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MUSKAAN UIN: UNIHLIP24104V012324 IRDAI Reg No:134

Alcohol Yes No Quantity* Smoking Yes No So Guantity* Smoking Yes No So Quantity(No./Day) Any other substance like Tobacco/Guthka/Pan/ Pan Masala, etc No. of Years Quantity(No./Day) 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 **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/medication received/receiving Treatment outcome (fully cured/partially cured/ ongoing, etc) 8. GENERAL INFORMATION Lexisting 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 Claims de) Does a	any person pro	posed to be insu	ured consume an	y of the followi	ing?		Çıı	bstance	
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Type of Account: Saving Current Other { Please Specify Fund Transfer/Wallet: Name of Bank/Wallet: Transaction No. TAN Number: Please make a A/C Paye Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only SANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE Name of Account holder Bank Name & Branch: Bank Account Number FSC Code D. DECLARATION T/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 spects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. In 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 this licky will come into force only after full receipt of the prenium chargeable. We forther 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 force communication of the risk acceptance by the company. 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 after the proposal has been submitted force communication for insurance on the life to be assured/proposer oncerning any insurance company to napplication for insurance on the life to be assured/proposer oncerning any insurance company to napplication for insurance on the life to be assured/proposer and seeking information formation provide by well-up the proposal insurance on the life to be assured/proposer and seeking information formation from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from a story prevention for the proposal insurance on the life to be assured/proposer and seeking information from in applicat								me and Branch:		
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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 O. DECLARATION "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 spects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. 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 the blicy will come into force only after full receipt of the premium chargeable. 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 force communication of the risk acceptance by the company. 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 after the proposal has been submitted for ecommunication of the risk acceptance by the company. 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 a stor 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 an application for insurance on the life to be assured/proposer and seeking information from any insurance company to the proposal, insurance company in the proposal insurance on the life to be assured/proposer and seeking information from any insurance company to the proposal content of the proposal with rating agencies, third parties or services providers for th			8 —			сепу / 🗆	Transact	ion No.		
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Name of Account holder Bank Name & Branch: Bank Account Number IFSC Code 0. DECLARATION							neral Ins	urance Company l	imited' only	
Bank Name & Branch: Bank Account Number			•	OR REFUND OR C	LAIIVI PURPUS) 				
O. DECLARATION O. Whe 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 spects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. 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 the plicy will come into force only after full receipt of the premium chargeable. 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 force communication of the risk acceptance by the company. 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/proposers and sesting information from any insurance company to na pplication for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 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 provide, 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 that The policy of the Company. Company or its representatives are also hereby autho										
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MUSKAAN UIN: UNIHLIP24104V012324 IRDAI Reg No:134

CK	YC Declarations				
I he	ereby give consent to Universal Sompo Genera	I Insurance Co Ltd to verify and ob	tain my information th	rough Central KYC Registry or UIDAI or through any other mode	for the purpose
of u	undertaking KYC.				
I he	ereby 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 update	d documents in
case	e of any change in my KYC details.				
11.	. VERNACULAR DECLARATION				
I he	reby declare that I have fully explained the co	ntents of the Proposal Form and al	l other documents inci	idental to availing the health insurance from Universal Sompo G	eneral Insurance
Con	npany Limited to the Proposer in the language	understood by him/her and that t	he Proposer has affixe	d the thumb impression above after fully understanding the con	tents thereof.
The	same have been fully understood by him/her	and the replies have been recorde	d as per the information	on provided by the Proposer and the replies have been read out	to fully
und	lerstood and confirmed by the Proposer.				
Dat	te :	Signature of the Proposer:			
Pla	ace :	Name of Proposer :		Name of the Insured :	
12.	. AGENT DECLARATION 🗌				
١,	(Full Name)	in my capacity as ar	Insurance Advisor/ Sp	pecified Person of the Corporate Agent/Authorised employee of	the
Brol	ker/Relationship Officer, do hereby declare the	at I have explained all the contents	of this Proposal Form,	, including the nature of the questions contained in this Proposa	Form to the
Prop	poser 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 f	orm the basis of
			. ,	pany for issuance of the Policy. I further confirm that I have exp	ained the product
	tures, terms and conditions to the prospect an				
				Proposal Form/including addendum(s), affidavits, statements, su	
				d further more if there has been a non-disclosure of any materia	
ISSU	led to his/her favour pursuant to this Proposal	may be treated by the Company a	s null and void and all	premiums paid under the Policy may be forfeited to the compar	у.
	ense No. (Advisor/Corporate				
	ent/Broker/Relationship Officer):			Signature of Agent	
Date	e:	Place:		Signature of Agent	
	. INSURANCE ACT 1938, SECTION 4:				
				ake out or renew or continue an insurance in respect of any kind	
	, , , ,		,	ne premium shown on the policy, nor shall any person taking out	or renewing or
	tinuing a policy accept any rebate except such	•			o o
2. <i>F</i>	Any person making default in complying with t	ne provisions of this section shall be	e punishable with fine	e, which may extend to Ten Lakhs rupees.	· ·
14.					
	. CHECK LIST				J
Ple	. CHECK LIST ease check the following documents are atta	ched along with the proposal form	1		J
Ple					Ü
Ple	ease check the following documents are atta	ving License/ Letter from a recogniz	zed public authority	ority/Electricity Bill/ Ration Card	Ü
Ple	ease check the following documents are atta ID Proof: Passport/ PAN Card/ Voter ID/ Dri	ving License/ Letter from a recogniz	zed public authority ecognized public autho	ority/Electricity Bill/ Ration Card Notice with claim details	ŭ

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 compliant along with details of phone call and number. CIN: U66010MH2007PLC166770, URN No: USGIHP124