Universal Sompo General Insurance Co. Ltd.

(A joint venture of Allahabad 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 Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 29211844, Email : contactus@universalsompo.com

K BANK HEALTH CARE PLUS- PROPOSAL FORM

Branch Code | Branch Name

Region 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 Karnataka 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 CARD/FORM 60 (Mandatory) | AADHAR CARD (Mandatory)

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					

Nominee Details:

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of the Nominee

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Assignee Name	Relationship	Address of the Assignee

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 is chaemic 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

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 Sompo 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.

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 Paymant 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 premuim is more than Rs. 25000

AML 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:

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."
6. I/We have understood the purpose of Aadhaar authentication and hereby state that / We have no objection in providing my Aadhaar details.

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:

Seal and Signature of the Signatory of Karnataka Bank

Signature of the 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 InsuranceAdvisor/ 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 Offcer) : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 ☐☐

Cheque No. _____ Dated _____ Drawn on _____

Bank for sum Rs. towards payment of premium on behalf of Universal Sompo General Insurance Co.Ltd

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, T.T.C. Industrial Area, M.I.D.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

DSN-20000/066/06Jan2018

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. " IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "IRDAIdoes 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"