

**PROPOSAL FORM -  
MOTOR TWO WHEELER - 5 YEARS**



**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

Policy No.		Date	
Proposal No.		Inspection Lead No.	

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

**Instructions to the Applicant:** 1) Please fill in the Proposal Form in **BLOCK LETTERS** and tick boxes wherever applicable  
2) The queries made/ details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose) 3) Failure to disclose facts materials to assessment of the risk and/or providing misleading information shall render the policy/contract void.

**Proposal for:**  New Vehicle  Rollover  Endorsement  Renewal

**Personal Details**

Proposer's ( Owner's) Full Name: Mr/Mrs			
Date of Birth:		Aadhar ID:	
Occupation / Business: (for Individual customers)		Pan Card No:	
Address for Communication:	Flat/Building No./Door/Block No.	Road/Street/Sector	
	Nearest Landmark	Area	
	City & Pin Code :	State & Country	
Address (Address where vehicle is normally kept and used):	Flat/Building No./Door/Block No.	Road/Street/Sector	
	Nearest Landmark	Area	
	City & Pin Code :	State & Country	
Telephone No (Resi./ Office):		Email Id:	
Mobile No:		GSTIN No:	
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"/>		
PUC Certificate Number & expiry date:			
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.			
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")			
Type of Cover required	Package <input type="checkbox"/> Fire Only <input type="checkbox"/> Theft Only <input type="checkbox"/> Fire and Theft Only <input type="checkbox"/>		
Period of Insurance			
Section I: Own Damage Section:	From Time :	Date:	To Midnight of Date:
Section II: Liability	From Time :	Date:	To Midnight of Date:
Section III: CPA	From Time :	Date:	To Midnight of Date:
Is there a Parking Facility available <input type="checkbox"/> Yes <input type="checkbox"/> No		How many Persons will be driving the vehicle	

**Details of Vehicle**

Registration No	Chassis No	Engine No./ Battery No.	Make	Model	Variant	Body Type	Fuel Type	Cubic Capacity /KW/GVW	MFG. YEAR	Seating Capacity
Vehicle Type		Place of Registration	Date of Registration	Trailer Chassis No	Colour of Vehicle	Registration Address				
<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported										

**Insured Declare Value**

Years	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car ( If Any)	Bi fuel/CNG/LPG Kit	Total IDV Rs.
1st						
2nd						
3rd						
4th						
5th						

Is the vehicle attached with any of the Fleet?  Yes  No No. of vehicles attached with fleet: \_\_\_\_\_

Is the vehicle made in India?  Yes  No

A.	Where the vehicle is parked during day time? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others ( if others, please mention)
B.	Where the vehicle is parked during night? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others ( if others, please mention)
C.	Type of road where vehicle would normally ply: <input type="checkbox"/> Hilly Roads <input type="checkbox"/> National State Highways <input type="checkbox"/> City –Town Road <input type="checkbox"/> District Road <input type="checkbox"/> Others (If others, please mention)
D.	Vehicle driven As on Date _____ Kms _____ Monthly Average _____ Kms

**Details of the Purchase/ Hypothecation/ Lease**

Financier Details : <input type="checkbox"/> Hypothecation Agreement <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease Agreement
Name of Financier & Address :

**Details of Vehicle Type and Usage**

1	Whether the Vehicle is driven by Non-Conventional source of Power <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details <input type="checkbox"/> Bi-fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Externally Fitted <input type="checkbox"/> Manufactured Fitted <input type="checkbox"/> Electric Vehicles
2	Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No b) Carriage of goods other than Samples or Personal Luggage <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Whether the vehicle is used for Commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whether the same is endorsed as such by RTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Whether the rally cover is required? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Whether the vehicle is fitted with Fibre Glass Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Whether the vehicle belongs to the Embassy/Consulate of a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the Duty element is included in the IDV? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Whether extension of rally required? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Compulsory Personal Accident Cover details**

Do you have any existing CPA cover or Personal Accident Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please provide below details (Provide policy copy for the same)	
Policy number	Capital Sum Insured
Policy period	Coverage Details
Name of the Insurance Company	
If No, Please Choose the period of PA cover for owner-driver 1 Year/5 Years:	

**Nominee Details**

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.

Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee (Present / Permanent)	Bank A/C Details of Nominee	% of claim amount payable to each nominee in the event of policy holder's death

\*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: Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/-. Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

**Previous Insurance Details**

1.	Name and Address of Previous Insurer		
2.	Policy No.	Policy Expiry Date	
3.	Claim taken in previous policy: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of claims: _____ Claim Amount: _____		
4.	NCB earned on the previous policy (If applicable): _____ % ( please attach a copy of renewal notice from the previous insurer)		
5.	Claim lodged in preceding years:		
	Year		
	No. of claims		
	Claimed Amount		
Date of Purchase of the Vehicle by the proposer			
Whether the vehicle was new or pre-owned (used) at the time of purchase? <b>*if pre-owned, please specify transaction value</b>		Brand New	Used
Is the vehicle in good condition ?		Transaction Value _____	
Has any insurer ever declined/cancelled the insurance of the proposed vehicle? If Yes, please provide the details thereof		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Period:		From	To

**NCB Details and Other discounts**

1.	Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No* If yes, Please mention the ____ %
2.	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer of the above question is Yes, Please submit the certificate for the same.
3.	Are you a member of the Automobile Association of India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please state : _____ Name of Association : _____ Membership No. _____ Date of expiry: _____
4.	Voluntary excess: Do you wish to take the Voluntary excess over and above the compulsory excess. If Yes please select: <input type="checkbox"/> Rs.250 <input type="checkbox"/> Rs. 500 <input type="checkbox"/> Rs. 700 <input type="checkbox"/> Rs. 1500

Note: an additional claim deductible shall be applicable for all claims.

**Additional Coverage Details**

Do you require PA cover for Paid Driver, Cleaners and Conductors? if yes, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to cover Geographical Area Extension under your proposed insurance? <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan			
1.	Do you require Unnamed PA Cover <input type="checkbox"/> Yes <input type="checkbox"/> No		
	a)No. of Passengers		
	b)Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) Name _____ Sum Insured _____ Name _____ Sum Insured _____		
2.	Do you wish to cover Legal liability towards		
	a)Driver/Cleaner/Conductor (No. of Persons ____ ) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	b)Unnamed Passengers (No. of Persons ____ ) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	c)Other employees (No. of Persons ____ ) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	d)Soldier/Sailor/Airman employed as Driver <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Do you require PA cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Name of Passengers	CSI opted ( Rs)	Nominee
			Relationship
5.	The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/-. Do you wish to cover the additional limit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6	Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. <input type="checkbox"/> Yes <input type="checkbox"/> No  Drivers (No. of persons: _____) Employees (Workmen) (No. of persons: _____) (Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)
7	Any other Coverage details _____

#### Driver's Detail

1	Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No								
2	Vehicle is primarily driven by: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Any other								
	Name: _____ Relationship: _____ Age : _____ Yrs.								
3	Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Give details _____								
4	Driver's qualification: _____ Driver's experience: _____ Yrs.								
5	a. Age & Date of Birth of the Owner: Age _____ Yrs Date of Birth: _____								
	b. Age & Date of Birth of the Driver: Age _____ Yrs Date of Birth: _____								
6	Has the driver ever been involved / convicted for causing any accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	If YES, give details as under including the pending prosecutions: _____								
	<table border="1"> <thead> <tr> <th>Driver's Name</th> <th>Date of Accident</th> <th>Circumstances of Accident/ Loss</th> <th>Loss/Cost Rs.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Driver's Name	Date of Accident	Circumstances of Accident/ Loss	Loss/Cost Rs.				
Driver's Name	Date of Accident	Circumstances of Accident/ Loss	Loss/Cost Rs.						

#### Inspection Details (in case of Break in Insurance)

Does the vehicle stand fit for insurance? (For use of inspection agency)	
Inspection Reference Number	
Conducted On (Mention Date & Time):	

#### Do you wish to Opt for Optional coverage, If Yes, Kindly mention in the below table

Sr. No	Add-on	Coverage details
1	Depreciation Waiver	<input type="checkbox"/> Plan A (unlimited partial claims each year) <input type="checkbox"/> Plan B (limited to 2 claims each year) <input type="checkbox"/> Plan C (limited to 1 claim each year)
2	Return to Invoice	<input type="checkbox"/> Plan A (extensive coverage) <input type="checkbox"/> Plan B (limited coverage)
3	Engine Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Cost of Consumables	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Tyre and Rim Secure	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Key Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Roadside Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Daily Cash Allowance Benefit	<input type="checkbox"/> Metro : <input type="checkbox"/> IDV upto Rs.30000 <input type="checkbox"/> IDV 30001 upto Rs.50000 <input type="checkbox"/> IDV 50001 upto Rs.100000 <input type="checkbox"/> IDV above Rs.100000 <input type="checkbox"/> Non-Metro : <input type="checkbox"/> IDV upto Rs.30000 <input type="checkbox"/> IDV 30001 upto Rs.50000 <input type="checkbox"/> IDV 50001 upto Rs.100000 <input type="checkbox"/> IDV above Rs.100000
9	Secure Towing (Higher towing & removal costs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Accidental Hospitalization Clause for Family	<input type="checkbox"/> Yes <input type="checkbox"/> No, sum insured: (SI between 1 Lakh to 5 Lakh, in multiples of Rs.50000)
11	Hospital Daily Cash Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No, sum insured: _____
12	Loss of Driving License/ Registration Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Additional Personal Accident Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No, sum insured: (upto Rs. 1 Cr, in multiples of Rs.1 Lakh)
14	Helmet Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Battery Protect Cover	<input type="checkbox"/> Plan A (benefit limited to 50% if damage to vehicle battery only) <input type="checkbox"/> Plan B (benefit limited to 50% if damage to vehicle battery and/or theft of vehicle battery) <input type="checkbox"/> Plan C (benefit of 100% coverage if damage to vehicle battery and/or theft of vehicle battery)
16	Power Cable and Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Vehicle Cyber Protection Cover	<input type="checkbox"/> Plan A (vehicle cover) <input type="checkbox"/> Plan B (vehicle cover + charging station cover)
18	Battery Charging Support Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	EMI Protect	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Sum Insured _____
20	Emergency Assistance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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.	
<b>BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE</b>	
Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

 **AML Declaration:**

- 1./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 statutes, directly or indirectly governing the prevention of money laundering in India.
- 4.Nationality: Indian  Non-Indian  If Non-Indian, please specify the country\_\_\_\_\_

**NCB Declaration**

I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

 **Declaration**

- 1./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./We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
- 3./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./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./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./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/We hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.
- 8.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)).
- 9./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".
- 10./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.
- 11.**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.
12. 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
- 13./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.
14.  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 Sampo 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 Sampo 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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