



# Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd, Dabur Investments Corp. and Sampo 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 - 29211944, Email : [contactus@universalsampo.com](mailto:contactus@universalsampo.com)

## POS INDIVIDUAL ACCIDENT POLICY - PROPOSAL FORM

Pos Person Name	
Ashtar Card No./Pan Card No.	

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1)	Name of the Insured (Policy to be issued in favour of)	
2)	Address of the Insured	
3)	Phone Number	
4)	Email id	
5)	Have you suffered or do you suffer from; (Full particulars must be given in case the answer is 'Yes' to any of the following queries) a) Any physical defect or infirmity b) Gout or Arthritis or diabetes, paralysis c) Fits or any kind or any other chronic disease. d) Any other disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6)	Period of Insurance	From..... To.....
	Date of Birth	Gender Occupation

- 7) Types of cover    Basic     Wider     Add on :    Medical Expense Extension     Hospital Consignment Allowance   
Comprehensive     Sum Insured \_\_\_\_\_

Name of family members				
Relationship with insured & Age				

### 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
Nominee Name	Relationship	Address of the Nominee

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

<b>PAYMENT DETAILS:</b>	
Name of the Premium Payer:	
Relationship to proposer:	
Mode of Payment:    Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <input type="checkbox"/>	
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 Sampo 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 Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account\*

Name of the Bank \_\_\_\_\_

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 premium 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 \_\_\_\_\_

**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:**

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**

1. In my capacity as an Agent, do hereby declare that I have fully explained the contents of the proposal form and Proposer is willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company which will form the basis of the Contract of Insurance between Universal Sompo general Insurance Company Limited and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.  
Date :       Place \_\_\_\_\_ Signature of Agent \_\_\_\_\_

**INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

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 or risk relating to lives or property in India, any rebate of the 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 prospectus 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.

**Acknowledgement-Customer Copy:**

Received from Mr/Mrs./Ms \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Cheque No. \_\_\_\_\_

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

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