

Application No:

Agent Code:

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.

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. PROPOSERS DETAILS

Name of the Proposer					
Address					
Landmark					
City		Pin code	State		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>				Date of Birth DD/MM/YYYY
E Mail ID					Mobile No.
ID Type	Aadhar Card* <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Pan Card <input type="checkbox"/>				ID Number
CKYC No.					PAN Number
Nationality					Monthly Salary Paid to Helper *
Annual Income	1 to 10 L <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 50 Lakh <input type="checkbox"/> Above 50 Lakh <input type="checkbox"/>				
Do you have eIA account? If Yes, Account details			I would like to apply for eIA with:	<input type="checkbox"/> Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL	

2. POLICY DETAILS

Policy Type	New <input type="checkbox"/> Renewal <input type="checkbox"/> Migration <input type="checkbox"/> Portability <input type="checkbox"/>	Policy Tenure	1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/>
Policy Tenure From	DD/MM/YYYY	Policy Tenure To	DD/MM/YYYY

3. PREMIUM DETAILS (Including GST)

Section 1: Health											
Sum Insured (in Lacs)	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 5.5	<input type="checkbox"/> 6	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7	<input type="checkbox"/> 7.5
Age											
18-35 <input type="checkbox"/>	2183	2537	2738	2938	3080	3221	3280	3339	3398	3457	3575
36-55 <input type="checkbox"/>	3979	4626	4991	5345	5617	5888	5994	6101	6207	6313	6525
>55 <input type="checkbox"/>	6726	7823	8449	9062	9534	10006	10172	10349	10526	10703	11057

Section 2: Personal Accident											
Sum Insured (in Lacs)	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 5.5	<input type="checkbox"/> 6	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7	<input type="checkbox"/> 7.5
Premium	251	301	352	401	452	502	552	602	653	702	753

*Maximum Sum Insured offered is 10 times of Annual Income all PA policies cumulatively.

4. DETAILS OF THE PERSON TO BE COVERED

Insured Name (First, middle, Last)	Date of birth (DD/MM/YYYY)	Age	Gender (M/F/T)	ABHA ID	Relationship with proposer	Height (cm)	Weight (kg)	Occupation / Duty

5. 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.

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

6. MEDICAL AND LIFESTYLE INFORMATION

a) Please accurately answer the following questions about person proposed to be insured.
If the answer to any of these questions is YES, please provide the complete details in the table for additional medical information.
Important: You must answer these questions truthfully.

Sl. No	Details	Insured 1
1.	Proposed Insured Member suffering from any illness or disease at present or in the recent past? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/> Details : _____ _____
2.	Person proposed to be insured ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations/ medication/surgery or undergone a surgery for any of the following – Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder, HIV or AIDS. If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/> Details : _____ _____ _____

b) Does any person proposed to be insured consume any of the following?

	Insured	Substance
Alcohol	Yes <input type="checkbox"/> No <input type="checkbox"/>	30ml <input type="checkbox"/> More than 30 ml <input type="checkbox"/>
	No. of Years	Quantity**
Smoking	Yes <input type="checkbox"/> No <input type="checkbox"/>	5 Cigarettes <input type="checkbox"/> More than 5 Cigarettes <input type="checkbox"/>
	No. of Years	Quantity(No./Day)
Any other substance like Tobacco/Guthka/Pan/ Pan Masala, etc	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 pouch/ 10 grams <input type="checkbox"/> More than 1 pouch/ 10 grams <input type="checkbox"/>
	No. of Years	Quantity(Pouch/Day)

Narcotics	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	No. of Years	Quantity(Pouch/Day)

**Beer – No. of Pints per week, Wine & Spirit – ml/week)
If any of these habits has been in the past please mention the year of stopping it and the reason for doing the same_habit_____

7. ADDITIONAL MEDICAL INFORMATION

If you have answered YES to any of the questions in section 4, please give full details here. If you need more space please use extra sheets.
If you are unsure whether any details are relevant, please include them

Substance	Insured 1
Name of illness/injury suffering from or suffered in the past	
Date of first diagnosis (Month & Year)	
Treatment/medication received/receiving	
Treatment outcome (fully cured/partially cured/ ongoing, etc)	

8. GENERAL INFORMATION

I. Existing Insurance Details : If the proposed Insured has any other Health / Personal Accident Policy, please share details:

Sr No	Policy No	Name of insured person	Insurer	Period of Insurance		SI & Cumulative bonus /Rs	Claims details if any
				From (DD/MM/YYYY)	To (DD/MM/YYYY)		
1							
2							
3							
4							

9. 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 : Name of Bank/Wallet	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	

10. 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.

11. VERNACULAR DECLARATION ☐

I hereby declare that I have fully explained the contents of the Proposal Form and all other documents incidental to availing the health insurance from Universal Sompo General Insurance Company Limited to the Proposer in the language understood by him/her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Date : _____ Signature of the Proposer: _____ Signature of the Insured: _____
Place : _____ Name of Proposer : _____ Name of the Insured : _____

12. AGENT DECLARATION ☐

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I further confirm that I have explained the product features, terms and conditions to the prospect and the product opted is suitable to the need of the customer.
I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer): _____
Date: _____ Place: _____ Signature of Agent _____

13. 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.

14. CHECK LIST

Please check the following documents are attached along with the proposal form

- ☐ ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority
- ☐ Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
- ☐ Age Proof: Proof of Age
- ☐ Renewal Notice with claim details
- ☐ Certification of previous insurer for previous claim details
- ☐ Photocopies of all previous policies and endorsements

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, for Senior Citizen : 1800 267 4030

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

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, URN No: USGHP124