

**PROPOSAL FORM -
THIRD PARTY TWO WHEELER POLICY - 5 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

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	

A (I). Personal Details of Proposer/Owner:

Personal Details	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:			
			Address Proof: Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>			
			CKYC No:			
			<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.			
			Do you have an EIA Account? If Yes, Account Details : _____			
	If No, I would like to apply for EIA with: Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>					
	Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions 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 individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")					
3	Occupation/Business					
4	Type of Cover	Liability Only Policy				
5	Period Of Insurance : Section I	From:	Hrs on			
		To :	Hrs on			
	Section II: CPA From	From:	Hrs on			
		To :	Hrs on			

A (II). Vehicle Details

Vehicle Specification	6	Registration Number of the Vehicle	
	7	Date of Registration of the Vehicle	
	8	Registering Authority & Location	
	9	Year of Manufacture	
	10	Engine Number	
	11	Chassis Number	
	12	Make of the Vehicle	
	13	Model	
	14	Type of Body	
	15	Cubic Capacity of the Vehicle	

Vehicle Specification	16	Seating Capacity Including Driver	
	17	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details	
	18	Whether the use of vehicle is limited to own premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	19	Whether the vehicle is used for commercial purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	20	Whether the vehicle is used for driving tuitions? (GR-44)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	21	Details of Hire Purchase / Hypothecation / Lease	(IMT-5)/(IMT-7)/(IMT-6)
		a) Is the vehicle proposed for insurance is:	
i) Under Hire Purchase?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
ii) Under Lease Agreement?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(iii) Under Hypothecation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	b) If 'YES', give name and address of concerned party/parties:		
Third Party Risks: TPPD IMT-20)	22	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/-only? [For additional TPPD limits, please see Q.No. 24]	<input type="checkbox"/> YES <input type="checkbox"/> NO
Third Party Risks: Liability to "Employees" under E. C. Act 1923 (Compulsorily to be covered by M.V. Act - 1988)	23	Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988. Drivers (No. of persons: _____) Employees (Workmen) (No. of persons: _____) (Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are Employees within the meaning of the Employees' Compensation Act-1923.) For additional coverage, please refer to Q.No. 25]	

B Questions that provide additional covers as per IMT Endorsements

Addl. TPPD (GR-39)	24	The Policy provides additional Third Party Property Damage liability limit or Rs. 1,00,000/- for Two Wheeler Do you wish to cover the additional limit? [Refer to Q.No. 22]	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Liability IMT-28	25	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement [Refer to Q.No. 23]	<input type="checkbox"/> YES <input type="checkbox"/> NO
Liability to Employees who are NOT Employees IMT-29	26	Do you wish to cover wider legal liability to employees who are NOT "workmen"? (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employee can be covered under this endorsement).	<input type="checkbox"/> YES <input type="checkbox"/> NO
	27	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:	

Nomination 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

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.

PA Cover for Named Occupants	28	Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
	IMT-15	If YES, give name and Capital Sum Insured (CSI) opted for: <table border="1"> <thead> <tr> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)</p>	Name	CSI Opted (Rs.)	Nominee	Relationship	1)				2)									
Name	CSI Opted (Rs.)	Nominee	Relationship																	
1)																				
2)																				
PA Cover for Un-Named Occupants	29	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
	IMT-16	If YES, give number of persons and Capital Sum Insured (CSI) Opted No. of Persons: _____ (Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)																		
Geographical Extensions	30	Whether extension of geographical area to the following countries required? <table border="1"> <tr> <td>1</td> <td>Bangladesh</td> <td><input type="checkbox"/></td> <td>2</td> <td>Bhutan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Maldives</td> <td><input type="checkbox"/></td> <td>4</td> <td>Nepal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>Pakistan</td> <td><input type="checkbox"/></td> <td>6</td> <td>Sri Lanka</td> <td><input type="checkbox"/></td> </tr> </table> <p>(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</p>	1	Bangladesh	<input type="checkbox"/>	2	Bhutan	<input type="checkbox"/>	3	Maldives	<input type="checkbox"/>	4	Nepal	<input type="checkbox"/>	5	Pakistan	<input type="checkbox"/>	6	Sri Lanka	<input type="checkbox"/>
	1	Bangladesh	<input type="checkbox"/>	2	Bhutan	<input type="checkbox"/>														
3	Maldives	<input type="checkbox"/>	4	Nepal	<input type="checkbox"/>															
5	Pakistan	<input type="checkbox"/>	6	Sri Lanka	<input type="checkbox"/>															
IMT-1																				

C. Questions that are elicited for information and data collection purposes

Previous History	31	Previous History :	
	a. Date of purchase of the vehicle by the Proposer:	DD MM YYYY	
	b. Whether the vehicle was new or second hand at the time of purchase?	NEW SECOND HAND	
	c. Will the vehicle be used exclusively for <ul style="list-style-type: none"> Private, Social, Domestic, Pleasure & Professional Purpose? Carriage of goods other than samples or personal luggage? 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	d. Is the vehicle in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If NO, please give details		
	e. Name and Address of the previous insurance company:		
	f. Previous policy number:		
	g. Period of Insurance : From _____ to _____		
	h. Claims lodged during the preceding 3 years		
	YEAR	NO OF CLAIMS	CLAIM AMOUNT (RS)

Driver Details	32	Details of Driver:	
	a. Age and Date of Birth of the Owner	Age: _____ Yrs	DOB: ____/____/____
	b. Age and Date of Birth of the Driver	Age: _____ Yrs	DOB: ____/____/____
	c. Does the driver suffer from defective vision or hearing or any physical infirmity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If 'YES', please give details of such infirmity		
	d. 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:			
Driver's Name :		Date of Accident	
Loss/ Cost: [Rs.]			
Circumstances of Accident:			

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
PAN Number :	Transaction No.
	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.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

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

AML Declaration:

- 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 and its subsequent amendments.
- 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 statutes, directly or indirectly governing the prevention of money laundering in India.
- 4.Nationality: Indian Non-Indian If Non-Indian, please specify the country_____

Declaration

- 1.I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
 - 2.I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
 - 3.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.
 - 4.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 as prescribed by the Company.
 - 5.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.
 - 6.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".
 7. I/We hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.
 - 8.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).
 - 9.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 in writing".
 - 10.I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
 11. **Go Green** - We would like to protect our environment and would like to save paper 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.
 12. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
 - 13.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
 14. 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.

Place: _____ Date: _____ Signature of Proposer

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 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

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 Sampo 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 complaint along with details of phone call and number.
CIN: U66010MH2007PLC166770