

PROPOSAL FORM - TWO WHEELER LONG TERM PACKAGE POLICY



**Universal Sampo
General Insurance**
Suraksha, Hamesha Aapke Saath



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

Instructions to the Applicant: 1. Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable. 2. Attach additional sheets if the space given is insufficient. 3. The queries made/ details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose)

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	

Proposers Details

Proposer's (Owner's) Full Name: Mr/Mrs			
Address for Communication			
Address (Address where vehicle is normally kept and used):	Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Telephone No. :	Fax :	
	Mobile No. :	Mail 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")			
Occupation / Business:			
Date of Birth:	Period of Insurance : <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years		
Year of issuance of first driving license:			
Type of Cover required	Liability Only Policy / Package Policy / Others (specify)		
Period of Insurance	From	To	

Details of Vehicle

Vehicle Make	Model	Variant	Year of Manufacture	Cubic Capacity	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type	Fuel Type

1.	Vehicle Registration No.:	
2.	Colour of Vehicle:	
3.	Chassis No. :	
4.	Engine No :	
5.	Place of Registration:	
6.	Date of Registration:	
7.	Trailer Chassis No. (if any)	
8.	Vehicle Type:	<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported
9.	Registration Address :	

Details of Vehicle Type and Usage

1	Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No b) Carriage of goods other than Samples or Personal Luggage <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Whether the vehicle is used for Commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whether the same is endorsed as such by RTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Whether the rally cover is required? <input type="checkbox"/> Yes <input type="checkbox"/> No

7	Whether the vehicle is fitted with Fibre Glass Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Whether the vehicle belongs to the Embassy/Consulate of a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the Duty element is included in the IDV? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Whether extension of rally required?
10	Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Details of the Purchase/ Hypothecation/ Lease

Financier Details : <input type="checkbox"/> Hypothecation Agreement <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease Agreement
Name of Financier & Address :

Compulsory Personal Accident Cover details

Do you have any existing CPA cover or Personal Accident Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please provide below details (Provide policy copy for the same)	
Policy number	Capital Sum Insured
Policy period	Coverage Details
Name of the Insurance Company:	
If No,Please choose the period for which PA cover for owner-driver is opted <input type="checkbox"/> 1 Years <input type="checkbox"/> 5 Years	

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.

Previous Insurance Details

1.	Name and Address of Previous Insurer	
2.	Policy/Covernote no.	
3.	Type of Cover:	<input type="checkbox"/> Package (Comprehensive) Policy <input type="checkbox"/> Act only Policy <input type="checkbox"/> Others
4.	NCB in expiring policy	%
5.	Claim lodged in preceding years:	
	Year	
	No. of claims	
	Amount	
6.	Date of purchase of the vehicle by the Proposer:	
7.	Whether the vehicle was new or second hand at the time of purchase?	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
8.	Is the vehicle in good condition? If NO, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any insurer ever declined/cancelled the insurance of the proposed vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Policy Period:	From To

NCB Details and Other discounts

1	Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No* If yes, Please mention the ____ %
2	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer of the above question is Yes, Please submit the certificate for the same.
3	Are you a member of the Automobile Association of India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please state : Name of Association : _____ Membership No. _____ Date of expiry: _____
4	Voluntary excess: Do you wish to take the Voluntary excess over and above the compulsory excess. If Yes please select: <input type="checkbox"/> Rs.500 <input type="checkbox"/> Rs. 700 <input type="checkbox"/> Rs. 1000 <input type="checkbox"/> Rs. 1500 <input type="checkbox"/> Rs. 3000

Insured Declare Value

For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car (If Any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.

Details of Electrical Accessories and CNG/ LPG Kit

Items	Make & Model	Year of Manufacture

Details of Non Electrical Accessories and CNG/ LPG Kit

Items	Make & Model	Year of Manufacture

Note:
The **Insured's Declared Value (IDV)** of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this insurance and it will be fixed at the commencement of each policy period for each insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed. The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (**TL/ CTL**) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV	
AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Do you wish to cover Geographical Area Extension under your proposed insurance?																			
<input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan																			
Do you require Unnamed PA Cover <input type="checkbox"/> Yes <input type="checkbox"/> No																			
1	No. of Passengers																		
2	Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) Name_____ Sum Insured _____ Name _____ Sum Insured _____																		
3	Do you wish to cover Legal liability towards a)Driver/Cleaner/Conductor (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No b)Unnamed Passengers (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No c)Other employees (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No d)Soldier/Sailor/Airman employed as Driver <input type="checkbox"/> Yes <input type="checkbox"/> No																		
4	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) <input type="checkbox"/> Yes <input type="checkbox"/> No																		
5	Do you require PA cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	<table><tr><th>Name of Passengers</th><th>CSI opted (Rs)</th><th>Nominee</th><th>Relationship</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>			Name of Passengers	CSI opted (Rs)	Nominee	Relationship												
Name of Passengers	CSI opted (Rs)	Nominee	Relationship																
6	The Policy provides additional Third Party Property Damage liability limits of Rs. 100,000/-. Do you wish to cover the additional limit? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
7	Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. <input type="checkbox"/> Yes <input type="checkbox"/> No 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 workmen within the meaning of the Workmen's Compensation Act-1923.)																			
Any other Coverage details_____																			

Driver's Detail

1	Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Vehicle is primarily driven by: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Any other		
	Name:	Relationship:	Age : Yrs.
3	Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Give details		
4	Driver's qualification:	Driver's experience:	Yrs.
5	a. Age & Date of Birth of the Owner: Age Yrs	Date of Birth:	
	b. Age & Date of Birth of the Driver: Age Yrs	Date of Birth:	
6	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	Circumstances of Accident/ Loss
			Loss/Cost Rs.

Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> 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 : _____

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 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

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.

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, 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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