



Universal Sompo General Insurance Co. Ltd.

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

Registered and Corporate Office : Unit No. 401, 4th Floor, Sangam Complex, 127, Andheri Kurda Road, Andheri (East), Mumbai - 400 059,

Maharashtra. Fax# 022 - 29211944, Email : contactus@universalsompo.com

INDIVIDUAL HEALTH INSURANCE - PROPOSAL FORM

Branch Code

Branch Name

Agent Code

Agent Name

PROPOSER'S DETAILS

First Name

Middle Name

Last Name

Name of the Insured :

Current Address :

Permanent Address :

City/Taluka :

District :

State:

Pin Code :

STD Code:

Phone No.:

Mobile No.:

Date of Birth:

Sex :

Male /Female

Email ID

Occupation

Yearly Income (Rs.)

Marital Status :

ID Proof Type

PAN Card Number/Form 60 (Mandatory)

Aadhar Card Number (Mandatory)

INSURANCE DETAILS

No of dependents to be covered

Do you wish to avail Critical Illness rider

Yes/No

Sum Insured Option :

Rs. 1L

Rs. 1.5L

Rs.2L

Rs.2.5L

Rs. 3L

Rs. 3.5L

Rs.4L

Rs. 4.5L

Rs. 5 L

Policy New

Renewal

If Renewal then previous policy no.

Period of insurance from

to

Are you/dependents presently covered under any Health Insurance Policy?

Yes

No

If yes please provide name of the Insurance Co. and Policy No.

DETAILS OF THE PERSONS TO BE INSURED

Sr. No.	Name of Insured	Gender	DOB	Occupation	Relationship with Proposer	Height	Weight	Sum Insured Opted
1								
2								
3								
4								
5								
6								

Payment Details:

Name of the Premium Payer:

Relationship to proposer:

Mode of Payment: Cash Cheque Debit Card Credit Card Other

Instrument No	Bank Details	Instrument date	Amount in INR

Sources of funds: Salary /Business/ Other Please Specify : _____
 (Please tick where applicable)

Please make a Crossed Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only.

* PAN Card copy is Mandatory for premium of `50,000 and above accepted in Cash/DD or `100,000 and above by Cheque/Credit/Debit Card Payment to be collected only from Proposers Card / Bank Account

Bank Details :

As per the Regulatory requirement we can effect payment refund/claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS)/ Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account

Name of the Bank

Name of the premium payer

Branch

Account Number

Account Type Current Savings Date Amount

If the premium cheque is not paid from above mentioned account then a cancelled cheque leaf of the above mentioned accounts is to attached *mandatory if annualized premium is more than Rs. 25000

AGM guidelines

1. I/we hereby confirm that all premium have/will be paid from bonafide sources and no premium have been/will paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has 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.

Nationality : Indian Non-Indian If Non-Indian, Please specify the Country _____

Type of Organization

Corporations Governments Non Governmental Organizations Society

Trust Partnership International Organization Cooperative Section 25 Company

DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I/We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and Universal Sompo General Insurance Co. Ltd and I/We and/or the person to be insured agree to accept a policy, subject to the conditions prescribed by Universal Sompo General Insurance Co. Ltd and and to pay premium. I/We and/or the person to be insured hereby consent and authorize you to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment or injury which affects my/our and/or the person to be insured's physical or mental health. I/We have understood the purpose of Aadhaar authentication and hereby state that I/We have no objection in providing my Aadhaar details.

Date _____
Place _____

Signature of Proposer

Vernacular Declaration:

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer: _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same:

Signature of the Proposer : _____

Signature of the Witness : _____

Date : _____

Name of the witness : _____

Place _____

Agent's declaration

I, _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer) : _____

Date : _____ Place : _____ Signature of Agent _____

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
- Do you have eIA Account No. YES NO
eIA Account Number _____
If No, Please fill the Form attached with the PF.

Acknowledgement-Customer Copy:

Received from Mr/Mrs./Ms _____ Dated _____ Drawn on _____
Cheque No. _____ towards payment of premium on behalf of Universal Sompo General Insurance Co.Ltd
Bank for sum Rs. _____

Date: _____ Signature & Seal _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL-94, TTC, Industrial Area, MID.C., Mahape, Navi Mumbai - 400 710
Toll Free No. 1-800-224030 / 1-800-2004030, Landline No.: (022) - 27639800 or (022) - 39133700 and Fax No : (022) - 39171419

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