

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@universalsampo.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 BLOCK letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office Use Only

Intermediary Name:		Intermediary Contact No.:		Intermediary Reference Code:	
Intermediary Email:		Intermediary Sales Person's Name:			
Intermediary Sales Person's Contact:		Intermediary Sales Person's Code:		Source Code:	
POS UID Aadhar No./PAN:		Policy Issuing Office Code			
Policy Issuing Office Address:					

Customer Details

Name:

Address:

City:  Pin Code :

State:  Date of Birth:  Gender : M ☐ F ☐ TG\* ☐

Tel (R):  Mobile:

E mail:  Pan Card No.:

Occupation details :   
(details of occupation)

Nominee:

Relationship of Nominee with the Insured:

AML Details: Please tick  
Driving License Number ☐ Pan Card Number ☐ Passport Number ☐  
Aadhar Card Number ☐ Any other ( please specify ) :

CKYC No.:

E- Account Opening : Do you have eIA account? If Yes, Account details

I would like to apply for eIA with : Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

For Additional Insured Family Members

Name	Gender (M/F/TG*)	Date of birth	Name of Beneficiary	Relationship with the Insured

# In case of the nominee/beneficiary is a minor, please provide the name of the guardian too. \* Third Gender  
ABHA ID (Ayushman Bharat Health Account)

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

Travel Details

Place (s) to be visited:

Date of Departure:  Date of Return:  Total Days:

Purpose (tick the option): Holiday ☐ Business ☐ Sports ☐

Plan Opted for : Platinum ☐ Gold ☐ Silver ☐ Corporate ☐ Multi Trip ☐

Sum Insured (In Rs.)	1,00,000	<div></div>
	2,00,000	<div></div>
	3,00,000	<div></div>
	4,00,000	<div></div>
	5,00,000	<div></div>

Please tick Plan Opted & Sum to be Insured

Note : (If the space provided is not sufficient separate sheet to be attached in the same format)

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 Sampo 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 : <div></div>	Transaction No.
PAN Number :	TAN Number :

Sources of funds: Salary/Business/Other pleasespecify:

Please make a crossed Cheque /DD/Pay order in favor of "Universal Sampo General Insurance Company Limited"  
\*PAN Card copy in Mandatory for premium of premium of 50,000 and above mentioned in Cash/DD or 1,00,000 and above by Cheque/Credit/Debit Card payment to be collected only from Proposer's card/Bank Account.

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 for Rs. \_\_\_\_\_ towards first premium for availing the said Universal Sampo Health Insurance Cover.

☐ I hereby request and authorize the bank to debit my account number \_\_\_\_\_ on the yearly due dates with the applicable renewal premium.

Medical Declaration  
(Applicable only if covered under a Domestic Medical Cover)

Name	Policy No	Plan	Insurance Co	Address
Medical Details				
Please give details of any positive existence of any ailment, sickness or injury which you are suffering from	Standard Fire Coverage			

Standard Fire Coverage

Fire and Allied Perils									
Address of the Home to be covered									
1. Building									
(a) Nature of Construction (Please mark ✓ beside the correct option):									
Wall	Bricks	Concrete	Others	Roof	Concrete	AC Sheet	Metalic Sheet	Tiles	Others
(b) Occupancy									
(i) Is the building solely occupied by you				Yes		No			
If " No", Please provide details of other occupancies									
(ii) Do you own the building				Yes		No			
If "Yes", Please provide the details of Sum to be insured (Reinstatement Value)									
Description					Amount Rs				
Super Structure									
Plinth & Foundation									
Permanent Furniture, Fixture, Fittings, Electrical Fans & Tube Lights									
2. Household Contents									
Description					Amount Rs				
Sum to be Insured for Contents									
(i) Furniture - Wooden/Steel (On reinstatement value basis)									
(ii) Clothings									
(iii) Kitchen Utensils & cutlery									
(iv) Gas Stove									
(v) Bed linen & other similar items									
(vi) Other items (Please attach a separate list of all items)									
Domestic Appliances/Electronic Equipments (Reinstatement value)									
Burglary & Theft									
Address of the Home to be covered									
What protection is provided to:							Doors <input type="checkbox"/> Windows <input type="checkbox"/>		
NB: Mention any specific precautions you have adopted for safeguarding your property									
Does the premise have a boundary wall?							Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the premise guarded by watchmen?							Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, by how many and during what time?									
Are all jewellery & valuables secured in a secured place normally?							Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contents to be covered							Value at risk		
(i) Furniture - Wooden/Steel (On reinstatement value basis)									
(ii) Clothings									
(iii) Kitchen Utensils & cutlery									
(iv) Gas Stove									
(v) Bed linen & other similar items									
(vi) Other items (Please attach a separate list of all items)									
Domestic Appliances/Electronic Equipments (Reinstatement value)									
Sum Insured should be 40% of the full SI under fire section in case the cover is opted on first loss basis.									

Please give details of nomination:  
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

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 Sampo 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.

Date : \_\_\_\_\_

Signature of the Proposer: \_\_\_\_\_

Place : \_\_\_\_\_

Name of Proposer : \_\_\_\_\_

AML guidelines ☐

1. I / we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons \*\* nor are their close relatives /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 Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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 ☐

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.

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.

USE IF FILLED BY SCRIBE

**DECLARATION**  
(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE\* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I \_\_\_\_\_ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for \_\_\_\_\_ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE

City/Village \_\_\_\_\_

State \_\_\_\_\_

Place \_\_\_\_\_

Pin \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Scribe \_\_\_\_\_

Signature / Right Thumb Impression of the Policyholder Proposer \_\_\_\_\_

Signature of Life Advisor / Broker as witness \_\_\_\_\_

\*Scribe is a person not connected with the Company

Witness Details :

Name: \_\_\_\_\_

ID Proof Type: \_\_\_\_\_

Signature: \_\_\_\_\_

ID Proof Number: \_\_\_\_\_

**USE IF FILLED BY OTHER THAN SCRIBE**

**IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BYAGENT/ EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED**

I, (name of the Agent/Specified Person/Broker/Employee), (Agent/Specified Person/Broker/Employee Code) hereby declare that I have read & explained the contents of the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/Proposer.

Witness Details :

Name: \_\_\_\_\_

ID Proof Type: \_\_\_\_\_

Signature: \_\_\_\_\_

ID Proof Number: \_\_\_\_\_

Signature of Agent/Specified Person /Broker/Employee \_\_\_\_\_

Signature /Thumb Impression of Proposed Insured/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.