PROPOSAL FORM - PRAVASI BHARTIYA BIMA YOJANA



Registered and Corporate Office: Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra. Tel.: 022-41659800 / 900, Email: contactus@universalsompo.com

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

IMPORTANT NOTICE:

This Proposal Form must be completed and signed to the best of the proposer's knowledge and belief and all material facts must be disclosed.

- A material fact is one of that is likely to influence the acceptance or assessment of the Proposal.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-cooperation by the insured will nullify the cover under the policy issued.

policy issued.										-															-										
I. Personal Details:																																			
a) Name :																																			
b) Father/Spouse's Name	:	\mathbb{L}		\mathbb{I}																															
c) Gender:	c) Gender: Male: Female: Third Gender:																																		
d) Date of Birth:	D	D		M	М	Υ	Υ	Υ	Υ																										
e) Height:		\Box		f	ft.				in	ch		(cms.	.)	W	eigh	nt:				lbs] k	S gs					
f) Passport No.:		\mathbb{L}		\Box																															
g) a) Date of Issue :	D	D		M	M	Y	Υ	Υ	Υ		b)	Plac	e c	f Is	sue	: [
h) CKYC No.:		\mathbb{L}																																	
I) Type of Visa Held :		\mathbb{L}		\Box	\Box																														
j) Address of the Propose	er in	Ind	lia :																																
		L																																	
		\mathbb{L}		\Box	\Box																														
Pin Code :		\mathbb{L}		\perp	\perp							Tel.	No	.:																					
k) Details of Spouse and / or Children of the Proposer (Maximum Two)																																			
Name																													D	ate	e O 1	f B	irtl	h	
Spouse :		Ļ		\perp	\perp																							Ļ	ĪĒ	\perp	_	L	L		
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2 nd Child		\perp		\perp	\perp																						L	上	<u>JL</u>	\perp		L	느		_
b) Address :		Ţ		\perp	\perp																						$\underline{\hspace{1cm}}$	$\underline{\hspace{1cm}}$							_
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2. Employment Deta	ils :																																		
a) Country of Employmen	t:																										\neg	\Box							_
b) Address in Country of I		oyr	nen	ıt:	F	Ť	T																				Ħ	T	\equiv	\equiv					=
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c) Name & Address of wo	rk pla	ace	the	e pr	opc	ser	is at	ten	ding	:		' 		'													T								_
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d) Brief details of Employn	nent	to	be	Un	dert	ake	n : _	•		'		'													•	•			_	_					
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e) Period of Contract From	m : [J L	\perp						То			╛┖																					

(**Note:** please attach attested copy of thr appointment letter of oversea employer)

3	Name & Address of Overseas Employer	/ Snons	or ·								
J .	Name & Address of Overseas Employer	эропэ									
	a. Relation of Overseas Employer / Sponsor :										
	b. Period of Insurance Required;										
	Two years From :	Щ	To								
	Three Years From :		То								
	c) Commencement Date DD MM YY	YY									
4.	Proposer's Medical History										
	Answers To The Following Questions Are To Be Giv	en As Ye	s / No.								
	(Please fill in details wherever required)										
	A Is the proposer in good health and free from pl	nysical de	fect or infirmity?		Y N						
	B Does the proposer ordinarily enjoy good health	•	•		Y N						
	C Are there any additional facts affecting the prop		urance which shoul	d be disclosed to insurers?	Y N						
	5. Please attach a copy of the Medical Report of t										
6.	NOMINATION			, , , , , , , , , , , , , , , , , , , ,							
	Please give details of nomination:										
	Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee						
	I/We,DO HEREBY AGREETH	IATTHE M	ONIES PAYABLE BY	ΓΗΕ Universal Sompo General Insuran	te Co. Ltd, UNDER THIS POLICY						
	shall be paid to Shri / Smt / Kum			(Name & F	delationship to the Insured) as my						
	Nominee in the event of my death and I further declare th			0 1 ,							
	Dated thisday of20ar WITNESS:	t									
	Name&Address: Signature										
7.	Declaration										
				nsured, that the above statements,							

Date :	мм	Y	V	V	Y
Date.	111111111				

Signature :-

Place : —

Go Green

would like to protect my environment and would like to help save paper by authorising Universal Sompo General Insurance Co Ltd to send all my Policy and service related communication to the email id as mentioned in this form

PROHIBITION OF REBATES

Section 41 of the Insurance Act, 1938:

- (I) No person shall allow, or offer to allow, either directly or indirectly as an inducement of any person to take out or renew or continue an insurance in respect of any kind of 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 this 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 published 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 up to Ten Lakh 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 compliant along with details of phone call and number.

CIN: U66010MH2007PLC166770 URN: USGIHP061