PROPOSAL FORM – SHAKTI CARE POLICY

Application No: 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 letters. Any incomplete or partially correct answer may lead to rejection of the proposal. 3. The Information as per Surrogacy (Regulation)Act,2021 and ART(Regulation)Rules,2022 need to be disclosed by Proposer / Insured in this form |For Office Use Only

FOR OFFICE USE ONLY					
Intermediary Name:		Intermediary Contact No.:		Intermediary Reference Code:	
Intermediary Email:		Intermediary Salesperson's Name:			
Intermediary Salesperson's Contact:		Intermediary Salesperson's Code:		Source Code:	
POS UID Aadhar No./PAN:		Policy Issuing Office Code			
Policy Issuing Office Address:					

Section 1 – Insured Details

Proposer 1. : ☐ Mr. ☐ Mrs. ☐ Ms.	Proposer 2. : ☐ Mr. ☐ Mrs. ☐ Ms.
Date of Birth :	Date of Birth :
Gender : ☐ Male ☐ Female ☐ Third Gender	Gender : ☐ Male ☐ Female ☐ Third Gender
Occupation : ☐ Student ☐ Self Employed ☐ Salaried ☐ House Wife ☐ Others (please specify)	Occupation : ☐ Student ☐ Self Employed ☐ Salaried ☐ House Wife ☐ Others (please specify)
ABHA ID (Ayushman Bharat Health Account)	ABHA ID (Ayushman Bharat Health Account

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AADHAR No. : PAN No. : (Mandatory for premium of ₹ 50,000 and above)	AADHAR No. : PAN No. : (Mandatory for premium of ₹ 50,000 and above)
Annual Income (in ₹) : ☐ Up to 5 Lac ☐ 6-10 Lac ☐ 11-15 Lac ☐ 16-20 Lac ☐ Above 20 Lac	Annual Income (in ₹) : ☐ Up to 5 Lac ☐ 6-10 Lac ☐ 11-15 Lac ☐ 16-20 Lac ☐ Above 20 Lac
Address : E-mail id: Contact number:	Address : E-mail id: Contact number:
☐ I hereby consent that the Policy Documents shall be sent to me by e-mail only on my registered e-mail Id. I understand that this authorization can be revoked by me at the time of renewal by contacting your branch office personally or customer care by writing a mail/ calling your toll-free number.	

Section 2 – Nominee Information (Please provide details as per order mentioned in Proposed Insured Information)

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/T/TG)	Address of Nominee

Name of Appointee	Relationship	Date of Birth	Age	Gender (M/T/TG)	Address of Nominee

Section 3 - Questionnaire for Surrogate mother

Name		Occupation	
Nationality		Marital Status	

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Date of Birth		Relationship with Proposer	
Age		I have certificate from District medical board	☐ No ☐ Yes

Please answer below questions		
1)	Height (in feet & inches)	
2)	Weight (in Kgs)	
3)	Do you consume alcohol?	☐ No ☐ Yes
4)	Have you smoked cigarettes, or consumed any tobacco products?	☐ No ☐ Yes
5)	If answer to (c) or (d) above is 'Yes', then please provide more details :	

6)	Do you have any of the below diseases? ☐ Diabetes ☐ Hypertension (high blood pressure) ☐ Asthma ☐ HIV ☐ Dyslipidemia ☐ Anaemia?	☐ No ☐ Yes
7)	Are you taking any medicine? If yes, please provide details:	☐ No ☐ Yes
8)	Have you ever been hospitalized or ever had surgery? If yes, Please share details :	☐ No ☐ Yes

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9)	Are you suffering from any of these signs or symptoms? ☐ Swelling ☐ Dizziness ☐ Pain ☐ Breathlessness ☐ None of the Above Others please specify :	
10)	Have you ever been diagnosed by a physician for any condition, ailment, injury or disease? If yes, Please share details :	☐ No ☐ Yes
11)	Have you ever received or been recommended a medical treatment by a Physician for any condition, ailment, injury or disease? If yes, Please share details :	☐ No ☐ Yes
12)	Menstrual History : ☐ Regular / ☐ Irregular Frequency and duration : Last Menstrual Period (LMP) : History of Abortion – Yes/No History of pregnancy / childbirth related complications – Yes/No If yes, please provide more details	

CURRENT/PREVIOUS INSURANCE POLICY DETAILS							
Are You insured under any Health Insurance Policy? If yes, please provide the below details.							
Product Name	Policy Number	Insurer Name	Policy Period		Sum Insured	Claim Lodged (if any)	Cumulative Bonus
			From	To			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			

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Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

Section 4 - Questionnaire for Oocyte Donor

Name		Occupation	
Nationality		Marital Status	
Date of Birth		Relationship with Proposer	
Age			

Please answer below questions		
1)	Height (in feet & inches)	
2)	Weight (in Kgs)	
3)	Do you consume alcohol?	☐ No ☐ Yes
4)	Have you smoked cigarettes, or consumed any tobacco products?	☐ No ☐ Yes
5)	If answer to (c) or (d) above is 'Yes', then please provide more details :	

6)	Do you have any of the below diseases? ☐ Diabetes ☐ Hypertension (high blood pressure) ☐ Asthma ☐ HIV ☐ Dyslipidemia ☐ Anaemia?	☐ No ☐ Yes
7)	Are you taking any medicine? If yes, please provide details:	☐ No ☐ Yes
8)	Have you ever been hospitalized or ever had surgery? If yes, Please share details :	☐ No ☐ Yes

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9)	Are you suffering from any of these signs or symptoms? ☐ Swelling ☐ Dizziness ☐ Pain ☐ Breathlessness ☐ None of the Above Others please specify :	
10)	Have you ever been diagnosed by a physician for any condition, ailment, injury or disease? If yes, Please share details :	☐ No ☐ Yes
11)	Have you ever received or been recommended a medical treatment by a Physician for any condition, ailment, injury or disease? If yes, Please share details :	☐ No ☐ Yes
12)	Menstrual History : ☐ Regular / ☐ Irregular Frequency and duration : Last Menstrual Period (LMP) : History of Abortion – Yes/No History of pregnancy / childbirth related complications – Yes/No If yes, please provide more details	
13)	Additional Information:	

CURRENT/PREVIOUS INSURANCE POLICY DETAILS							
Are You insured under any Health Insurance Policy? If yes, please provide the below details.							
Product Name	Policy Number	Insurer Name	Policy Period		Sum Insured	Claim Lodged (if any)	Cumulative Bonus
			From	To			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			

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Section 5 – Authorization

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at

☐ _____(Please provide us your e-mail id)

☐ I hereby consent to and authorize Universal Sompo General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

Auto Debit Authorization For Current and Future Payments

I hereby Authorize Bank to debit my account number_____ with the bank of Rs._____ towards premium for availing the said Universal Sompo Health Insurance Cover.

I hereby request and authorize Bank to debit my Account number_____ on the yearly due date with the applicable Renewal Premium.

Date : D D M M Y Y Y Y Signature of the Proposer: _____

Place : _____ Name of Proposer : _____

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount_____ in words_____

Premium Payment Options Monthly ☐ Quarterly ☐ Half Year ☐ Annual ☐

Premium Payment Options Cash ☐ Cheque DD ☐ Card ☐ ☐

Cheque No. Date:

Bank Name

Credit Card / Amount Debit

Card No. Card Type Master ☐ Visa ☐

Expiry Date Relationship with Proposer

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 and Branch	
Bank Account Number	
IFSC Code	

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/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.
3. 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.
4. 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.
5. 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.
6. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

☐ 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

8. 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: ☐☐ ☐☐ ☐☐☐☐ Signature of the Proposer _____

Place _____ Name of the Proposer _____

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. 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 ☐☐ ☐☐ ☐☐☐☐ Place:_____

Signature of Declarant: _____ Signature of Applicant in vernacular:_____

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 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):

Place: Signature of Agent_____

Date:

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 insurers.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

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

13. **ACKNOWLEDGEMENT CUSTOMER COPY**

Received from Mr. / Ms. / Mr_____ Cheque No_____

Dated_____ Drawn on _____ Bank for a sum of_____

Towards payment of premium on behalf of Universal Sompo General Insurance Co Ltd

Date:_____Signature & seal:_____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received

by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Insured person may contact the company through; Universal Sompo General Insurance Co. Ltd. Unit no: 601 & 602, A and B Wing, 6th Floor, Reliable Tech Park, Cloud-City Campus, Gut No:31, Mouje Eltham, Thane-Belapur Road, Airoli, Navi-Mumbai-400708.

PROPOSAL FORM – SHAKTI CARE POLICY

Website: www.universalsompo.com, Toll free: 1800-200-5142, E-mail: contactus@universalsompo.com Fax : (022) 39171419

UIN Number UNIHLIP24155V012324

URN Number -