



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Registered and Corporate Office : Unit No. 401, 4th Floor, Sangam Complex, 127, Anaheri Kuria Road, Anaheri (East), Mumbai - 400 059,

Maharashtra. Fax# 022 - 29211844, Email : contactus@universalsampo.com

PROPOSAL FORM - TWO WHEELER LONG TERM PACKAGE POLICY

Instructions to the Applicant

- Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable
- Attach additional sheets if the space given is insufficient
- The queries made/details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose)

IMD Name _____ IMD code _____
 Sub IMD Name _____ Sub IMD code _____
 Contact Details _____ Branch _____

INSURED

Owner's (Proposer's) Full Name _____ Date of Birth ____/____/____
 Occupation / Business _____

ADDRESS FOR COMMUNICATION

Address Line 1 _____ Year of issuance of first driving license :
 Address Line 2 _____ Policy Period : 2 year 3 year
 City _____ State _____ Pin Code _____ Period of Insurance From ____ Time ____ Date ____
 Phone / Mobile No. _____ To Midnight of ____ Date ____
 E-mail _____

VEHICLE DETAILS

Registration No. _____ Date of Registration ____/____/____
 Engine No. _____ Year of Manufacture ____-____-____
 Chassis No. _____ Colour of the Vehicle _____
 Make of Vehicle _____ Cubic Capacity _____
 Model of Vehicle _____ Seating capacity including Driver _____
 Type of Body _____ Registering Authority and Location _____
 KMS as on date _____ Annual average kilometers _____
 Fuel Used Petrol Diesel LPG CNG ELECTRIC

VEHICLE USAGE DETAILS

Whether the vehicle is driven by non-conventional source of power?
 If "Yes", specify _____ Yes No
 Whether the vehicle is fitted with fiber glass tank?
 If "Yes", specify _____ Yes No
 Is the vehicle fitted with any Anti-theft device approved by the AARI?
 If "Yes", attach Certificate of Installation in the vehicle issued by AARI. Yes No
 Is the vehicle in good and working condition?
 If "No", specify _____ Yes No
 Vehicle is used for driving tuitions ? Yes No
 Extension of geographical area is required? If "Yes", select the country below?
 Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka Yes No
 Use of vehicle is limited to own premises?
 Vehicle belongs to Foreign Embassy / Consulate?
 Vehicle is designed for use of Blind/ Handicapped/ Mentally challenged persons and duly endorsed as such by RTA? Yes No
 The vehicle is parked in Own / Society premises at night? Yes No
 Vehicle is used for Commercial purposes? Yes No
 Are you a member of Automobile Association of India? If yes, please state
 A) Name of Association _____ Yes No
 B) Membership No. _____
 C) Date of Expiry ____/____/____
 Are you entitled to "No Claim Bonus" ? If "Yes", please submit proof there of (Renewal Notice / Copy of Expiring Policy) Yes No
 NCB % entitled _____
 Liability to Third Parties.
 The policy provides Third Party Property Damage (TPPD) OF Rs. 1lakh. Yes No
 Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only? Yes No
 In case if you opt for lower TPPD limits of Rs.6000/-, you shall be entitled for a discount of Rs.50/-) Yes No
 Do you wish to cover Legal Liability to? Yes No
 A) Driver (No. of persons _____) Yes No
 B) Other Employees (No. of persons _____) Yes No
 C) Unnamed Passengers (No. of persons _____) Yes No

Do you wish to include P.A. Pillion rider if "Yes", specify the number of persons as per seating capacity and Capital Sum Insured (CSI) opted. Yes No
 _____ No. of Persons _____ CSI (Each)

Do you wish to opt for higher deductible over and above the compulsory deductible Rs.2000/- for Two Wheelers. If "Yes", select the amount below Yes No
 For Two Wheeler Rs.500 Rs.750 Rs.1000 Rs.1500 Rs.3000

Personal Accident Cover for Owner Driver is compulsory in the Package Policy. Please Give Details of The Nomination.

Name of the Nominee and Age	Relationship	Name of the Appointee (if Nominee is a minor)	Relationship of the Nominee

Do you wish to include Personal Accident (P.A.) Cover for Named persons If "Yes", specify Name and Capital Sum Insured (CSI) opted for. The maximum CSI available per Person is Rs. 1 lakh Yes No

S. No.	Name	CSI	Nominee	Relationship
1.				
2.				

COVERAGE DETAILS						
Insured's Declared Value *Note						
Tenure	For the vehicle	Non - Electrical accessories	Electrical and Electronic accessories	For Side Car	Value of CNG/ LPG/Other Kit	Total IDV
1st Year						
2nd Year						
3rd Year						

Note :

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of the insurance and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and /or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is /are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and /or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note : IDV of obsolete models of vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

PREVIOUS HISTORY

Date of purchase of the vehicle by proposer _____

Vehicle at the time of purchase New Second Hand

Will the vehicle be used exclusively for _____

A. private, social, domestic, pleasure & professional purposes Yes No

B. carriage of goods other than samples or personal luggage Yes No

Is the vehicle in good condition? Yes No

If "No" please give full details- _____

Name of the previous insurer _____ Present condition of vehicles _____

Address _____

City _____ Pin code _____ State _____ Phone No. _____

Previous Policy No. _____

Period of Insurance _____

Type of Cover Liability Only package Policy Others (Specify) _____

Claims lodged during the preceding 3 years _____

Claim Year	Claim Number	Insurer	Amount Rs.

Has any insurance company ever declined the proposal? Yes No

If "Yes", specify reason _____

Has any insurance company ever cancelled & refused to renew? Yes No

If "Yes", specify reason _____

Has any insurance company ever imposed special condition or excess? Yes No

If "Yes", specify reason _____

The total Kilometers run by the vehicle: _____ kms

The approx. running done by the vehicle annually? _____ kms

Whether the vehicle is parked in own/Society premises at night? Yes /No

Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance :- Yes No

Under Hire Purchase Yes No

Under Lease Agreement Yes No

Under Hypothecation Agreement Yes No

b) If yes, give name and address of concerned parties _____

DRIVER DETAILS

Owner Driver

Age of Owner Driver _____

Driving licence no. _____

Expiry date _____

Details of Other Driver _____

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

Has either of the drivers ever been involved / convicted for causing any accident or lost? Yes No
If yes, specify details as under including the pending prosecution, if any?

Driver Name	Date of Accident	Circumstances of Accident	Loss / Costs Rs.

Driver Experience year _____

Any other relevant information _____

Payment Details:

Bank Account No. : _____

Bank Name : _____

Branch Name & Address : _____

Cheque / Instrument No. : _____

Date of Issue Amount Rs. : _____

Amount Rs. (in words) : _____

Sources of Funds: _____

Bank Account details: _____

Salary Business Other (Please Specify) _____

Bank Account No. : _____

Declaration by Insured

"I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately falling which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company, the policy shall be deemed cancelled ab-initio and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy."

"I/We agree to received, certificate of insurance cum policy schedule" only without endorsing the T & C of policy & I hereby authorised company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms & conditions of policy displayed on website. If I/We required the policy wordings, I/We shall/will write to the company separately.

Place _____

Date _____

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES 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.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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. 1800224030(NTNL)/18002004030(Relliance) Direct Nos.: 022 27639800(NTNL) 39133700(Relliance)/ Fax : 022 39171419

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