



Universal Sampo General Insurance Co. Ltd.

A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd, Dabur Investment Corp. and Sampo Jyoti Insurance Co. Ltd.

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Anandhi Kuria Road, Andheri (E), Mumbai - 400054, Maharashtra.

Fax# 022-29211894, Email: corradcus@universalsampo.com.

DOMESTIC TRAVEL INSURANCE PROPOSAL FORM

Agent Name: _____

Agent Code: _____

Policy No: _____

Customer Details

Name: _____

Address: _____

City: _____ Pin Code : _____

State: _____ Date of Birth: _____

Tel (R): _____ Mobile: _____

E-mail: _____

Nominee: _____

Relationship of Nominee with the Insured: _____

AML Details: Please tick Driver's License Number Pan Card Number Passport Number
 Any other (please specify) : _____

Address Card Number _____

For Additional Insured Family Members

| Name | Sex | Date of birth | Name of Beneficiary | Relationship with the Insured |
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In case of the nominee/beneficiary is a minor, please provide the name of the guardian too.
Travel Details Place (s) to be visited: _____

Date of Departure: _____ Date of Return: _____ Total Days: _____

Purpose (tick the option): Holiday Business Sports

Ball Used for: Platinum Gold Silver Corporate Mule Trip

Sum Insured (In Rs.) 1,00,000 2,00,000 3,00,000 4,00,000 5,00,000

Please tick Plan Coverd & sum to be insured: _____

Note : (If the space provided is not sufficient separate sheet to be attached in the same format)

Premium Payment Details : Net Premium Amount: _____ Payment Mode (tick the option): Cheque Demand Draft

Cheque/Demand Draft No: _____ Dated: _____

Name of Bank: _____ Branch: _____

PAN: _____ Source of Fund (tick the option): Salary Business Other _____

Medical Declaration (Applicable only if covered under a Domestic Medical Cover)

| Name | Policy No | Plan | Insurance Co | Address |
|------|-----------|------|--------------|---------|
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Please give details of any previous experience of any ailments, sicknesses or injury which you are suffering from: _____

Standard Fire Coverage

Fire and Allied Perils

Address of the Home to be covered: _____

1. Building

(a) Nature of Construction (Please mark ✓ beside the correct option):
 Wall Brick Concrete Others Roof Curious A/C Sheet Metallic Sheet Tiles Others

(b) Occupancy
 (i) Is the building solely occupied by you? Yes No

If "No", Please provide details of other occupancies: _____

(ii) Do you own the building? Yes No

If "Yes", Please provide the details of Sum to be insured (Reimbursement Value): _____

Super Structure Description Amount Rs _____

Floor & Foundation _____

