Universal Sompo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sompo Japan 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

PoS - COMPLETE HEALTHCARE INSURANCE PROPOSAL FORM

PoS Person Name	
Aadhar Card No./Pan Card No.	

Please submit separate forms for each individual. The proposal in case of dependent children may please be filled by the proposer.

Instructions to the Applicant

This proposal should be answered after detailed enquiry of all persons to be covered

1. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets
2. If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.
3. Please fill in the Proposal Form in BLOCK LETTERS and attach a passport sized photograph of each person proposed for insurance under the Policy and write the name of the person/ sign on the photograph.

Proposer Details (Please ✓ the relevant Boxes)

You must notify us of any change of contact details so we can ensure that correspondence reaches you

Name

Gender Male ☐ Female ☐ Date Of Birth Occupation

Current Address

City District

State Pin Code

Permanent Address

City District

State Pin Code

Address for Communication Current ☐ Permanent ☐ E mail

Daytime Telephone Number Mobile

Height Weight Annual Income

PAN Number/FORM 60(Mandatory) AADHAR Number (Mandatory)

Beneficiary 1

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Beneficiary 2

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Beneficiary 3

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Beneficiary 4

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Beneficiary 5

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Beneficiary 6

Name

(First Name) (Middle Name) (Last Name)

Gender Male ☐ Female ☐ Date of Birth Occupation

Relationship With The Proposer Location

Height Weight (The place where you live / will live for the majority of your time for period of cover)

Please paste photograph of the proposed beneficiaries in same sequence as above :

Proposer | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 | Beneficiary 4 | Beneficiary 5 | Beneficiary 6

Nominee Details

In the event of the death of a beneficiary 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 (First Name) (Middle Name) (Last Name)

Relationship

Address of the Nominee

City District

State Pin Code

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

Appointee Name (First Name) (Middle Name) (Last Name)

Relationship

Address of the Appointee

City District

State Pin Code

Proposed Policy Tenure : Tenure I Year ☐

When do you want your cover to begin

Plan Details Type Individual ☐

Plan Basic ☐

I Lakh ☐ 2 Lakh ☐

Options under the Policy : Do you wish to upgrade your plan with any of the following benefits?
Critical Illness : Yes ☐ No ☐
If Yes, Please choose Sun Insured for Critical Illness. I Lakh ☐ 2 Lakh ☐

Personal Accident Yes ☐ No ☐
If Yes, Please Choose Sum Insured for Personal Accident. I Lakh ☐ 2 Lakh ☐

Hospital Daily Cash Yes ☐ No ☐

The benefits under the Hospital Daily Cash Shall be as per your choosen plan

Do you wish to get discounted premium with any of the following options?

Sublimits Applicability Yes ☐ No ☐

If yes, please indicate your Selection. A ☐ B ☐ C ☐

Treatment only in tiered network Yes ☐ No ☐

Please note
- Each plan and options chosen will apply to all beneficiaries
- The Sum Insured under the chosen plan and options need not be indentical.
- Your plan selection can only be amended at policy renewal. Should you wish to increase your level of cover at renewal, full medical underwriting and waiting periods may apply and an additional premium amount will be payable.

Are you suffering from any Pre-Existing Diseases ? Yes ☐ No ☐

Payment details

Instrument Type Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Other

Name of the Bank

Name of the premium payer

Branch

Account Number

Account Type Current ☐ Savings ☐ Date Amount

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

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 anytime 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 I/We have no objection in providing my Aadhaar Details.

Date ☐☐ ☐☐ ☐☐☐☐ Signature of the Proposer ____________

Place ____________ Name of the Proposer ____________

Vernacular Declaration

I hereby declare that I have fully explained the contents of the Proposal Form and all other documents incidental to availing the health insurancefrom Universal Sompo General Insurance Company Limited to the Proposer in the language understood by him/her. The same have been fullyunderstood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Declarant's Name ____________

Relationship with the proposer ____________

Date : ☐☐ ☐☐ ☐☐☐☐ Place ____________

Signature of Declarant ____________ Signature of Applicant in vernacular: ____________

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 ____________

Checklist

- Please check the following documents are attached along with the proposal form
- ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Aadhar Card / Letter from a recognized public authority
- Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
- Age Proof: Proof of Age
- Renewal Notice with claim details
- Certification of previous insurer for previous claim details
- Photocopies of all previous policies and endorseemnts

For Official Use Only

Universal Sompo Health Office Code ____________ Advisors Code & Name: ____________

Branch Receipt Date: ☐☐ ☐☐ ☐☐☐☐ Channel Type : ____________ Business type: Urban ☐ Rural ☐ Social ☐

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 punishable with fine which may extend to Ten lakh rupees.

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

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. 1800-200-5142/Fax No. : 1800-200-9134. Landline Number : (022) - 39635200

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