## **PROPOSAL FORM -SUPER HEALTHCARE 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@universalsompo.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 <a href="BLOCK">BLOCK</a> letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office	Use	Only

Intermediary Name:		Intermedia	ry Contact No.:	Intermediary Refer	ence Code:
Intermediary Email:		Intermedia	ry Sales Person's Name:		
Intermediary Sales Po	erson's Contact:	Intermedia	ry Sales Person's Code:	Source Code:	
POS UID Aadhar No./	PAN:	Policy Issuir	ng Office Code		
Policy Issuing Office	Address:				
PROPOSAL DETA	ILS				
Business Type :	□ New □ Renewa	l			
Type of Cover :	☐ Individual ☐ Family F	·loater	Policy Period : □ 1	Year □ 2 Years □ 3 \	Years
Proposed Policy			•		
PROPOSER'S INF	ORMATION				
Title: Mr/Mrs/M	s/Others				
Name :	First Name		Middle Name		t Name
Gender : □ N	_	ird Gender [	Date of Birth :	Las	t Name
Nationality:			Marital Status:   Single	☐ Married ☐ Others	
Contact No:		E	mail ld :		
PAN No. :					
Occupation: Sala	aried Self Employed	☐ Professional ☐ If	Others Please Provide De	etails	
USGI Employee C	ode:				
if proposer is US					
	. , ,	riving License	ard   Other Details		
ID Proof No :			CKYC No.:		
Current Addre	200:				
Current Addit	=33.				
C	lity:		District:		
Sta	ate:	Pi	n Code :	Mobile :	
Permanent Addre	ess:				
C	ity:		District:		
Sta	ate:	Pi	n Code:	Mobile :	
Address for Com	munication : Current $\square$	Permanent 🗌	E mail:		
Confirmation for	Issuance of e-Insurance	Policy: E Insurance account	t no		I would like to
open E-Insurance	account with	-	_ Insurance Repository.		
PAN Number :					
Proposed Plan:	Please choose by Ticking	against the Plan Name [Opt	cions] in the following Ta	ble	
Plan Name :	<b>Top Up</b> - Plan 2 □ Pl	an 3 □	Super Top Up - Gold	□ Diamond □ Platir	ium 🗆
			nd Deductible (Applicab		
Plan	Top Up (Application of De	ductible on aggregate claim basis)	Super Top U	p (Application of Deductible on ag	gregate claim basis)
Options	Plan 2	Plan 3	Gold	Diamond	Platinum
Sum	₹ 2, 3, 5, 7, 10	₹ 5, 7, 10, 15, 20	₹ 2, 3, 5, 7, 10	₹ 3, 5, 7, 10, 15, 20	₹ 10, 15, 20, 30, 50, 100
Insured	Lakhs	Lakhs	Lakhs	Lakhs	Lakhs
Deductible	₹ 3, 4, 5 Lakhs	₹ 6,7,8,9,10 Lakhs	₹ 3, 4, Lakhs	₹ 6,7,8,9,10 Lakhs	₹ 10, 15, 20, 30, 40 Lakhs
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## PROPOSED INSURED INFORMATION

Insured members	Name Name	Gender (M/F/TG*)	DOB	Relationship with Proposer	Pre- existing Disease any, Yes/No	Height (in cm)	Weight (in kg)	Sum Insured (In lakhs)	Deductible
1									
2									
3									
4									
5									
6									

\*Third Gender

ABHA ID (Ayushman Bharat Health Account)

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

**NOMINEE INFORMATION** (Please provide details as per the order mentioned in Insured Information):

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.

Name of Nominee*	Nominee* Age* Relationship with Proposer*		Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee (Present / Permanent)	Bank A/C Details of Nominee (A/C No / IFSC/Bank Name/ A/C Holder's Name)	% of claim amount payable to each nominee in the event of policy holder's death*

\* Mandatory. If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Mobile No/Email Id	Address of the Appointee
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**OPTIONAL COVER:** (Please provide details as per the order mentioned in Insured Information) Do you wish to upgrade your plan with any of the following benefits?

Insured members	Global Care (Yes/No) (available Only for Top Up- Plan3, Super Top Up-Diamond and Platinum)	Disease management Program (On payment of Rs.415/- + GST ) Yes/No.
1		
2		
3		
4		
5		
6		

**MEDICAL INFORMATION:** (Please provide details as per the order mentioned in Insured Information) Please answer for each person proposed for insurance with Y [for Yes] and N [for No] Do you have:

	Question 1	Question 2	Question 3	Question 4
Insured member	Any nervous, mental or psychiatric disease or sickness	Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode, blackout, fits) of any kind	Heart disease, including ischaemic heart disease, Diabetes/raised blood sugar, High blood pressure / Hypertension, Circulatory disorders, Urinary disease?	Fistula, piles, hernia, varicose veins, any boil, cyst or wound which does not heal or improve despite treatment?
1				
2				
3				
4				
5				
6				

	Question 5	Question 6	Question 7	Question 8
Insured member	Any disorders of Eyes or dimness of vision, cataract Any disorder of ears or difficulty or interference with hearing. Any disorder of Nose or Throat, Gland disorder such as Thyroid, Blood disorder or disorder of Reproductive system, Disease of Uterus, Ovaries or breast or any specific Gynecological disorders?	Cancer or malignant growth, Any respiratory or Allergic diseases, Disease of kidney, Liver, Stomach, Ulcer, Bowel or Gall Bladder, Kidney stones, Intestine, Brain disorder, Lung disorder, any disease of the bones, joint disorder including rheumatic disease, Rheumatic fever, Congenital/Birth defect, Physical deformity, or HIV/AIDS?	Any Past Instance of non- acceptance or modified acceptance of your health or life insurance proposal by any of the insurer.	Any other information relevant to your medical condition?
1				
2				
3				
4				
5				
6				

Additional Information: If any of the Insured member(s) answered yes in any of the above question, please furnish below details: Date of Frequency Date of last Current Name of Name of Symptoms Details of Question the Insured and Status(Fully Family Doctor/ Conditions/ Onset episode/ any past this is Severity of **Hospital Name** No. recovered/ diagnosis symptom or current related to Symptoms medication on-going) Contact No. or treatment and Address **EXISTING/PREVIOUS INSURANCE DETAILS** Do you want Us to consider these details for portability : Yes ☐ No ☐ Details of existing health insurance policy/previous health insurance policy/ other insurance like Mediclaim, Critical Illness Policy or any other medical Insurance policy(please attach a photocopy) and provide below details. No First Claims Claimed Name **Policy** Name and Sum Period of Insurance claim Policy of no. address of Insured Received/ for Insured Insurance Co. **Bonus** Inception Receivables (₹) (Nature of members % date problems) DD/MM/YY DD/MM/YY Date of first coverage which has since been renewed continuously without break or within grace period:. 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) Instrument Amount (Rs): Name of the Account Holder: Instrument No.: Bank A/C No.: Bank Name and Branch: Instrument Date: IFSC Code: UPI Id: Type of Account : Saving Current [ Other ( Please Specify )  $\$ Transaction No. Fund Transfer/Wallet: 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 of 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 the yearly due dates with the applicable renewal premium. **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 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. 3.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. 4.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. 5.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 NCPR/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. Signature of the Proposer: \_ Name of Proposer:

Place:

<b>AML</b> guidelines	from hanafide sources and not paid out of proceeds of crime	and that such promiums are
not disproportionate to my/our income. I / we understand that the Compinsurance policy in case I / we are found guilty by any competent court of	pany has the right to call for documents to establish sources o	of funds and to cancel the
laundering law in India.  2. I / we are not Politically Exposed Persons ** nor are their close relative	es /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	er Prevention of Money-Laundering (Maintenance of Records	) Amendment Rules, 2023 as
amended from time to time.		
<b>Disability Declaration</b> I/We hereby declare that a duly authorized representative appointed	d by me has explained details with respect to the propos	sal form, policy documents
terms and conditions and the EIA	d by the has explained details with respect to the proper	ariorm, policy documents,
Name of Representative: Signature of Representative:		
<b>CKYC Declarations</b>	rify and obtain my information through Central KYC Registry o	r 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 th updated documents in case of any change in my KYC details.	ne best of my knowledge/belief and I undertake to inform you in	n writing with the copy of
VERNACULAR DECLARATION  Certification in case of the proposer has signed in vernacular (to be	e witnesses by someone other than Agent/Employee of t	he company)
Name of the Proposer:	I by me in vernacular to the proposer who has unders	tood and confirmed the
same. Signature of Proposer:	Name of Witness:	
Signature of Witness:		
Date:	Place:	<del></del>
AGENT'S DECLARATION	in my capacity as an Insurance Advisor/ Specific	
Agent/Authorised employee of the Broker/Relationship Officer, do he the nature of the questions contained in this Proposal Form to the Proposal Form to questions contained herein or any details sough the Proposer, if this Proposal is accepted by the Company for information/response(s) is/are contained in this Proposal Form/include Company shall have the right to vary the benefits which may be payable issued to his/her favour pursuant to this Proposal may be treated by the company.  License No(Advisor/Corporate Agent/ Broker/Relationship Officer)  Date: Place:	roposer including statement(s), information and response the herein will form the basis of the Contract of Insurance issuance of the Policy. I have further explained that it ding addendum(s), affidavits, statements, submissions, further and further more if there has been a non-disclosure of the Company as null and void and all premiums paid under significant control in Signature of Agent	e(s) submitted by him/her in between the Company and f any untrue statement(s)/mished/to be furnished, the any material fact, the policy the Policy may be forfeited
insurance in respect of any kind of risk relating to lives or prop of the premium shown on the policy, nor shall any person takin		
Universal Sompo	General Insurance Co. Ltd.	
Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 1800 22 4030 I Insurance is the subject matter of solicitation. carefully before concluding a sale. IRDAI or its officials do not involve in activities like bonus. Those receiving such phone calls are requested to lodge a police compliant a CIN: U66010MH2007PLC166770, URN: USGIHP133, VERSION: USGI146_H004	For more details on risk factors, terms and conditions ples as a factor of any kind of insurance or financial products nor invest premiur	ease read Policy Documents
Acknowledgement-Customer Copy	_	
Received from Mr/Mrs/Ms Through	a sum of Rs Cheque/DD/Cash/Others	against
our proposal for USGI Super Healthcare Insurance.		
ignature of Universal Sompo General Insurance Company Limited Off Iniversal Sompo General Insurance Company Limited Official/Intern		
Note: Neither the submission of completed proposal for insurance		
policy.which decision is and always shall be in the Company's sole a ubject to Underwriting Policy of the Company and Policy T & C. Con ealized or non fulfilment of Pre-Policy check-up. If proposal is not without interest.	and absolute descretion. If Company accepts a proposal mpany shall have no liability if premium is not received be	for insurance, it shall be by us and in time or is not