



**SARAL SURAKSHA BIMA, Universal Sampo General Insurance Company
PROPOSAL FORM**

Instructions for Filling up the Form:-

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.

• **For Office Use**

Inward No	Receipt No	Receipt date

• **Intermediary Details**

Intermediary Type	Intermediary Name	Intermediary Code	Intermediary Contact No

1. Proposer Details

Name of the Proposer			
Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
Date of Birth			
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Others <input type="checkbox"/>
Occupation	Salaried <input type="checkbox"/>	Self Employed <input type="checkbox"/>	
Annual Income			
Mobile No			
Unique Id card Type			
Id Card Number			
Email id			
USGI Employee	Yes / No	if yes, Employee id- _____	
Permanent Address			
Communication Address (if different from Above)			
Nationality			
Any Existing USGI Policy Details	Policy Number _____ Policy Period: From _____ To _____		

2. Insured Details

Sr No	Name of the Insured	Relationship with Proposer	Gender	DOB	Occupation Class	Annual Income	Any Existing disability / infirmity	Sum Insured



3. Nominee Details

Sr No	Insured Name	Nominee Name	Relationship with Insured	DOB /Age	% of Sum Insured

4. Policy Period

Policy Period From		Policy Period To	
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5. Coverage Details (Insured can select any or all Optional Covers)

Cover Details	Coverages
1. Base Cover	<input checked="" type="checkbox"/> Accidental Death
	<input checked="" type="checkbox"/> Permanent Total Disablement
	<input checked="" type="checkbox"/> Permanent Partial Disablement
2. Optional Covers	<input type="checkbox"/> Temporary Total Disablement
	<input type="checkbox"/> Hospitalisation Expenses due to Accident
	<input type="checkbox"/> Education Grant

6. Additional Information

01	Any other Accident Policy?[Including if covered under any Group Personal Accident Policy/Credit card schemes](If so, give name of each Company and Amount of Insurance.)	
02	Any other Accident Policy?[Including if covered under any Group Personal Accident Policy/Credit card schemes](If so, give name of each Company and Amount of Insurance.)	
03	Have you ever claimed/received compensation under any Accident Policy?(If yes, please furnish the details)	

7. Payment Details

Name of the Premium Payer	
Relationship with Proposer	
Premium Amount	
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Others
Source of Funds	Salary / Business / Others _____

Please make a Crossed Cheque/DD/Pay Order/Online transfers in favour of 'UNIVERSAL SOMPO General Insurance Company Limited' only.

8. Go Green

I would like to protect my environment and would like to help save paper by authorising Universal Sampo General Insurance Co Ltd to send all my Policy and service related communication to the email id as mentioned in this form.



9. Declaration

“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.

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. 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.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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.

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.”

Signature of the Proposer: _____

10. Agent 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/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 Officer):

Date:

Place:

Signature of Agent:_____



11. Vernacular Declaration

The Content of this form along with Product benefits, terms and conditions and Exclusions have been clearly explained by me in vernacular language to the Proposer who has understood and confirmed the same.

Signature and thumb impression of Proposer: _____

Name & Signature of Agent/intermediary : _____

12. Section 41 of Insurance Act 1938 (Prohibition of rebates)

a. 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.

b. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.

Insurance is Subject Matter of Solicitation.

For more details on Coverages, Exclusion, Policy Terms and condition please read Policy Document carefully before concluding a sale, "IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "IRDAI does not announce any bonus"; "Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number."
