



Premium Details & 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 Sampo 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.		TAN Number :	
PAN Number :			

Please make a crossed Cheque /DD/Pay order in favor of “Universal Sampo General Insurance Company Limited”

<b>BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE</b>	
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 Sampo 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.

E- Account Opening

Do you have eIA account? If Yes, Account details	
I would like to apply for eIA with :	Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>

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 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 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 Sampo 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 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 ☐

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.  
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.

VERNACULAR DECLARATION

Certification in case of the proposer has signed in vernacular (to be witnesses by someone 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 Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

AGENT'S DECLARATION

I, \_\_\_\_\_ 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 \_\_\_\_\_

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT 1938

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 liable for a penalty which may extend to ten lakh rupees.

Acknowledgement-Customer Copy

Received from Ms./Mrs./Mr. \_\_\_\_\_ a sum of Rs. \_\_\_\_\_ Through  
Cheque/DD/NEFT/Cash/Others no. \_\_\_\_\_ against your proposal for Corona Kavach Policy- Universal Sompo General Insurance Company.  
Signature of Universal Sompo General Insurance Company Limited Official / Intermediary \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_