



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 Kuria Road, Andheri (E),
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsompo.com

PROPOSAL FORM FOR LOSS OF FLYING LICENSE INSURANCE

Proposal No:	
Policy No:	
A. First Name of Insured Crew Member:	
Surname	
Address	
Date of Birth	
Occupation	Flight Category Captain/Pilot First/Second Officer Navigation Officer Radio Officer Flight Engineer/Instructor/ Glider Instructor (delete whichever is inappropriate)
What is your present total remuneration from your above stated occupation?	
B. Name and address of present Employer	
If freelancer state	
1. Type of Employment anticipated and all remunerated occupation:	
2. Type of flying during past 2 years e.g. Air Line, Crop-spraying, Helicopter etc	
C. Type and number of license:	
By whom granted?	
Date of issue:	
Date of last renewal:	
(This must not be confused with the date of last medical examination of such renewal. The date of actual renewal must be given)	
D. State whether or not you already have a Loss of License Insurance Policy, (State "Yes" or "No". If Yes, state: -	
a. With which Insurance Company?	
b. For what amount?	
c. Date of expiry of the Insurance:	
d. Particulars of Insurance required:	
E. Particulars Of Insurance Required	
a) Sum Insured	
b) Period of Insurance?	
From	
To	

NOTE: This insurance may be invalidated by the existence of another Loss of License insurance unless prior agreement is obtained from the "Universal Sompo General Insurance Co. Ltd."

I hereby declare that to the best of my knowledge I have not sustained any personal injury whatsoever and I am not at the present time and have not been at any time afflicted any illness whatsoever (including temporary or otherwise of my physical aural or eye condition) except as detailed below: -

I further declare that the certificate of validity forming part of my above mentioned License has never been invalidated for any period, except as stated below: -

I warrant that the above statements and particulars are true and thereby agree that this Declaration shall be held to be promissory and shall form the basis of the contract between me and Universal Sompo General Insurance Co. Ltd. and I am willing to accept a policy subject to the terms, exceptions and condition prescribed by the Company therein, and to pay the premium thereon.

DATE _____ 20

PROPOSER'S SIGNATURE:

WARNING TO ALL PROPOSERS

In your own interest great care must be taken in completing the declaration set out above. Non disclosure or incomplete disclosure of any fact which is or may be material to Universal Sompo General Insurance Co. Ltd. in deciding whether to accept your proposal for insurance may make the policy invalid ab initio and cause you to be deprived of all benefits thereunder.

Universal Sompo General Insurance Company Limited reserves the right to impose special conditions or refuse to accept a proposal form.

SPACE FOR MEDICAL HISTORY

(If 'NIL', State 'NIL')

(State all illnesses of whatsoever nature and all accidents involving injury and give result of last cardiograph examination with date in all cases)

DATE: _____ 20

PROPOSER'S SIGNATURE:

SPACE FOR DETAILS OF PERIOD DURING WHICH THE CERTIFICATE OF VALIDITY FORMING PART OF THE PROPOSERS' LICENCE HAS BEEN INVALIDATED (State date and cause: If 'NIL' stat 'NIL')

DATE: _____ 20

PROPOSER'S SIGNATURE:

SECTION 41 OF INSURANCE ACT, 1938

1. 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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

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