



|              |                                                                                                                                  |        |  |            |  |                       |  |
|--------------|----------------------------------------------------------------------------------------------------------------------------------|--------|--|------------|--|-----------------------|--|
| Maker’s Name |                                                                                                                                  | Weight |  | Dimensions |  | Identification Number |  |
|              |                                                                                                                                  |        |  |            |  |                       |  |
|              | b) Where and which floor, is the safe situated?                                                                                  |        |  |            |  |                       |  |
|              | c) Is it fixed to the walls or floor, if so, how?                                                                                |        |  |            |  |                       |  |
|              | d) By whom are the keys of the safe and/or strong room held?                                                                     |        |  |            |  |                       |  |
|              | e) Are all such keys removed from the premises after business hours?                                                             |        |  |            |  |                       |  |
| 12           | Please state the make and Model of Cash Box in which Money will be kept in the business hours                                    |        |  |            |  |                       |  |
| 13           | a) Are you now, or have you been insured in respect of loss of Money? If so, state name of Insurer                               |        |  |            |  |                       |  |
|              | b)Has any Insurer in respect of an insurance against loss of money (i)Declined your proposal or renewal?                         |        |  |            |  |                       |  |
|              | (ii)Terminated your Insurance?                                                                                                   |        |  |            |  |                       |  |
|              | (iii)Required an increased premium or imposed special conditions?                                                                |        |  |            |  |                       |  |
| 14           | Have you ever sustained any loss of Money? If so give particulars                                                                |        |  |            |  |                       |  |
| 15           | Have you ever sustained any loss of Money because of infidelity of employees or cash carrying messengers? If so give particulars |        |  |            |  |                       |  |
| 16           | Are you a corporate Body as a Co-operative society. If so, state paid up Capital                                                 |        |  |            |  |                       |  |

Add-ons/Clauses opted for:

|                |  |
|----------------|--|
| ADD ON/CLAUSES |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |

Kindly provide an annexure if the proposer is unable to mention all the selected add-ons/ clauses

Nominee Details (Applicable for policies bought by Individuals):

|                 |                      |     |                                           |                               |
|-----------------|----------------------|-----|-------------------------------------------|-------------------------------|
| Name of Nominee | Nominee Relationship | Age | Name of Appointee (If Nominee is a minor) | Relationship with the nominee |
|                 |                      |     |                                           |                               |

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. <div>Amount (In Words):</div>                                                                                                                                                                                                                                                                                                                                                           |                          |
| 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 : <div>Name of Bank/Wallet</div>                                                                                                                                                                                                                                                                                                                                                      | 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 Sompo 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 Sompo 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 Sompo 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 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.

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 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

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 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 | Tel No.: 022 41690888/41690999

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.

CIN: U66010MH2007PLC166770