PROPOSAL FORM - THIRD PARTY PRIVATE CAR POLICY - 3 YEARS



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

		Oli Western Express riighway, Goreç	Jaon Zaot, Mambai	- 100000. Email : oomaotao@al					
	ary Name, Code & Em	Contact No,	I	ntermediary Sales Persons Name, Contact No & Code					
Sa.,,,,,,,,, Ca.	4- /DOC 111	D. Andhau N. (DAN)							
Source Co	de/POS UI	D Aadhar No./PAN	P	olicy Issuing Office Address & Code					
A (I)	. Persor	nal Details of Proposer/Owner:							
	1	Proposer's (Owner's) Full							
		Name (In capital letters)							
	2	Address (where the vehicle is normally kept)							
		(In capital letters, with Pin Code)	Telephone		PIN				
			Mobile		FAX				
			Email Id:						
				Aadhar Card □ Driving Licens	se 🗆 Passpor	t □ Voter ID □ Others □			
ii.			CKYC No: ☐ I confirm that t	here is no change in my existing KY	C details which	I have shared earlier. In case			
Deta				my KYC details, I undertake to inform					
Personal Details			,	like to apply for EIA with: K	_				
			-	ally Exposed Person? Yes \(\sigma\) No	•	VIS E 1430E E CODE E			
				P: "PEP are individuals who are domestically/in an internation					
			This would inclu	de individuals who have or hav	e had position	is of Heads of State or of			
			government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close						
			relations of PEP:	Family members are individual	ls who are rela	ated to a PEP either			
				guinity) or through marriage or are individuals closely connect					
	3	Occupation/Business							
	4	Type of Cover	Liability Only P	olicy					
	5	Period Of Insurance : Section I	From: To :						
		Section II: CPA From	From:	Hrs on					
	Section II. GLATION		To :	Hrs on					
А	(II). Veh	nicle Details							
	6	Registration Number of the Vehicl	e						
	7	Date of Registration of the Vehicle	2						
	8	Registering Authority & Location							
tion	9	Year of Manufacture	Year of Manufacture						
ifica	10	Engine Number	ne Number						
Vehicle Specification	11	Chassis Number	Number						
icle	12	Make of the Vehicle	e of the Vehicle						
Veh	13	Model							
	14	Type of Body							

UIN: IRDAN134RP0005V01201819

Cubic Capacity of the Vehicle

15

												_		
		16	Seating Ca	apacity Including Drive	er									
Vehicle Specification	•	17		ther vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? S', please give details										
		18	Whether the use of vehicle is limited to own premises?						Yes [Yes No				
scific		19		he vehicle is used for								Yes		No 🗌
Spe	İ	20		ne vehicle is used for o				4)				Yes		No 🗍
hicle	-	21		Hire Purchase / Hypotl				+)				(IMT-5)	//15/	 1T-7)/(IMT-6)
Ve				chicle proposed for ins								(11411 3)	<i>,</i> (110	11 7 // (11411 0)
		_		re Purchase?	diance is.							Yes	$\overline{}$	No 🗌
				ease Agreement?								Yes	=	No 🗆
		_	-	Hypothecation?								Yes		No 🗌
				give name and addres	s of conce	rned	narty/i	narties	<u> </u>			163		NO
t c	,	22		h to have the statutor			, ,,,			D) lia	bility of R	s. 6000/-c	nly:)
Par TPI	-20)			onal TPPD limits, pleas	-	-							Ė	1
Third Party Risks: TPPD	IMT-20)										YES			NO
mployees" T		23	[The liabilit	ty to persons employe y of theEmployer und				•						
lity to "E 3 (Compu	I.V. Act –		Act-1988. Drivers							(No. of pe	rsons:)
ks: Liabi Act 192	ed by M		Employees	(Workmen)						(No. of pe	rsons:)
Third Party Risks: Liability to "Employees" under E.C. Act 1923 (Compulsorily	to be covered by M.V. Act – 1988)		within the	Motor Vehicles Act-19 meaning of the Emplo nal coverage, please r	yees' Con	npen	sation A			iabili	ty to emp	loyees wh	io ar	e Employees
	ВС	Questions	s that provid	le additional covers as	s per IMT	Endo	rsemer	nts						
		24	The Policy	provides additional Th	ird Party I	Prope	erty Dar	nage l	iability li	imit c	or Rs. 7,50),000/- for	Priv	ate Cars.
TPPD			Do you wis	h to cover the additio	nal limit?						VEC			1 NO
Addl. 1		(GR-39)	[Refer to Q.	No. 22]				٠			YES			NO
ability		25	in addition	h to cover wider legal to liability under the I nd the Common Law]	-									_
alLi		•		-							YES			NO
Additional Liability		IMT-28		additional liability und orkmen is covered un Q.No. 23]				Fatal A	Accident	s Act	in respec	t of emplo	oyee	es s
ە	့ ဖွ	26		•	liahility t	a emi	nloveos	who	are NOT	"\\\\\\\	kmen'?			
to de	oyee		Do you wish to cover wider legal liability to employees who are NOT "workmen'? YES							NO				
Liability to	ldm=	6												
Liability to Employees who are	NOT Employees	IMT- 29		liability under Comme can be covered under				lents A	Act-1855	in re	espect of e	employee	s wh	o are not
		27	Personal A	ccident Cover for Own	er Driver	is cor	mpulsor	y in th	ne Liabili	ty Or	nly Cover.	Please giv	e de	etails of
- NI-		ation Da	nomination	n:										
i ivio		ation De		relative of the proposer. The	e nominee fo	r all of	ther Insur	ed Pers	ons propos	sed to	be insured s	hall be the f	Propo	ser himself/herself.
			an miniculate		Date of	Age	Relatio	nshin	Gender		obile No /	Address	of	Bank A/C Details
The n		ee must be		Name of Nominee		10			I (N A / E / T C					•
The n		ee must be	of Insured	Name of Nominee	Birth	 			(M/F/TG)	Email Id	the Nomi	nee	of Nominee
Sr No	omin	ee must be	of Insured		Birth				(IVI/F/IG)	Email Id	the Nomi	nee	•
Sr No	omin	Name of the minee is Mi	of Insured nor, Name and	relationship with minor.		Birth	Дре	G						of Nominee
Sr No	omin	ee must be	of Insured nor, Name and		Birth Date of	Birth	Age	Ge	ender(M/					•

THIRD PARTY PRIVATE CAR POLICY - 3 YEARS

pər	28	Do you wish to include Persona	Accident cover for named pe	rsons?	NO					
PA Cover for Named Occupants		If YES, give name and Capital Su	m Insured (CSI) opted for:							
over for Na Occupants	-15	Name	CSI Opted (Rs.)	Nominee	Relationship					
ver	IMT-15	1)			·					
0) (2)								
ΡΔ		(Note: The maximum CSI availab Motorized Two Wheelers)	le per person is Rs.2 Lakhs in c	ase of Private Cars and Rs.	.1 Lakh in the case of					
ъ	29	Do you wish to include Personal	Accident cover for Un-named	Passengers/hirer/pillion page	assengers					
ıme		(Two Wheelers)?								
Jn-Na ants				YES	NO					
PA Cover for Un-Named Occupants	-16	If YES, give number of persons a	nd Capital Sum Insured (CSI) O	pted						
ove.	IMT-16	No. of Persons:								
PA C		(Note: The maximum CSI availab	le per person is Rs.2 Lakhs in c	ase of Private Cars and Rs.	.1 Lakh in the case of					
_		Motorized Two Wheelers)								
	30	Whether extension of geograph	cal area to the following coun	tries required?						
<u>=</u>		1 Bangladesh	2 Bhutan							
Geographical Extensions		3 Maldives	4 Nepal							
gra _l :ens	IMT-1	5 Pakistan	6 Sri Lanka							
Geo Ext	Σ	(Note: Presently the territory co		India. Extension of geogra	phical area cover can be					
		availed by use of this endorsem	· · · · · · · · · · · · · · · · · · ·							
C. C	Question:	s that are elicited for information Previous History:	and data collection purposes	5						
	31	a. Date of purchase of the veh	icle by the Proposer:	DD	MM YYYY					
		b. Whether the vehicle was ne		of purchase? NEW	SECOND HAND					
		c. Will the vehicle be used exc	usively for							
		Private, Social,	ional							
		Purpose?	·	YES	NO					
		11	ods other than samples or per	sonal	NO					
		luggage?								
		d. Is the vehicle in good condit	ion?	☐ YES	□ NO					
ory		If NO, please give details								
Histo										
Previous History		e. Name and Address of the previous insurance company:								
Pre		f. Previous policy number:								
		g. Period of Insurance : Fr	om to							
		h. Claims lodged during the pr	h. Claims lodged during the preceding 3 years							
		YEAR	CLAIM	1 AMOUNT (RS)						

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	32	Details of Driver:				1			
		a. Age and Date of E	Birth of the Owner	Age:	Yrs	DOB:	/_		
		b. Age and Date of E	Birth of the Driver	Age:	Yrs	DOB:	/_		
		c. Does the driver s	uffer from defective		VEC			10	
		vision or hearing	or any physical infirmit	y?	YES			NO	
Driver Details		If 'YES', please give details		,		1			
eta		g	,						
<u>ا</u> ا		d. Has the driver ev	er heen involved /						
ive			,		YES		_ <u> </u>	OV	
۵			sing any accident of los	•					
		If 'YES', give details as und	er including the pendin						
		Driver's Name :		Date	e of Accident				
		Loss/ Cost: [Rs.]							
		Circumstances of	Accident:						
Premiur	m Payme	t and Bank Details:							
		Cheque Demand Draft Fund	Transfer Pay Order	Debit Card	Credit Card	☐ Cash			
	Amount Rs	<u> </u>	(In Words):	Debit Card [credit card	casii			
		Payable in favour of Universal Somp	oo General Insurance Compar	ny Ltd)					
	of the Accou		·		nent Amount (Rs	s) :			
Instrun	nent No.:			Bank A	/C No.:				
Instrun	nent Date:			Bank N	ame and Branch				
IFSC Co	ode :			UPI Id :					
Type of	f Account : S		ther (Please Specify) 🗌						
I	ransfer/Wal	et: Name of Bank,	/Wallet		ction No.				
1	umber :			TAN Nu				(500)	/ *
	_	latory requirements, we can affect sfer (NEFT) / Real Time Gross Settle							
I		le your account details as mentione			oci vice (iivii 5). ii	the premium	ii payiiicii	t mode is	o direct triali
BANK A	CCOUNT D	TAILS REQUIRED FOR REFUND	OR CLAIM PURPOSE						
Name o	of Account	holder							
Bank N	ame & Bra	nch:							
	ccount Nu	nber							
IFSC Co									
	ode /IL Declar	ation:							
1.I/We he	/IL Declar	that all premiums have/will be paid for		,	vill be paid out of	proceeds of cr	ime relate	d to any o	f the
1.I/We he offence li	//L Declar ereby confirm isted in preve	that all premiums have/will be paid finition of Money Laundering Act, 2002	and its subsequent amendment	S.	vill be paid out of	proceeds of cr	ime relate	d to any o	fthe
1.I/We he offence li 2.I under	AL Declar ereby confirm isted in preventions stand that the	that all premiums have/will be paid fi ntion of Money Laundering Act, 2002 a e company has the right to call for doc	and its subsequent amendment uments to establish the sources	s. of funds.	·			,	
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1.I/We he offence li 2.I under 3.The ins directly o 4.Nationa De	AL Declar ereby confirm isted in preve stand that th urance comp or indirectly g ality: Indian claration	that all premiums have/will be paid finition of Money Laundering Act, 2002 of company has the right to call for docany has the right to cancel the insuran overning the prevention of money laur	and its subsequent amendment uments to establish the sources ce contract in case I am/have be idering in India. ian, please specify the country_	s. of funds. een found guilty	by any competer	nt court of law	under any -	of the sta	atues,
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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

1.I hereby give consent to Universal Sompo 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

2.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.

Place:

Date: Signature of Proposer

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 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.

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, 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 compliant along with details of phone call and number.

CIN: U66010MH2007PLC166770