



# Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Registered and Corporate Office : Unit No. 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 2921 1844, Email : contactus@universalsampo.com

## ALLAHABAD BANK HEALTH CARE PLUS- PROPOSAL FORM

Branch Code  Branch Name   
 Zonal Code  A/C Type  A/C No.   
 Current Membership No  Old Membership Number   
 (To be mentioned if renewal through different Branch)  
 Name of USGI BA  Name of USGI ABA   
 Name of Marketing Manager of Allahabad Bank

### Proposal Details

Name of the Proposer   
 Communication   
 Address   
 City/Taluka  District  State   
 Pin Code  Phone No  Mobile No.   
 Date of Birth  Sex:  Male  Female E-Mail ID:   
 Occupation  Yearly Income (in Rs.)   
 ID Proof Type Pan  Passport  Driving License  Voter's Card  Others Details

### Insurance Details

Sum Insured (Rs.)  No. of dependents to be covered   
 Policy Period: (DDMMYYYY)  
 Policy Start Date:  Policy End Date:   
 Do you wish to avail Personal Accident rider  Yes  No Plan  A  B  New Policy  Renewal  
 If renewal, the Previous Policy No.   
 TPA ID NO  TPA Name   
 Are you/dependents presently covered under any Health Insurance Policy?  Yes  No  
 If yes, Please provide name of the Insurance Company and Policy Number

### Insured's Details

S.No	Name	Date of Birth	Gender	Occupation	Relationship with Proposer
1					
2					
3					
4					
5					
6					

Name of the Nominee   
 Relation with Nominee

### Medical History

S.No.	Details	Proposer	Spouse	Child 1	Child 2	Father	Mother
1	Are you suffering from any disease or physical infirmity?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2	Any nervous or psychiatric disease or sickness.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3	High Blood Pressure, heart disease, including ischaemic heart disease, other circulatory disorders.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4	Any complaint or accidental injury which may require specialist's consultation or surgical or hospital treatment or investigation in the next one year.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Are there any additional facts or matters, medical or otherwise, affecting or relevant to the proposed insurance?

Attach separate sheet if required,

Name of Family Doctor   
 Address of the Doctor   
 Contact Number



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## 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.

## 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 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.
5. 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 claims settlement and with any Governmental and/or Regulatory authority."

Note: In the first year with USGICL fresh application to be given for both fresh proposals and renewals. We suggest that you should renew well before the Due date for continuity of coverage.

Name of the Proposer:

Date:

Place:

Details of Premium Paid: Amount Paid:

Date Paid:

Transaction No

Seal and Signature of the Signatory of Allahabad bank

Signature of the 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 or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 insurers.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extended to ten lakhs rupees.

### Universal Sampo General Insurance Co. Ltd.

Express IT Park, Plot No. EL-94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai - 400 710.

Toll Free No. 1800-200-5142 / Fax No : 1800-200-9134. Landline Number : (022) - 39635200

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