

PROPOSAL FORM - TRAVEL INSURANCE POLICY



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:					

Name of the Proposer						
Office Address of the Proposer						
Residential Address of the Proposer						
Name of Person to whom the Policy has to be dispatched	Telephone No.		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Third Gender <input type="checkbox"/>
	E Mail ID		Bank Account No.			
			CKYC No.			
Agent /Broker Name			Agent /Broker Code			
Address of issuing Office			Office Code			
Occupation			PAN Card No.			
If Travelling in a group/family , state the number of people in the group	<input type="checkbox"/> Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above    (Please tick the relevant option)					
E- Account Opening : Do you have eIA account? If Yes, Account details						
I would like to apply for eIA with :   Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>						

Details of the insured Members

Sr No	Name of the Insured Person(s) whether belonging to family or group	Relationship with the Proposer	Date of Birth	Passport No.	Is he/she a professional sports person? (Please tick the relevant option)	Is he/she going to participate in any dangerous sports? (Please tick the relevant option)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note : (If the space provided is not sufficient separate sheet to be attached in the same format)						
The below portion of the form has to be completed separately with respect to each Insured Person						
Name of the Individual						

ABHA ID (Ayushman Bharat Health Account)

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

Travel Details

1. Plan Opted For	Worldwide Specific	<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum			
		Overseas Destinations		Maximum Number of Days of Stay	
	Annual Trip	Which Plan do you want to opt for?		<input type="checkbox"/> Gold <input type="checkbox"/> Platinum (Please tick the relevant option)	
		What is the maximum duration of each trip?		<input type="checkbox"/> 30 days <input type="checkbox"/> 45 days (Please tick the relevant option)	
		Countries to be Visited		<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada (Please tick the relevant option)	
	Student Travel Plan	<input type="checkbox"/> Primary <input type="checkbox"/> Buddy <input type="checkbox"/> Intellectual			
		Overseas Destinations		Maximum Number of Days of Stay	
		<input type="checkbox"/> Excluding USA / Canada <input type="checkbox"/> Including USA / Canada			
	Travel Asia	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum			
Overseas Destinations		Maximum Number of Days of Stay			
2. Purpose of Visit	<input type="checkbox"/> Business <input type="checkbox"/> Leisure/Holiday <input type="checkbox"/> Studies   (Please tick the relevant option)				
3. Proposed date of departure from India					
4. Period of Insurance (dd/mm/yy)	From:		To:		

Medical Details

Please give details of any positive existence of any ailment, sickness or injury which you are suffering from	
Declaration: I hereby declare that	
1.I will not be travelling against the advice of a physician 2.I am not on the waiting list for any medical treatment 3.I will not be travelling for the purpose of obtaining medical treatment 4.I have not received a terminal prognosis for a medical condition before this day 5.I am in good health and free from physical and mental disease or infirmity	

Attachments to be accompanied with the Proposal Form

If the proposer is travelling to any country and is above 60 years  
Then the Proposal Form should be accompanied with the following:

- ✓ ECG Printout with report (ECG to be carried out by cardiologists)
- ✓ Fasting and blood sugar and urine sugar or urine strip test report etc
- ✓ A Doctor's Certificate in the format given below-to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test.

**Note:** In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory Proposal Form but the Sum Insured under the Policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. However, in case of Personal Accident and other Sections, the full sum insured would be available.

DOCTOR'S CERTIFICATE—to be completed by the Doctor

History		
1.	Any past history of disease, operation, accidents, investigation etc.	
2.	General Examination	
3.	Systematic Examination	
Electrocardiography		
4.	Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe	
5.	Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?	
6.	Does the proposer now or did he/she in the past, require medication for this abnormality?	
7.	Please describe any treatment taken by the proposer in the past or being taken at present	
8.	Does the urine strip test show any sugar?	
9.	Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?	
Signature of the Doctor		
Name of the Doctor		
Qualification		
Address		
Telephone Number		

Assignment

I \_\_\_\_\_ do hereby assign the money payable under the Policy in the event of my death to \_\_\_\_\_ relation to the Insured. I further declare that his/her receipt shall be sufficient discharge to the company.  
I further declare and warrant that the above statements are true and complete. I consent to the Insurers seeking medical information from any doctor /Hospital/ TPA who has at any time attended concerning anything which affects my physical or mental health, and authorise the giving of such information to Coris Heritage Asia Pacific Pvt. Ltd. and /or their programme medical advisors

Signature/s

Nominee 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

Payment & Bank Account 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	Transaction No.
PAN Number :	TAN Number :

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

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 Sompo 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.

Declaration ☐

- 1."/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.
- 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.

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

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

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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. 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  
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.  
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