



# Universal Sampo General Insurance Co. Ltd.

(A Joint Venture of Allahbad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sampo Japan Nipponkoa Insurance, Inc.)

Registered and Corporate Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax No. 022-29211844, Email: [contactus@universalsampo.com](mailto:contactus@universalsampo.com)

## PROPOSAL FORM TRAVEL INSURANCE POLICY

IMD Name:						
IMD Code:						
Contact Details:						
Name of the Proposer						
Office Address of the Proposer						
Residential Address of the Proposer						
Identification Proof/Number PAN Card Number/Form 60 (Mandatory) Adhar Card Number/passport/ Driving license/Voter's Identity Card						
Name of Person to whom the Policy has to be dispatched						
Occupation						
Address of issuing Office						
If Travelling in a group/family, state the number of people in the group	<input type="checkbox"/> Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above					
Details of the insured Members						
Sr. No.	Name of the Insured Person(s) whether belonging to family or group	Relationship with the Proposer	Date of Birth	Passport No.	Is he/she a professional sports person? (Please tick the relevant option)	Is he/she going to participate in any dangerous sports? (Please tick the relevant option)
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: (If the space provided is not sufficient separate sheet to be attached in the same format)

The below portion of the form has to be completed separately with respect to each Insured Person

Name of the Individual

### TRAVEL DETAILS

	Worldwide Specific	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>	Platinum <input type="checkbox"/>	Maximum Number of Days of Stay
		Overseas Destinations	Which Plan do you want to opt for?	Gold <input type="checkbox"/>	
1. Plan Opted For	Annual Trip	What is the maximum duration of each trip?	30 days <input type="checkbox"/> 45 days <input type="checkbox"/>	(Please tick the relevant option)	
		Countries to be Visited	Worldwide <input type="checkbox"/>	Worldwide excluding USA & Canada <input type="checkbox"/>	(Please tick the relevant option)
		Primary <input type="checkbox"/> Buddy <input type="checkbox"/> Intellectual <input type="checkbox"/>			
2. Purpose of Visit	Student Travel Plan	Overseas Destinations	Maximum Number of Days of Stay		
		Excluding USA / Canada <input type="checkbox"/>			
		Including USA / Canada <input type="checkbox"/>			
Travel Asia		Gold <input type="checkbox"/> Platinum <input type="checkbox"/>			
		Overseas Destinations	Maximum Number of Days of Stay		
3. Proposed date of departure from India (dd/mm/yy)	Business <input type="checkbox"/> Leisure/Holiday <input type="checkbox"/> Studies <input type="checkbox"/> (Please tick the relevant option)	From	To		

**Medical Details**

Please give details of any positive existence of any ailment, sickness or injury which any of the insured are suffering from

Declaration:  
I hereby declare that

1. I will not be travelling against the advice of a physician
2. I am not on the waiting list for any medical treatment
3. I will not be travelling for the purpose of obtaining medical treatment
4. I have not received a terminal prognosis for a medical condition before this day
5. I am in good health and free from physical and mental disease or infirmity

**ATTACHMENTS TO BE ACCOMPANIED WITH THE PROPOSAL FORM**

If the proposer is travelling to any country and is above 60 years  
Then the Proposal Form should be accompanied with the following:

1. ECG Printout with report (ECG to be carried out by cardiologists)
2. Fasting and blood sugar and urine sugar or urine strip test report etc
3. Doctor's Certificate in the format given below to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test

**Note:** In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory Proposal Form but the Sum Insured under the Policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. However, in case of Personal Accident and other Sections, the full sum insured would be available.

**DOCTOR'S CERTIFICATE—TO BE COMPLETED BY THE DOCTOR**

<b>History</b>	
1. Any past history of disease, operation, accidents, investigation etc.	
2. General Examination	
3. Systematic Examination	
<b>Electrocardiography</b>	
4. Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe	
5. Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?	
6. Does the proposer now or did he/she in the past, require medication for this abnormality?	
7. Please describe any treatment taken by the proposer in the past or being taken at present	
8. Does the urine strip test show any sugar?	
9. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?	
Signature of the Doctor	
Name of the Doctor	
Qualification	
Address	
Telephone 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 Nominee

**PAYMENT DETAILS:**

Name of the Premium Payer: \_\_\_\_\_  
 Relationship to proposer: \_\_\_\_\_  
 Mode of Payment: Cash / Cheque / Debit Card / Credit Card / Others \_\_\_\_\_

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 Sompo General Insurance Company Limited' only.

**BANK DETAILS:**

As per the Regulatory requirements we can effect payment of refunds / claims. For this purpose please submit the following details of the Insured's Bank Account

Name of the Account holder \_\_\_\_\_  
 Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Type of Account: SB Account \_\_\_\_\_ Current Account \_\_\_\_\_ Others (please specify) \_\_\_\_\_  
 Account Number \_\_\_\_\_ IFSC Code of Bank \_\_\_\_\_

**AML Guidelines:**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide 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 case 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  International Organization  Cooperatives  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/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.
3. 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.
4. 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.
5. 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.
6. 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."
7. 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 Proposer

Do you have any e/A account No. Yes  No

e/A account No. \_\_\_\_\_  
If No. please fill the form attached with the PF

**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**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/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/responsibilities is/are contained in this Proposal Form including 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.

Licence No. (Advisor/Corporate Agent/Broker/Relationship Officer) \_\_\_\_\_

Date : \_\_\_\_\_ Place \_\_\_\_\_

Signature of Agent \_\_\_\_\_

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 Lakhs 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: DD/MM/YYYY

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.

Do you have e/A account No.: YES  No   
e/A account Number \_\_\_\_\_  
If No, please fill the form attached with the PF \_\_\_\_\_

**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 - 400710  
Toll Free No: 1800-200-5142 Fax No: 1800-200-9134, Landline Number: (022) 39635200

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