



# Universal Sompo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Kamataka Bank Ltd., Dabur Investment Corp. and Sompo Japan Kigenkaisha Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Anandhi Kurfa Road, Anandhi (E),  
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: [contactus@universal.sompo.com](mailto:contactus@universal.sompo.com)

## PROPOSAL FORM INTERNATIONAL TRADE CREDIT INSURANCE - SINGLE RISK

A. INFORMATION ON THE APPLICANT	
Company name	Registration number
Address	
Country	Postal Code
Telephone number	Fax number
Contact Name	
Position	
Main business activity	Date established
Are you a :	
Manufacturer	Merchant
Distibutor	Confirming House
Contractor	Other (Please specify)
Ultimate parent	
Country	

  

B. DEBTOR INFORMATION	
Debtor(s) name	
Address	
Town	
Country	
Postal Code	
Telephone/Fax number	

  

C. CONTRACT DETAILS	
Limit Required	
Description of Goods/Services to be supplied	
Please summarise your conditions of sale and payment terms	
Please give details of any additional security held	
Do you have a written contract of sale with this debtor?	
Y/N	
Do you hold reservation of title?	
Y/N	
Please specify which ICC Incoterms you observe for overseas trade	
On what basis is the credit limit and payment terms established	
(a) Audit/management accounts	Y/N
(b) Status Reports	Y/N
(c) Bank Reports	Y/N
(d) Report of visit to buyer's premises	Y/N
(e) Other (please specify)	
Please provide all financial or background information available to you on the buyer.	
Please detail the reason for this specific credit risk enquiry	
Have you traded with this buyer before	Y/N
Have payments been received promptly	
Y/N	
(Please provide full details of previous trading experience on a separate sheet)	
Debtor balance outstanding as at ____ / ____ / ____ is	

  

D. GENERAL	
In respect of any of the risks to which the proposal relates and any business in which your company is engaged do you presently hold, are currently negotiating, have been refused or had terminated:-	
(a) Policy of insurance or guarantee	Y/N
(b) Factoring agreement	Y/N
(c) Any other security arrangement	Y/N
(d) Financing agreement	Y/N
Please give details	

E. CREDIT CONTROL PROCEDURES	
Who is responsible for the credit control function?	
Name	
Position	
Is the credit control function centralized?	Y/N
How often and when is a credit limit reviewed?	
Is reference made to the condition of the account prior to the dispatch of goods?	Y/N
Do you sell from consignment stock?	Y/N
(if yes please provide details)	
Please provide additional information or other comments regarding your credit control procedures:	

#### F. DECLARATION

You must read this before signing below.

I declare that these statements made in this form are to the best of my knowledge and belief are true and this form does not withhold any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If You are in any doubt as to whether a fact is material or not you must disclose it in the space below.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature	Date
Designation of signatory	

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

#### 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 Lakhs Rupees.

#### Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No E, 94, MIDC, Malape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL), 18002004030(Reliance) Direct Nos: 022 27639800(MTNL), 391 33700(Reliance)

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