PROPOSAL FORM -CORONA KAVACH POLICY, UNIVERSAL SOMPO GENERAL INSURANCE COMPANY



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

Guidelines For Completion Of The Form (to Be Filled By Proposer): -

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

	tter. Any incomplete, incor • Use Only	rect, or partially correc	t answers m	nay lead to rej	ection c	of the proposal.						
Intermed	iary Name:			Intermediary	/ Contac	t No.:			Intermediary I	Reference Code:	:	
Intermed	iary Email:			Intermediary	/ Sales P	erson's Name:						
Intermed	iary Sales Person's Contact:			Intermediary	/ Sales P	erson's Code:			Source Code:			
	Aadhar No./PAN:			Policy Issuing	g Office (Code						
Policy Iss	uing Office Address:											
Title: Mr	SER'S DETAILS r. / Miss / Mrs. / M/s / o	others (if others, ple	ease speci						. NI			
	First Name		_	Middle Na			_		t Name			
	Male Female	☐ Third Gender ☐	_ Date o	of Birth:			_ Na	ational	ity:			
Marital :	Status: Single	Married	Others_									
Corresp	ondence Address: _											
District:												
City/Tow	vn	State:		Pin	Code]				
Mobile/	WhatsApp No:											
Perman	ent Address:											
District:												
City/Tow	vn	State:		Pin	Code	:]				
Contact	No.	E	mail									
Occupat	tion: Salaried Se		rofessiona		ers	if others or	ovide o	letails				
•		. —	License									
		sport Driving	License	voters	Card							
ID Proof									GSTIN N	o:		
PAN No						CKYC No.						
	ation for Issuance o		cy: E Insu	rance accou	unt no.	. ———			I would	like to oper	n E-Insuran	ce account
with	Insurance	Repository.										
POLICY	DETAILS											
Propose	d Period of Insuran	ce: 3 $\frac{1}{2}$ Months \Box	6 ½ I	Months \Box	9 1/	⁄2 Months 🗌						
Policy St	tart Date:		Pol	icy End Da	ite:							
Type of	Cover: Individual	Family Floate	r									
	d Covid Hospitaliza	•		um Insure	d (Rs.	50. 000 to 5	lakhs i	n mul	tiples of 50.0	00) :		
	Cash Cover (Optio									,		_
PROPO	SED INSURED INFO	ORMATION									1	
Sr.	Name	Gender	Date	Pre-exis	ting	Relationsl	hip	Doy	ou have any o	ther policy	Height	Weight
No.		(M/F/TG*)			s	with		covering novel Coronavirus		(in cms)	(in kg)	
			Birth		<u>,</u>	Proposer		issued by any other insurance				
									any. If yes plea			
								t	he policy numl			
					\neg				Product na	me		
2		 										
3												
4												
5												
6												
			ABH	A ID (Ayush	nman E	Bharat Health	Accour	nt)			*	Third Gend
	Insured I Insured 2		Insured 3			Insured 4			Insured 5		Insured 6	
	EE INFORMATION	•		-			-			-		
	ninee must be an imm	ediate relative of th	ne propos	er. The nom	ninee f	or all other In	sured P	erson	s proposed to	be insured s	hall be the	
	er himself/herself.											
Sr	Name of Insured	Name of No	minee	Date of	Age	Relationship		nder	Mobile No /	Address		4/C Detail
No Name of Insured		iname of inofflinee		Birth	1,786	relationsinp	(M/I	F/TG)	Email Id	the Nomir	nee of N	Vominee
*If the N	lominee is Minor, Nar	ne and relationship	with min	or.								
	Vame of the Appointed			Date of	Birth	Age Gen	der(M/	F/TG)	Ad	ddress of the	Appointee	<u> </u>

UIN: UNIHLIP21102V012021

Name of the Appointee

Premium Details & Bank Details:	
Payment Option: Cheque Demand Draft Fund Transfer Pay Order Premium Amount Rs. Amount (In Words):	☐ Debit Card ☐ Credit Card ☐ Cash
Premium Amount Rs. Amount (In Words): For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Comp	any Ltd)
Name of the Account Holder:	Instrument Amount (Rs):
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code : Type of Account : Saving Current Other (Please Specify)	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 crossed Cheque /DD/Pay order in favor of "Universal Sompo General II	nsurance Company Limited"
BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PUR	POSE
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	
I hereby request and authorize the bank to debit my account number	on the yearly due dates with the
applicable renewal premium.	
E- Account Opening	
Do you have elA account? If Yes, Account details	
I would like to apply for eIA with :	Karvy CAMS NSDL CSDL
Declaration	
I."I/We hereby declare, on my behalf and on behalf of all persons proposed to be insur	ed, 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	
2.I understand that the information provided by me will form the basis of the insurance	
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 occup submitted but before communication of the risk acceptance by the company.	ation or general health of the life to be insured/proposer after the proposal has been
4.I/We declare and consent to the company seeking medical information from any doct	or 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	
insurance company to which an application for insurance on the life to be assured/prop	oser has been made for the purpose of underwriting the proposal and/or claim
settlement including seeking and/or sharing of my medical data through ABHA.	
5.I/We authorize the Company to share / verify the information provided by me/us per- purpose of underwriting the proposal, issuance, servicing and claims settlement of the	
I hereby consent to and authorize Universal Sompo General Insurance Company L	
information provided by me, as per the Privacy policy of the Company. Company or its	
registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about	out the services being rendered by the Company.
☐ Go Green	
We would like to protect our environment and would like to save paper by send	ing 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	
	onafide 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	
insurance policy in case I / we are found guilty by any competent court of law und laundering law in India.	der any of the statutes, directly or indirectly governing the prevention of money
	y members/associates. I / we shall keep the company informed if we subsequently
become a Politically Exposed Person.	Thembers, associates. 17 We shall keep the company informed if We subsequently
	ention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as
amended from time to time.	
Disability Declaration	
I/We hereby declare that a duly authorized representative appointed by m	e has explained details with respect to the proposal form, policy documents
terms and conditions and the EIA	
AL CD CO	
Name of Representative: Signature of Representative:	
· _	
CKYC Declarations	obtain my information through Central KYC Registry or UIDAI or through any other
modes for the purpose of undertaking KYC.	bulling information through central KTC Registry of ODA of through any other
I hereby declare that the details furnished above are true and correct to the best of	f 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.	,
VERNIAGULAR REGLARATION	
VERNACULAR DECLARATION Certification in case of the proposer has signed in vernacular (to be witnesses by som	peone other than Agent/Employee of the company)
Certification in case of the proposer has signed in vernacular (to be witnesses by son	leone other than Agent Employee of the company)
Name of the Proposer :	
The content of this form and its particulars have been explained by me in vernacular	to the proposer who has understood and confirmed the same.
Signature of Proposer: Name of W	itness:
Signature of Witness:	
Date:	Place:

UIN: UNIHLIP21102V012021

AGENT'S DECLARATION			
I,employee of the Broker/Relationship Officer, do hereby in this Proposal Form to the Proposer including statement details sought herein will form the basis of the Contract the Policy. I have further explained that if any untrue stat statements, submissions, furnished/to be furnished, the Conon-disclosure of any material fact, the policy issued to hunder the Policy may be forfeited to the company. License No(Advisor/Corporate Agent/ Broker/Relationsh	declare that I have explained all the contents of th nt(s), information and response(s) submitted by hir of Insurance between the Company and the Propotement(s)/ information/response(s) is/are contained Company shall have the right to vary the benefits variety her favour pursuant to this Proposal may be tree.	m/her in this Proposal Form to questions contained here oser, if this Proposal is accepted by the Company for issu d in this Proposal Form/including addendum(s), affidavits which may be payable and further more if there has been	contained ein or any lance of ,
		Signature of Agent	
PROHIBITION OF REBATES - SECTION 41 (1) I.No person shall allow or offer to allow either directly or risk relating to lives or property in India, any rebate of w taking out or renewing or continuing a policy accept any 2.Any person making default in complying with the provi	or indirectly as an inducement to any person to tal hole or part of the commission payable or any reb rebate except such rebate as may be allowed in a	pate of the premium shown on the policy, nor shall any p ccordance with the published prospectuses or tables of	erson
Received from Ms./Mrs./Mr	Acknowledgement-Customer Co	•	Through
Cheque/DD/NEFT/Cash/Others no. Signature of Universal Sompo General Insurance C			
Date	ompany Emitted Official / Intermedially ——	Signature	

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

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 Document carefully before conducting a sale. "IRDAI or its offcials 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".

Corona Kavach Policy, Universal Sompo General Insurance Company

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IRDAI Reg No : 15

Version: USGI151_H003