



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.)

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@universalsampo.com

PROPOSAL FORM: AVIATION PERSONAL ACCIDENT (CREW MEMBERS) INSURANCE POLICY

Declaration Form for Aviation Personal Accident Policy For Crew Members

(To be completed by each person to be insured and to form part of the Aviation Personal Accident Proposal Form)

1.	Name	
2.	Age (till last birthday)	
3.	What is the exact nature of your duties	
4.	If you are pilot or navigator or flight engineer state	
	a. Number and type of license	
	b. Date of license	
	c. By whom granted	
	d. Date of expiry of license	
	e. Type/s of aircraft in respect of which the license is granted	
	f. Date of last medical examination for the license	
5.	Has your license been suspended or withdrawn or have you ever been charged with any offence under the air navigation regulations? If Yes, give details	Yes/No
6.	Give details of your flying experience	Aircraft Total No. of Hours Flown
7.	Have you been involved in any aviation accident during the last 5 years? If Yes, give details of each accident	Yes/No
8.	Have you made any claim during the last 5 years under an Aviation Personal Accident Policy? If Yes, give details of each claim	Yes/No
9.	Has any insurance company at any time,	
	a. declined your proposal for aviation P.A. Policy or Life Insurance	
	b. required an increased premium or imposed special conditions?	
	c. cancelled or refused to renew your insurance?	
	If answer to a, b or c is "yes",	Please give details
10.	What are the types of aircraft you contemplate flying?	

I, the undersigned, hereby declare that all the above particulars are true and complete in every respect, that I am in good health and free from physical infirmity or defect of any kind, that I am and always have been of temperate habits, and that I have not withheld or suppressed any information regarding the proposal.

Place:
Date:

(Signature of the person to be insured)

Proposal Form for Aviation Personal Accident Policy

(For pilots, navigators, aircraft flight engineers, aircraft flight technicians & other crew members)

1.	Proposer's Name in full	
2.	Proposer's Address	
3.	Proposer's business or occupation	
4.	Persons to be insured (A declaration form in the prescribed format should be completed by each person to be insured and attached to this proposal)	

Sr. No.	Name	Age last Birthday (In years)	Designation/ Occupation	Capital Sum Insured (Rs.)	Table of Benefits

5.	Period of Insurance	From	To
6.	Nature of flying to be done		
7.	Geographical limits to which flying will be confined		
8.	Has any of the persons to be insured, to your knowledge, any physical defect or infirmity of any kind?		
9.	Has any insurance company at any time,		
	a. declined your proposal?		
	b. required an increased premium		
	c. cancelled or refused to renew		
10.	Has any aircraft owned or operated by you ever met with an accident involving injuries to passengers and /or crew members? If Yes, give details		
11.	Is the insurance to apply on 24 hours basis, or to apply to flying risks only?		
12.	The proposer may, at his option complete this column. If the proposer is also the insured person, this column should be completed.		

I, _____ do hereby assign the monies payable by Universal Sompo General Insurance Company Limited in the event of insured person's death to _____ (relationship to the insured) and I declare that his/her receipt shall be sufficient discharge to the company.

(SIGNATURE OF THE INSURED)

Witness	Signature of the witness	
	Name of the witness	
	Address of the witness	

I/We hereby declare that the above statements are true and complete. I/We agree that this proposal and declaration form (signed by the person/ persons to be insured) shall be the basis of the contract between me/us and the insurance company. I/We further agree to accept a policy subject to the conditions stipulated therein by the insurance company.

Place:
Date:

(SIGNATURE OF THE PROPOSER)

**SECTION 41 OF THE INSURANCE ACT, 1938
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 of 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 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 Rs. 10,00,000/-.

Universal Sompo General Insurance Co. Ltd.

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Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. "RDAL or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "RDAL does not announce any bonus"; "Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number".

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