

PROPOSAL FORM -
JANATA PERSONAL ACCIDENT INSURANCE



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai, Maharashtra, India. 400093
Toll Free No.: 1800 200 4030 / 1800 22 4030, 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:					

Annexure III

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

1) Name of the Proposer (Policy to be issued in favor of)	First Name	Middle Name	Last Name
2) Address of the Proposer			
3) Phone Number			
4) Email id			
5) Gender (Male / Female / Third Gender)			
6) PAN Card No.			
7) CKYC No.			
8) Bank Account No. [Optional if desired by the proposer]			
9) 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"/>		
10) AML details: a. Copy of MOU/AOA			
b. Registration Number			
11) (a) Profession; Occupation, Trade or Business of the Proposer:(Please describe fully with nature of activities)			
(b) Does Your occupation require the employees / members to be engaged in manual labour? (c) Do the employee(s)/ members engage in:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
i) Racing on wheels or Horseback	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ii) Big game hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii)Mountaineering	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iv)Winter sports, skiing or ice hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No		
v) Ballooning or polo or Sports of similar nature	<input type="checkbox"/> Yes <input type="checkbox"/> No		
vi) Any other adventurous sports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12) Is this proposal for insurance to Your employees / members in addition to:			
a. Any other Personal Accident Policy / Life Insurance (If so, give name of the Insurance Company and Amount of Insurance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Any other Employee Scheme (If so, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13) Has any Company			
i. Declined to issue a Policy to You?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ii. Declined to continue Your Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii. Not invited the renewal of Your groups' Personal Accident Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iv. Imposed any restriction or special conditions? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

14) Would you like to avail of Off-Duty / On-Duty Cover? If yes, please indicate which one	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) Period Of Insurance	From..... To.....

16) Please attach a separate list of employees/members You wish to cover in either of the following format
Format A: (normal format)

Name of the Employee /Member	Salary Roll No./ Identification No	Age	Occupation	Capital Sum Insured in Rs.	Name of the Assignee

Format B:

Category of the employees	Occupation	Number	Number in each Age bracket from age of 20 years increasing multiples of 10	Capital Sum Insured in Rs. (per capita)	Total Capital Sum Insured in Rs.

ABHA ID (Ayushman Bharat Health Account)					
Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

Please give details of nomination:
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)	Address of the 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

Payment & Bank Account 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 <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : <i>Name of Bank/Wallet</i>	Transaction No.
PAN Number :	TAN Number :

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

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 <input type="text"/> with the bank for Rs._____ towards first premium for availing the said Universal Sompo Health Insurance Cover. <input type="checkbox"/> I hereby request and authorize the bank to debit my account number <input type="text"/> 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.
- 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 : _____
Place : _____

Signature of the Proposer: _____
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 toTen 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 complaint along with details of phone call and number.

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