



Universal Sompo General Insurance Co. Ltd.

(A joint venture of Allstate Bank, India Overseas Bank, Kamata Bank Ltd, Dabur Investment Corp. and Sompo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (E), Mumbai - 400059, Maharashtra.

Toll Free Fax No. 1800 200 9134, Email : contactus@universal-sompo.com

AAPAT SURKSHA BIMA - PROPOSAL FORM

Branch Name :

Branch Code :

Agent/Broker Name :

Agent Code :

PROPOSER'S DETAILS

First Name

Middle Name

Last Name

Name of the Insured :

Current Address :

Permanent Address :

City/Town :

District :

State :

Pin Code :

PAN No. :

Phone/Mobile No.:

Email ID.:

Date of Birth:

Sex : Male /Female

Occupation : Business

salaries

Professional

Student

Housewife

Retired

Other

Marital Status :

Nationality :

ID Proof Type PAN

Passport

Driving License

Voter's Card

Other

Total Number of Employee(s)/Member(s) to be covered : In Figures

Period of Insurance (DD/MM/YYYY) : From

To

POLICY DETAILS

Sum Insured Option : 3 Option available

1) CI Rs. 25000/- + PA Rs. 50,000

2) CI Rs. 50,000/- + PA Rs. 100,000

3) CI Rs. 100,000/- + PA Rs. 200,000

Details of Member(s)/Employee(s) to be covered including proposer:

Sr. No.	Name of the Person to be Insured	Gender	Height/Weight	DOB	Occupation (Nature of Duties)	Any Existing Disability/Infirmity	Monthly Income (Rs.)	Relation with Proposer
1								
2								
3								
4								
5								
6								

MEDICAL & LIFESTYLE INFORMATION:

In relation to each of the insured persons

1) Have you in the past or are you currently suffering from any physical or mental defect/ disability impairment / infirmity/deformity or any condition that may affect your mobility/sight/hearing/speech?	2) Have you in the past or are you currently suffering from or have you taken or are you taking treatment for arthritis, joint, diabetes, paralysis, epilepsy or any other seizure disorder?	3) Does your occupation requires you to engage in significant manual labour or hazardous activities or requires handling hazardous material or working at height or with high voltage like (Packaging, Mountaineering, Big game hunting, winter sports, skiing or ice hockey, Ballooning or Polo or similar sports)?	4) Have you ever suffered from any of the diseases/ illness particularly cancer, renal failure, coronary artery diseases, paralytic stroke, major organ transplant, major accident and operations/surgery. If "yes", please give details. Any complaints or tendency that may necessitate consultation or treatment in the future.	5) Has any proposal for personal accident in your life or lives ever been postponed, declined or accepted on special terms. If "yes", give detail.	
Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND
Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND
Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND
Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND
Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND	Y/N/ND

Additional Information: - If you have answered yes in any of the above questions please furnish details:

Question No.	Name of the Insured	Date of First Treated	Symptoms/Conditions/ Diagnose	Date of Last Symptom/Episode	Details of past or current Medication or Treatment for last 3 Years	Current Status (Fully Recovered/ Ongoing)	Name of the Family Doctor Phone No. Address

EXISTING/PREVIOUS INSURANCE DETAILS :

Do u have any other Personal accident / Critical illness policy/policies (with us or any other insurer) If yes please provide the details:

Name of Insured	Name of Insurance Company	Policy No.	Sum Insured	Period of Insurance		First Policy Inception Date	Claims Details (if any)
				From (dd/mm/yy)	To (dd/mm/yy)		

PAYMENT DETAILS :

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

Instrument Type	Cash	Cheque	Debit Card	Credit Card	Other
Name of the Bank :					
Name of the Branch name :					
Branch :					
Account Number :					
Account Types	Current	Saving			
Date					
Amount					

NOMINEE DETAILS :

In the event of the death of a beneficiary any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and condition. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name

Relationship

Address of the Nominee

City

District

State

Pin Code :

If the Nominee is minor, Name and Address of Appointee and relationship with Minor :

Appointee Name

Relationship

Address of the Appointee

Mobile No.

DECLARATION

- I/We the ably 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 correct in all respects to the best of my knowledge and that I/We are authorized to propose on behalf of these other persons.
- I/We 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 of applicable.
- 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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claim settlement and with any Governmental and/or Regulatory authority.*

Date
Place

Signature of Proposer

Prohibition of rebates - Section 41 of The Insurance Act 1938

- No person shall be law or offer to allow, either of his or her own or on behalf of any person, to take out or renew or continue an insurance policy, either kind of, relating to fire or property in India, any residue of the whole part of the commission payable or any resub of the premium shown on the policy, for his or her personal or other use or for the use or benefit of any person, except such commission may be allowed in accordance with the published provisions 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 Lakh's Rupees.

Universal Sompo General Insurance Co. Ltd.KLS Tower, Plot No EL 94, MIDC, Malappur, Navi Mumbai - 400710
Toll Free No. 1800-200-5142 Direct No. (022) - 39635200

*Information of and types of coverage for non-Indian, were not available prior to the date of issue. For more information, contact the insurance company. *The insurance company may not be licensed in all states of India. For more information, contact the insurance company.