

<p>a) Any other Accident Policy?(Including if covered under any Group Personal Accident Policy/Credit card schemes] (If so, giver name of each Company and Amount of Insurance.)</p> <p>b) Any other Employee Scheme (If so, giver name of each Company and Amount of Insurance.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15) Has any Company</p> <p>i) Declined to issue a policy to you?</p> <p>ii) Declined to continue your Insurance?</p> <p>iii) Not invited the renewal of your Policy?</p> <p>iv) Imposed any restriction or special conditions? (If yes, please furnish the details)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16) Have you ever claimed/received compensation under any Accident Policy?(If yes, please furnish the details)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17) Details of coverage opted by you:</p> <p>a. Capital Sum Insured (maximum liability)</p> <p>b. Nature of Policy Proposed</p> <p>c. Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only)</p> <p>d. Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only)</p>	<p>Rs.....</p> <p>**Basic/Wider/Comprehensive</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>**</p> <p>a) Basic Cover—covers against Death only</p> <p>b) Wider Cover—covers against Death, Permanent Total Disablement & Permanent Partial Disablement.</p> <p>c) Comprehensive Cover-covers against Death, Permanent Total Disablement, Permanent Partial Disablement & Temporary Total Disablement</p>	
<p>18) Period of Insurance</p>	<p>From..... To.....</p>
<p>19) Do you wish to cover your family members (spouse, children and dependent parents only)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If answer to item 18 is 'yes' please furnish the following details and use separate proposal form for each adult person to be insured.

Name of family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover & Capital Sum Insured	Additional Extension (applicable to comprehensive cover only)
				<input type="checkbox"/> CSI	<input type="checkbox"/> Medical Expenses <input type="checkbox"/> Medical confinement Allowance

NOMINATION

I/We,..... DO HEREBY AGREE THAT THE MONIES PAYABLE BY THE Universal Sompo General Insurance Co. Ltd, in the event of my death to Shri / Smt / Kum (Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this day of 2000 at

WITNESS:-

1. Name & Address:

Signature/s

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."

Dated at this day of 20

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extended to ten lakh rupees.

Proposer's Signature