

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@universalsampo.com

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

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			
1) Name of the Proposer :	First Name	Middle Name	Last Name
2) Address of the proposer			
3) Phone Number			
4) Email Id			
5) Bank Account No.			
6) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions and the sections for which required			
7) District in which the risk is located			
8) State in which the risk is located (With Pincode)			
9) Address Proof	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>		
10) CKYC No			
<input type="checkbox"/> 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.			
11) Do you have an EIA Account? If Yes, Account Details : _____			
If No, I would like to apply for EIA with _____ Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>			
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (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")			

COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

Section 1 - Fire and Allied Perils- Building & Contents

Is there any policy in place for the same property? If Yes, please provide the details	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Cover/s required:	<table><tr><th>Cover</th><th>Please tick</th></tr><tr><td>Home Building &amp; Home Contents</td><td></td></tr><tr><td>Home Building Only</td><td></td></tr><tr><td>Home Contents Only</td><td></td></tr></table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick								
Home Building & Home Contents									
Home Building Only									
Home Contents Only									
(When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of Rs 10 Lakh [Rupees Ten Lakh] is automatically provided).									

A. Location of Home Building

Location of Home Building - full postal address with Pin Code.	
Is it in a multi-storey building or is it a standalone house?	
In case of multi-storey building, please provide the floor number of Your house	
Is there a basement to Your house?	

Please note:  
Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.  
It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:  
a)garage, domestic out-houses used for residence, parking spaces or areas, if any;  
b)compound walls, fences, gates, retaining walls, internal roads;  
c)verandah or porch and the like;  
d)septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Sum Insured (SI) for Home Building:	
Please note the following:	
(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:	
a. For residential structure of Your Home including fittings and fixtures: Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.	a. SI for residential structure of Your Home including fittings and fixtures (in ₹):

b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	b. SI for additional structures (in ): <table><tr><td>Additional Structure</td><td>Sum Insured ( in )</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Additional Structure	Sum Insured ( in )				
Additional Structure	Sum Insured ( in )						
Carpet area of structure of Home in square metres							
Rate of Cost of Construction per square metre at the policy Commencement Date							

Other Details

Age of Home Building	<table><tr><td>Less than 5 years</td><td></td></tr><tr><td>5-10 years</td><td></td></tr><tr><td>10-20 years</td><td></td></tr><tr><td>Above 20 years</td><td></td></tr></table>	Less than 5 years		5-10 years		10-20 years		Above 20 years					
Less than 5 years													
5-10 years													
10-20 years													
Above 20 years													
Construction Details <b>Please note the following:</b> (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction')	<table><tr><td></td><td colspan="2">Construction*</td></tr><tr><td>Walls</td><td><input type="checkbox"/> Kutcha</td><td><input type="checkbox"/> Pucca</td></tr><tr><td>Floor</td><td><input type="checkbox"/> Kutcha</td><td><input type="checkbox"/> Pucca</td></tr><tr><td>Roof</td><td><input type="checkbox"/> Kutcha</td><td><input type="checkbox"/> Pucca</td></tr></table> (*strike out what is not applicable)		Construction*		Walls	<input type="checkbox"/> Kutcha	<input type="checkbox"/> Pucca	Floor	<input type="checkbox"/> Kutcha	<input type="checkbox"/> Pucca	Roof	<input type="checkbox"/> Kutcha	<input type="checkbox"/> Pucca
	Construction*												
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Floor	<input type="checkbox"/> Kutcha	<input type="checkbox"/> Pucca											
Roof	<input type="checkbox"/> Kutcha	<input type="checkbox"/> Pucca											

Section 2 - Burglary & Theft

a)What protection is provided to: (a)Doors (b)Windows NB: Mention any specific precautions you have adopted for safeguarding your Property	
b)Sum to be Insured for contents ( The sum insured to be the same as in case of Fire) i) Household goods ii)Stocks of grains	Rs _____ Rs _____
c)In house or godown (Please mention the address of the godown)	Rs _____
d)Open in fields	Rs _____

Section 3 - Agriculture Pump Set

a)Owner of the Pump:- The pump should be in the name of the farmer or his family members	
b)The location of the pump	
c)If it is secured in lock & Key [ Applicable for pumps other than Submersible Pumps only]	
d)Is the pump in good & working condition	
e)The details of the pump:-	

Section 4 - Animal Cart Details

a)Owner of the Animal Cart:- The Cart should be in the name of the farmer or his family members	
b) The type of Cart	
c) The type of animal used to draw it	
d) Do you wish to cover the animal also if yes, i) The Type of animal	
ii) The age of the animal	
iii) The sex of the animal	
iv) The market value of the animal	
e)The details of the cart i)The type of cart-----Cart/ Tonga	
ii)The body of the cart-----Wooden / Steel	
iii)The year of Manufacture----	
iv)The identification no./ Sr. No. Of the cart	
v)The place where it is kept	

Section 5 - Cattle Insurance

a)Owner of the cattle:- (The cattle should be in the name of the farmer or his family members)	
b)The address where the cattle is kept	
c)The details of the cattle to be insured	
d)Is the cattle in good health	
e)Please attach the veterinary certificate	
f)The animal shall be got tagged by the Veterinary Surgeon.	

Sr. No.	Type of Cattle	Breed	Sex	Date Of Birth/Age	Market Value	Tag No. L/R Ear

Sr. No.	Type of Pump	Manufacturer	Year Of Manufacturing	Sr. No.	Reinstatement Value

Section 6 - Janata Personal Accident

a. Do you want Janata personal accident cover for

i.Yourself	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii.Family members (who assist you in the business)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii.Other employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)	Any Existing deformity if any

(\*The Sum Insured in respect of each person may be from Rs.25000/- to Rs.1 Lac in multiplication of Rs.25000/-)

SECTION 7 - Tractor & Trailer & Agriculture Implements

Proposer's ( Owner's) Full Name: Mr/Mrs		
Address (Address where vehicle is normally kept and used):		
Pin Code:	Tel. No:	Fax No: E-Mail Address:
Occupation / Business:		
Date of Birth:		
Year of issuance of first driving license:		and its date of expiry---/--/-- to ---/--/--/--
Type of Cover required :		Package Policy
Period of Insurance:		From..... (time &date) To.....

1.Registration No. and Date of Registration of the Vehicle:	
2.Registering Authority & Location:	
3.Year of Manufacture:	
4.Engine No:	
5.Chassis No. :	
6.Make of Vehicle:	
7.Type of Body/Model:	
8.Horse Power:	
9. Whether use of vehicle is limited to own premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Whether the vehicle is used for Pvt. Purpose (excluding use for hire or reward) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are you entitled to No Claim Bonus? If yes, please submit proof thereof.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Liability to Third Parties (Property Damage) Do you wish to to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NB: <i>The policy provides Third Party Property Damage( TPPD )up to Rs. Rs.7.5 lakhs</i>	
13. Do you wish to cover Legal Liability to ?	
A) Driver (No. of persons .....)	Yes <input type="checkbox"/> No <input type="checkbox"/>
B) Other employees (No. of persons.....)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Non-fare paying passengers( No. of persons.....)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you wish to include Personal Accident (P.A.) Cover for paid drivers? If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 15 lakhs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
14a. Do you use your paid driver for loading/unloading operations, if any?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you use the vehicle for social, domestic or pleasure purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Insured's Declared Value (Please fill up the following table :)	

Insured's Declared Value of vehicle	Non - electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Trailers	SPECIFIC ATTACHMENTS / Agriculture Implements	Total Value
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

16 a. Pl. furnish make & identification details of trailer/specific attachments:

Nominee Details (Applicable for policies bought by Individuals):

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 : (If the space provided is not sufficient separate sheet to be attached)

Note:  
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this insurance and it will be fixed at the commencement of each policy period for each insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the Trailers & Agriculture Implements, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed. The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

Age of the vehicle	% of Depreciation for fixing IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

Previous History

a. Date of Purchase of the vehicle by the proposer	
b. Whether the vehicle was New or Second Hand at the time of Purchase	
c. Is the vehicle in good condition? If "No" please give full details	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Name and address of the previous insurer	
e. Previous Policy Number Period of Insurance	from ____/____/____ to ____/____/____
f. Type of cover: Liability Only Cover / Package Cover /Others( specify)	
g. Claims lodged during Year Number Amount (Rs.) the preceding 3 years	
h. Has any insurance company ever :	
a) declined your proposal	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) cancelled & refused to renew (if yes, reasons there for)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) imposed special condition or excess (if yes, reasons and details thereof)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance :-	
Under Hire Purchase	Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Lease Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Hypothecation Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If yes, give name and address of concerned parties	

Details of Driver :

(a) Age	Owner Driver	
	Others	
(b) Does the driver suffer from defective vision or hearing or any physical infirmity. If "Yes" please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Has the driver ever been involved/convicted for causing any accident or loss ? If yes, please give details as under including the pending prosecution, if any :-	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.

Any other relevant information
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Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> 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	

☐ 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 <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country_____

Declaration

1.I/We desire to insure with Universal Somp 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 Somp 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 Somp 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](http://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](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

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 Somp 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 Somp 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. 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 Somp 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

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials 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.  
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