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.)

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@universalsompo.com

LOAN SECURE INSURANCE POLICY - PROPOSAL FORM

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at Our option, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE :The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

IMD Name : _____ IMD Code : _____

Sub IMD Name : _____ Sub IMD Code : _____

Forwarding Date		Cheque/ Transaction Date		Cheque/ Transaction ID Amt.	
Bank Name		Cheque/ Transaction ID No		Branch Name (USGI)	
Hypothecation					
Name of SP			Name of BA		

	Applicant - I	Applicant – II (if applicable)
Name MR./ MRS./MS.(IN CAPITAL)		
Applicant Status	☐ Main Borrower	☐ Co Borrower
Relationship between both applicants		
Address for correspondence		
Contact Details	Phone (O) Phone (R) Mobile Email	Phone (O) Phone (R) Mobile Email
Date of Birth (Age limit – 20 to 50 years only)		
Sex	☐ M / ☐ F	☐ M / ☐ F
Occupation	☐ Salaried ☐ Self Employed	☐ Salaried ☐ Self Employed ☐ None. Specify_____
Identification Proof/Number PAN Card Number/Form 60 Aadhar Card Number		

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

Amount of Loan Sanctioned	Rs.	Date of Loan Sanctioned	
Loan Account Number		Loan Disbursal Date Tenure of Loan	Years
Policy Sum Insured	Rs.	(To be equal to loan amount - Fixed or Reducing Balance)	
Type of Policy	☐ Fixed Sum Insured ☐ Reducing Sum Insured	Tenure of Policy	Years
Period of Insurance	From	To	
Premium Amount	Rs.		

Applicant - I - I declare Pre-existing Illness (if any):

Details of previous/existing Insurance policy(s) covering Critical Illness
a. Insurance Company : _____ b. Policy No: _____
c. Sum Insured: _____ d. Policy Period Form: _____ To: _____
Claims (if any): _____

Applicant - II - I declare Pre-existing Illness (if any):

Details of previous/existing Insurance policy(s) covering Critical Illness
a. Insurance Company : _____ b. Policy No: _____
c. Sum Insured: _____ d. Policy Period Form: _____ To: _____
Claims (if any): _____

SCOPE OF COVER

Type of Cover		Sum Insured Rs.	
I. (a) Major Medical Illness and Procedures (Compulsory) (b) Insurance Plan Chosen (No. of Major Illness & Procedures.)		•Silver Plan(9) •Gold Plan(12) •Platinum Plan(15) •Diamond Plan(18)	
II. Personal Accident		(Not to exceed above limit)	Address of occupancy/ Risk Location:-
III. Loss of Employment of Insured Person (Limited to total of 3 EMI*)		(Mention current EMI)	
IV. Fire and Allied Perils	a - Structure (Not to exceed loan amount)		
	b - Content (upto 40% of loan amount)		
**Earthquake cover	☐ Yes	☐ No	
**Terrorism	☐ Yes	☐ No	

**Please Note:- Additional Premium required for Earthquake & terrorism

*Jewelry cover:- Jewelry cover in content section will be restricted to 20% of the sum insured subject to maximum of 2 lakhs

* Benefit III. – Loss of employment cover of insured person is available for Salaried Employees only.

Declaration - Applicant I	Declaration - Applicant II
I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Major Medical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions: 1. Stroke (including Transient Ischemic Attack) 2. Hepatitis B or C 3. Alcoholism 4. Drug Abuse 5. Cancer (other than skin cancer) 6. Skin Cancer (2 or more occurrences) 7. Melanoma 8. Abnormal Kidney Functions 9. Alzheimer's or Senile Dementia 10. Recurrent Human Papilloma virus (HPV) or Sexually Transmitted Disease (within the past 5 years) 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency. Virus infection (symptomatic or asymptomatic) or any AIDS related condition 12. Any Disease or Disorder of the Nervous System 13. Heart Attack I authorise the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I will not hold the Company and their agents liable for use of this information. I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this Policy. I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company. I agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque. I hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.	I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Major Medical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions: 1. Stroke (including Transient Ischemic Attack) 2. Hepatitis B or C 3. Alcoholism 4. Drug Abuse 5. Cancer (other than skin cancer) 6. Skin Cancer (2 or more occurrences) 7. Melanoma 8. Abnormal Kidney Functions 9. Alzheimer's or Senile Dementia 10. Recurrent Human Papilloma virus (HPV) or Sexually Transmitted Disease (within the past 5 years) 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency. Virus infection (symptomatic or asymptomatic) or any AIDS related condition 12. Any Disease or Disorder of the Nervous System 13. Heart Attack I authorise the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I will not hold the Company and their agents liable for use of this information. I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this Policy. I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company. I agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque. I hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.
Applicant - I	Applicant – II
Place: _____ Signature: _____ Date: ☐☐☐☐☐☐☐☐ Name: _____	Place: _____ Signature: _____ Date: ☐☐☐☐☐☐☐☐ Name: _____

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

Date: ☐☐☐☐☐☐☐☐ Signature of the proposer: _____ Place: Name of the proposer: _____	Date: ☐☐☐☐☐☐☐☐ Signature of the proposer: _____ Place: Name of the proposer: _____

AML Guidelines:

1. I/We hereby confirm that all premiums have been/will be paid from bonaf de sources and no premiums have been/will be 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 cas I am/have been found guilty by any competent court of law under any of the status directly or indirectly governing the prevention of money laundering in India.

- Nationality: Indian ☐ Non Indian ☐ If Non-Indian please specify the country
- Type of Organisation

Corporations ☐ Governments ☐ Non-Governmental Organizations ☐ Society ☐
Trust ☐ Partnership ☐ Internaional Organization ☐ Cooperatives ☐ Section 25 Company ☐

GST Number _____
Do you have e/A account No. Yes ☐ No ☐
e/A Account Number: _____
If NO, please fill the form attached with the PF

PROHIBITION OF REBATES

STATUTORY WARNING
SECTION 41 OF 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 whole or 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 rebate 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 punishable with fine, which may extend to Ten lakh rupees.

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

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