

**PROPOSAL FORM -
SARAL SURAKSHA BIMA (MICRO INSURANCE)**

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

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. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

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:					

PROPOSAL DETAILS

Name of the Proposer _____
Communication Address _____

City/ Taluka _____ District _____ State _____

Pin Code _____ Phone No. _____ Mobile _____

Gender: Male ☐ Female ☐ Third Gender ☐ Email _____ PAN No. _____

CKYC No. _____

E- Account Opening : Do you have eIA account? If Yes, Account details _____

I would like to apply for eIA with : Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

Relationship with Proposed members' _____

Type of Organization: _____

Brief description of activities performed by Organisation _____

Year of Inception: _____

INSURANCE DETAILS – SECTION 1 & 2 – CRITICAL ILLNESS AND PERSONAL ACCIDENT

SI for Critical Illness Cover (Rs) - _____

SI for Personal Accident Cover (Rs.)- _____

(The minimum sum insured available under each section is Rs.10,000 and maximum sum insured available under each section is Rs.1,00,000).

Period of Insurance from to

Policy Type ☐ New ☐ Renewal, If Renewal then Previous policy no. _____

No of members to be covered _____

INSURED'S DETAILS (please attach Annexure giving details as per the given table)

Details	Member 1	Member 2	Member 3	Member 4	Member 5
Name					
Gender (F/M/Third Gender)					
Date of Birth					
Occupation					
Industry					
Annual Income					
Name of Pre-existing disease/illness/conditions (If any)					
Nominee					
Nominee Name					
Nominee Date of Birth Relationship of					
Nominee with Insured					

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

ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

PREMIUM PAYMENT AND BANK 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 crossed Cheque /DD/Pay order in favor of "Universal Sompo General Insurance Company Limited"

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

DEBIT AUTHORIZATION FOR CURRENT & FUTURE RENEWAL PREMIUMS

I hereby authorize bank to debit my account number _____ with the bank for Rs. _____ towards first premium for availing the said Universal Sompo Health Insurance Cover.

☐ I hereby request and authorize the bank to debit my account number _____ on the yearly due dates with the applicable renewal premium.

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 in all respects 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 that the policy 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 but before 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 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 including seeking and/or sharing of my medical data through ABHA.
 - 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 NCP/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 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.

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.

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT 1938

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

If the proposer/policyholder is illiterate or suffering from a disability affecting his/her capacity to write or where the policyholder has signed in any language other than English, please fill in the details below. The statement below must be witnessed by someone other than the intermediary/employee of the company.

Universal Sampo 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

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: USGIHP117