Specify) ☐	
Fund Transfer/Wallet : *Name of Bank/Wallet*	Transaction No.
PAN Number :	TAN Number :

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

14. MEDICAL EXAMINATION

We may ask You or any of the beneficiaries to undergo below mentioned medical tests for purpose of consideration of Your proposal in the following events

● You or any of the beneficiaries is/are above 45 years of age as on Your last birthday.

● On basis of above medical conditions/ health status declaration.

15. 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.

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 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.

☐ **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 authorised 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 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.

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.

16. VERNACULAR DECLARATION ☐

I hereby declare that I have fully explained the contents of the Proposal Form and all other documents incidental to availing the health insurance from Universal Sompo General Insurance Company Limited to the Proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Date : _____   Signature of the Proposer: _____

Place : _____   Name of Proposer : _____

17. AGENT DECLARATION ☐

I, _____(Full Name)_____ 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 _____

18. 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.

19. CHECK LIST

Please check the following documents are attached along with the proposal form

☐ ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority

☐ Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card

☐ Age Proof: Proof of Age   ☐ Renewal Notice with claim details

☐ Certification of previous insurer for previous claim details   ☐ Photocopies of all previous policies and endorsements

Complete Healthcare Insurance   UIN : UNIHLIP25036V042425   IRDAI Reg No:134

Version No: USGI173_H008

20. ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs_____Cheque/NEFT/DD/Cash/OthersNo_____

Dated_____ Drawn on _____ Bank for a sum of_____

Towards payment of premium on behalf of Universal Sompo General Insurance Co Ltd

Date:_____Signature & seal:_____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.