

**PROPOSAL FORM -
STAND-ALONE MOTOR OWN DAMAGE POLICY - PRIVATE CAR**



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@universalsampo.com

Proposal for: New Vehicle Rollover Endorsement Renewal

Instructions to the Applicant: 1. Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable. 2. Attach additional sheets if the space given is insufficient. 3. The queries made/ details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose)

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	

Personal Details

Proposer's (Owner's) Full Name:			
Date of Birth:		Gender:	
Occupation / Business: (For Individual Customer)		Pan Card No:	
Address for Communication:			
Address (Address where vehicle is normally kept and used):			Pin Code : <input type="text"/>
Telephone No (Resi./ Office):		Email Id:	
Mobile No:	GSTIN No:	E Insurance Account No:	
Address Proof:	Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Voters Card <input type="checkbox"/> Others		
Type of Cover required:	Standalone Own Damage		
Period of Insurance: (Own Damage)	From	Time	To Midnight of

Details of Vehicle

Vehicle Make	Model	Variant	Year of Manufacture	Cubic Capacity	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type	Fuel Type

1.	Vehicle Registration No.:	
2.	Vehicle Type :	<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported
3.	Chassis No. :	
4.	Engine No :	
5.	Place of Registration:	
6.	Date of Registration:	
7.	Trailer Chassis No. (if any)	
8.	Colour of Vehicle :	
9.	Registration Address :	

Is the vehicle attached with any of the Fleet? Yes No

No. of vehicles attached with fleet: _____

Is the vehicle made in India? Yes No

Insured Declare Value

For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car (If Any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.

Details of Electrical Accessories and CNG/ LPG Kit

Items	Make & Model	Year of Manufacture

Details of Non Electrical Accessories and CNG/ LPG Kit

Items	Make & Model	Year of Manufacture

A.	Where the vehicle is parked during day time? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others (if others, please mention)
B.	Where the vehicle is parked during night? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others (if others, please mention)
C.	Type of road where vehicle would normally ply: <input type="checkbox"/> Hilly Roads <input type="checkbox"/> National State Highways <input type="checkbox"/> City –Town Road <input type="checkbox"/> District Road <input type="checkbox"/> Others (If others, please mention)
D.	Vehicle driven As on Date _____ Kms _____ Monthly Average _____ Kms

Details of the Purchase/ Hypothecation/ Lease

Financier Details : <input type="checkbox"/> Hypothecation Agreement <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease Agreement
Name of Financier & Address :

Details of Vehicle Type and Usage

1	Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No b) Carriage of goods other than Samples or Personal Luggage <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Whether the vehicle is used for Commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whether the same is endorsed as such by RTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Whether the rally cover is required? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Whether the vehicle is fitted with Fibre Glass Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Whether the vehicle belongs to the Embassy/Consulate of a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the Duty element is included in the IDV? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Whether extension of rally required?
11	Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Compulsory Personal Accident Cover details

Do you have any existing CPA cover or Personal Accident Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please provide below details (Provide policy copy for the same)	
Policy number	Capital Sum Insured
Policy period	Coverage Details
Name of the Insurance Company:	
Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please give details of nomination:

Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

Note: Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/-. Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Previous Insurance Details

1.	Name and Address of Previous Insurer	
2.	Policy/Covernote no.	
3.	Type of Cover:	<input type="checkbox"/> Package (Comprehensive) Policy <input type="checkbox"/> Act only Policy <input type="checkbox"/> Others
4.	NCB in expiring policy	%
5.	Claim lodged in preceding years:	
	Year	
	No. of claims	
	Amount	
6.	Date of purchase of the vehicle by the Proposer:	
7.	Whether the vehicle was new or second hand at the time of purchase?	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
8.	Is the vehicle in good condition? If NO, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any insurer ever declined/cancelled the insurance of the proposed vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Policy Period: From _____ To _____	

Third Party Insurance Details:

Name of the Insurer:	
Policy Number:	
Policy Duration:	

NCB Details and Other discounts

1	Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No* If yes, Please mention the ____%
2	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer of the above question is Yes, Please submit the certificate for the same.
3	Are you a member of the Automobile Association of India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please state : _____ Name of Association : _____ Membership No. _____ Date of expiry: _____
4	Voluntary excess: Do you wish to take the Voluntary excess over and above the compulsory excess. If Yes please select: <input type="checkbox"/> Rs.2500 <input type="checkbox"/> Rs. 5000 <input type="checkbox"/> Rs. 7500 <input type="checkbox"/> Rs. 15000

Note: An additional claim deductible of Rs. 2000 or 5% of claim amount, whichever is higher, shall be applicable for all claims after the first 3 admissible claims.

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to cover Geographical Area Extension under your proposed insurance? <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan

Do you wish to Opt for Add On coverage:-

Driver's Detail

1	Does the owner has a valid driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>												
2	Vehicle is primarily driven by: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Any other Name: _____ Relationship: _____ Age : _____ Yrs.												
3	Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details _____												
4	Driver's qualification: _____ Driver's experience: _____ Yrs.												
5	a. Age & Date of Birth of the Owner: Age _____ Yrs Date of Birth: _____ b. Age & Date of Birth of the Driver: Age _____ Yrs Date of Birth: _____												
6	Has the driver ever been involved / convicted for causing any accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give details as under including the pending prosecutions: _____												
	<table border="1"> <thead> <tr> <th>Driver's Name</th> <th>Date of Accident</th> <th>Circumstances of Accident/ Loss</th> <th>Loss/Cost Rs.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Driver's Name	Date of Accident	Circumstances of Accident/ Loss	Loss/Cost Rs.								
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Inspection Details (in case of Break in Insurance)

Does the vehicle stand fit for insurance? (For use of inspection agency)	
Inspection Reference Number	
Conducted On (Mention Date & Time):	

Payment Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
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"/>
Debit / Credit Card No: _____ Expiry Date: _____
Fund Transfer/Wallet : _____ Name of Bank/Wallet _____ Transaction No. _____
PAN Number : _____ TAN Number : _____

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

Declaration by Insured

I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).

I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request".

I hereby agree to receive a one pager policy document.

I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed)

I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

AML Guidelines:

1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.

2.I understand that the company has the right to call for documents to establish the sources of funds.

3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

4.Nationality: Indian Non-Indian

If Non-Indian, please specify the country _____

Place _____

Date _____

Signature of Proposer

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.

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
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