PROPOSAL FORM -INDIVIDUAL ACCIDENT POLICY



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 <u>BLOCK</u> letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office Use Only

		rmediary Name:		Intermediary Contact No.:				_				
Past Name of the Insured (Policy to be issued in favor of) :						Source Code:		-				
1 Name of the Insured (Policy to be issued in favor of): 2 Address of the Insured: 3 Address of the Insured: 3 Address of the Insured: 4 Phone Number: 5 Email: 5 PANL Card No. 7 Beank Account No. (Optional if desired by the proposer): 5 Exact Security Security							Jource Couc.		1			
30 Gender: (Male/Female/Third Gender) 40 Phone Number: 51 Email: 52 Phone Number: 53 MA Card No. 77 Bank Account No. (Optional if desired by the proposer): 88 Pen-Account No. (Optional if desired by the proposer): 89 Pen-Account No. (Optional if desired by the proposer): 80 Pen-Account No. (Optional if desired by the proposer): 81 Profession; Occupation, Trade or Business: 92 all Profession; Occupation, Trade or Business: 93 all Profession; Occupation, Trade or Business: 94 all Profession; Occupation, Trade or Business: 95 all Profession; Occupation, Trade or Business: 96 all Profession; Occupation, Trade or Business: 97 all Profession; Occupation, Trade or Business: 98 all Profession; Occupation, Trade or Business: 99 all Profession; Occupation, Trade or Business: 99 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 91 all Profession; Occupation, Trade or Business: 91 all Profession; Occupation, Trade or Business: 92 all Profession; Occupation, Trade or Business: 93 all Profession; Occupation, Trade or Business: 94 all Profession; Occupation, Trade or Business: 95 all Profession; Occupation, Trade or Business: 96 all Profession; Occupation, Trade or Business: 96 all Profession; Occupation, Trade or Business: 97 all Profession; Occupation, Trade or Business: 98 all Profession; Occupation, Trade or Business: 99 all Profession; Occupation, Trade or Business: 99 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 90 all Profession; Occupation, Trade or Business: 91 all Profession; Occupation, Trade or Business: 91 all Profession; Occupation, Trade or Business: 92 all Profession; Occupation, Trade or Business: 93 all Profession; Occupations or Business: 94 all Profession; Occupations or Business: 95 all Profession; Occupations or Busine	Poli	cy Issuing Office Address:]			
Sender: (Mais/Female/Third Gender) Phone Number: Phone Number:	1)	Name of the Insured (Po	licy to be issued in favor of):									
Phone Number:	2)	Address of the Insured :										
Phone Number:												
Phone Number:	31	Gender : (Male/Female/	/Third Gander)									
Section Sect			Tima dendery									
FAN Card No. PAN	Ĥ											
Bank Account No. Optional if desired by the proposer :	5)	Email :										
8	6)											
I would like to apply for elA with:	7)	Bank Account No.[Option	sk Account No.[Optional if desired by the proposer] :									
a) Profession; Occupation, Trade or Business:	8)	E- Account Opening: Do you have eIA account? If Yes, Account details										
Clease describe fully with nature of duties):		I would like to apply for e	would like to apply for eIA with :			☐ Karvy ☐ CAMS ☐ NSDL ☐ CSDL						
b) Are you primarily engaged in Administrative function? c) Does your occupation requires you to engage in manual labour. d) Do you engage in: i) Racing on wheels or Horseback Yes No ii) Big Game Hunting Yes No iii) Big Game Hunting Yes No iii) Migaring on wheels or Horseback Yes No iii) My Winter sports, skiing or ice hockey Yes No v) Ballooning or polo or Sports of similar nature Yes No vi) Any other adventurous sports Yes No o) What is your average monthly income from: Gainful Employment (Re.) Other Sources (Re.) Total (Re.) 10) Date of Birth (dd/mm/yyyy): 11) Height (in cms):	9)											
c) Does your occupation requires you to engage in manual labour. d) Do you engage in: i) Racing on wheels or Horseback		(Please describe fully v	with nature of duties) :									
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ii) Racing on wheels or Horseback												
iii) Mountaineering			Horseback Yes	No	Big Game Hu	nting		Yes □ No				
v) Ballooning or polo or Sports of similar nature Yes		iii) Mountaineering	Yes			•	rkev	Yes □ No	, \Box			
e) What is your average monthly income from: Gainful Employment (Rs.) Other Sources (Rs.) Total (Rs.) Date of Birth (Idd/mm/yyyy): 100 Date of Birth (Idd/mm/yyyy): 111 Height (in cms): Weight (in kgs): 112 Iddentification Number: a) PAN Card Number: b) Driving License No: c) Aardhar Card No: d) Passport No: e) Amy Other (Please Specify): 113 CKYC No: 114 Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries) a) Any physical defect or infirmity Yes No b) Gout or Arthritis or Diabetes, Paralysis Yes No c) Fits or any kind or any other chronic disease. Yes No d) Any other disability Yes No a) Any physical defect or insurance in addition to: a) Any other Accident Policy/Including if covered under any Group Personal Accident Policy/Credit card schemes (If so, giver name of each Company and Amount of Insurance.) b) Any other Employee Scheme (If so, giver name of each Company and Amount of Insurance.) 105 Has any Company: 106 Has any Company: 117 Have you ever claimed/received compensation under any Accident Policy? (If yes, please furnish the details) 107 Have you ever claimed/received compensation under any Accident Policy? (If yes, please furnish the details) 108 Details of coverage opted by you: a) Capital Sum Insured (maximum liability) : Rs. b) Nature of Policy Proposed: ** c) Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only) 40 Do you like to avail additional cover against Death only b) Wider Cover—covers against Death only b) Wider Cover—covers against Death, Permanent Total Disablement & Permanent Partial Disablement & Temporary Total Disablement 190 Period of Insurance : From 100 Do you wish to cover your family members (spouse, children and dependent parents only)? 109 Death of the property of the Disablement only)? 109 Death over your family members (spouse, children and dependent parents only)? 109 Death of the property of the property of the property							, and a					
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c) Aadhar Card No:	11)	Height (in cms):		,	Weight (in kg	s):						
13) CKYC No:	12)	Identification Number :	ation Number : a) PAN Card Number : b) Driving License No :									
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Nam	e of the Family members	Relationship with Insured & Age	Profession occupation		Annual	ncome	Type of cover& Capital Sum Insured				al Extension prehensive cover only Medical confinement Allowance
		АВНА	ID (Ayushmai	n Bha	arat Hea	alth Acco	ount)		'		
	Insured 1	Insured 2	Insured 3			Insure	ed 4		Insure	d 5	Insured 6
Please	give details of nominatio	n:									
The no	ominee must be an immedia lf/herself.		. The nominee	e for a	all othe	r Insure	d Person	ns proposed	to be ins	sured shall be	the Proposer
Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Rela	tionship			oile No / nail Id	Address o	,
				<u>i </u>							
	Nominee is Minor, Name ar		Date of Bir	+h	. 100	6	1 / N / /	T /TC)	Λ.	dross of the	Annaintaa
Na	ame of the Appointee	Relationship	Date of Bir	LII	Age	Ger	nder(M/	F/1G)	AC	ddress of the A	Арроппее
Nomi	nation										
	DO										
	to Shri / Smt / Kum						(Name	& Relations	hip to th	e Insured) an	d I further declare that
	r/their receipt shall be suffic I at:this _				20						
WITN	ESS:	uay	01		20 _						
Name	& Address:									Sign	nature/s
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	neque/DD/PO (Payable in favo			Comp	oany Ltd						
	ne of the Account Holder: ument No.:					Instrum Bank A		ount (Rs) :			
	ument Date:						ame and	Branch:			
	Code :	Current Other (Please Specify	\		UPI ld :					
	Transfer/Wallet:	Name of Bank/Wallet	r lease specify	<i>)</i>		Transact	tion No.				
	Number :					TAN No					
	make a crossed Cheque /DD/I K ACCOUNT DETAILS R						any Limi	ited"			
	e of Account holder	LEGOTILES TOX ILLI OTT	D OR OLAII		14. 05.	-					
	Name & Branch:										
	Account Number Code				+						
Debit	Authorization for Current	& Future Renewal Premi	iums								
	by authorize bank to debit my						wit	th the bank f	or Rs		
	ds first premium for availing the I hereby request and authorize	· ·		Cover	r.				on	the yearly due	dates with the
_	able renewal premium.	, 									
DECL	ARATION										
	/e hereby declare, on my beha nd complete in all respects to	· · · · · · · · · · · · · · · · · · ·									given by me are
	derstand that the information										icy of the insurance
	any and that the policy will cor e further declare that I/we will	•				_	eral healt	th of the life	to he insi	red/nronoser	after the proposal
	een submitted but before com		_			ir or gene	oral fical	in or the me	to be mise	пса, рторозст	arter the proposal
	e declare and consent to the co ser or from any past or presen			-			-	-			
	nation from any insurance com										
-	oposal and/or claim settlemer					_		l with rating	agansias	third parties o	er corridos
	e authorize the Company to sh lers for the purpose of underw									tnira parties d	or services
	ereby consent to and authoriz										
	nation provided by me, as per ding my registry on NCPR/NDN				-			-			_
	Go Green										
	ould like to protect our envi oned in this form.	ronment and would like to	save paper by	y sen	ding all	Policy a	nd servi	ce related o	ommunio	cation to the e	email id as
	oosing this option, you wish		oy.			Signa	ture of t	he Pronose			
	uidelines 🗌				. .						
not disp insuran	e hereby confirm that all prem proportionate to my/our incor ce policy in case I / we are fou	ne. I / we understand that the	ne Company ha	as the	e right to	call for	docume	nts to establ	ish source	es of funds and	to cancel the
	ring law in India. e are not Politically Exposed Po	arcone ** nor are their ele	rolativos /fa	ilv	ombo	/accasi=+	oc 1/	a chall ke are	he come	any informadi	fwa subsaguantli
become	e are not Politically Exposed Person. e a Politically Exposed Person. tically Exposed Persons" shall			-						•	

Individual Accident Policy UIN: UNIPAIP08006V020708 IRDAI Reg No:134

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 undertaked desuments in case of any change in my KYC details.

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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. 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

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 compliant along with details of phone call and number. CIN: U66010MH2007PLC166770, URN: USGIHP127