PROPOSAL FORM - HOSPITAL CASH INSURANCE

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

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 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. Name of the Proposer: _____

2. Permanent Address: _____

_____

3. Communication Address (if different from Above) _____

_____

4. Phone Number: _____ Email Address: _____

5. Date of Birth : _____ Gender : M ☐ F ☐ Third Gender ☐ Martial Status : S ☐ M ☐ Others _____

6. Identification Proof Number: Please tick Driving License No ☐ Aadhar Card No ☐ Pan Card No ☐ Passport No ☐

Any Other (Specify) : _____ PAN card/ Form 60 (Mandatory): _____

Aadhar card Number (Mandatory):_____ CKYC No.: _____

7. Occupation : _____ Annual Salary : _____

8. E- Account Opening : Do you have eIA account? If Yes, Account details _____

I would like to apply for eIA with : Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

9. Do you wish to cover your family members in the Policy? Yes ☐ No ☐

If yes, please provide details in the format as per below.

Sr. No.	Name of the Family Members	Relationship with you	Gender (M/F/TG*)	DOB	Name of PEDs, if any	Name of Nominee	Relationship with Nominee

*Third Gender

ABHA ID (Ayushman Bharat Health Account)

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

10. Please provide details of pre-existing disease/ illness/ condition suffered by you or your family member (if any): _____

_____

11. Please provide details of Hereditary Diseases (if any) /Family Medical History : _____

_____

Sr. No.	Questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Have any infirmity/sickness or any medical complaint	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
2.	Have suffered from any one of the following						
a.	Any nervous, mental or psychiatric disease or sickness	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
b.	Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode blackout, fit) of any kind	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
c.	High blood pressure, heart disease, including ischemic heart disease, other circulatory disorders	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
d.	Fistula, piles, hernia, varicose, veins	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
e.	Any disease of the bones on joint including rheumatic disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
f.	Disease of uterus, ovaries or breast or any specific gynecological disorders	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
g.	Any respiratory or allergic disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
h.	Any disorder of the stomach, ulcer, bowel or gallbladder, kidney stones	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
i.	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
j.	Any complaint or tendency that may necessitate such consultation or treatment in the future	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
k.	Any dimness of vision /cataract	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐

l.	Any disease of ears or difficulty or interference with hearing	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
m.	Diabetes or any urinary disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
n.	Rheumatic fever	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
o.	Any cancer or malignant growth	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
p.	Any boil, cyst or wound which does not heal or improve despite treatment	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐

12. Claims experience for a minimum period of three years

Month/ year	Insurer	Premium Paid	Incurred Claims (reserved+ outstanding)

13. Has any Company

a. Declined to issue a policy to you? Y ☐ N☐
b. Declined to continue your Insurance? Y ☐ N☐
c. Not invited the renewal of your Policy? Y ☐ N☐
d. Imposed any restriction of special conditions? Y ☐ N☐

If so, please give name and address of each Company in respect of a, b, c, d above

14. Is this Insurance to be additional to any other Accidental Policy or Medical health insurance? Y☐ N☐

If so give particulars of all other policies

a. Name and address of Company:_____
b. Number of persons covered under the Policy:_____
c. Benefits under the Policy:_____
d. Sum Insured:_____
e. Policy Number:_____

DETAILS OF THE RISK

15. Policy Period: (DDMMYYYY)

Policy Start Date : ☐☐☐☐☐☐☐☐ Policy End Date: ☐☐☐☐☐☐☐☐

16. Please indicate sum Insured under the Policy for following sections

a. Hospital Cash Amount of Daily Allowance

Option I ☐	Option II ☐	Option III ☐	Option IV ☐	Option V ☐	Option VI ☐
Rs. 500/- per day	Rs. 1000/- per day	Rs. 1500/- per day	Rs. 2000/- per day	Rs. 2500/- per day	Rs. 3000/- per day

b. Number of days cover required for :

15 days ☐ 30 days ☐ 45 days ☐ 60 days ☐ 90 days ☐ 180 days ☐

17. **Nominee 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

18. Premium Details

Basic Premium: (Rs) ☐☐☐☐☐☐☐☐☐
Less: Discount (if any): (Rs) ☐☐☐☐☐☐☐☐☐
Net Premium: (Rs) ☐☐☐☐☐☐☐☐☐
Add: Service Tax* and Education CESS (as applicable): (Rs) ☐☐☐☐☐☐☐☐☐
Total payable premium: (Rs) ☐☐☐☐☐☐☐☐☐

*** GST is subject to change as per change in Tax Laws**

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 ☐ 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 Insurance Company Limited"

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.

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 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 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 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.

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 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

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