

**PROPOSAL FORM -  
COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER)  
UNDER MOTOR INSURANCE POLICIES**



**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

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

**PERSONAL DETAILS OF PROPOSER/OWNER:**

Proposer's (Owner's) Full Name :

Address :   
  
  
 Pin Code:

Telephone No:  Fax:

Mobile No. :  Email Id:

Date of Birth :

Occupation : Salaried  Self Employed  If Others Please Specify:

Address Proof Aadhar Card  Driving License  Passport  Voter ID  Others

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.

Do you have an EIA Account? If Yes, Account Details : \_\_\_\_\_

If No, I would like to apply for EIA with Karvy  CAMS  NSDL  CSDL

Are you a Politically Exposed Person? 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")

Period of Insurance : From  To

**DETAILS OF VEHICLES OWNED:**

Registration Number & Place of Registration	Engine No. & Chassis No.	Make & Model of Vehicle	Year of Manufacture	Type of Body	Cubic Capacity	Seating Capacity including Driver

**COVERAGE DETAILS:**

The coverage under the product will be as provisions under GR 36 A of the erstwhile India Motor Tariff, namely, Death and Permanent Disability (Total and Partial).

Sum Insured of Compulsory Personal Accident Cover for Owner Driver is ₹ 15,00,000.

**Nominee Details**

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

Note: Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license.

**Claims lodged during the preceding 3 years for Compulsory Personal Accident Cover**

Year	No. of Claims	Claim Amount (₹)

**Premium Payment and Bank 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 <input type="checkbox"/> Current <input type="checkbox"/> Other ( Please Specify ) <input type="checkbox"/>	
Fund Transfer/Wallet : _____ Name of Bank/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	

**Debit Authorization for Current & Future Renewal Premiums**

I hereby authorize bank to debit my account number \_\_\_\_\_ with the bank for Rs. \_\_\_\_\_ towards first premium for availing the said Universal Sompo Health Insurance Cover.  
 I hereby request and authorize the bank to debit my account number \_\_\_\_\_ on the yearly due dates with the applicable renewal premium.

**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/We hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.
  - 8.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](http://www.universalsompo.com)).
  - 9.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".
  - 10.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.
  - 11.**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.
  12. I/ We have read and understood the privacy Policy of our Company at [www.universalsompo.com](http://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
  - 13.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.
  14.  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 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

**SECTION 41 OF INSURANCE ACT, 1938 – 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 of risk relating to lives or property in India, any rebate of 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 published prospectuses 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.

**Annexure 1 – Add-on Details**

1. Key Replacement Clause
2. Loss of Driving License/Registration Certificate
3. Loss of Personal Belongings Clause
4. Hospital Daily Cash cover
5. Roadside Assistance Cover

**Universal Sampo 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  
Toll Free No : 1800 200 4030 / 1800 22 4030

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