



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.)

Regid. Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Toll free Fax No. 1800-200-9134, Email: contactus@universalsampo.com

PROPOSAL FORM FOR INDIVIDUAL ACCIDENT POLICY

Please submit separate forms for each individual. The proposal in case of dependent children may please be filed by the proposer.
(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1)	Agent/Broker Name	
2)	Agent/Broker Code	
3)	Name of the Insured (Policy to be issued in favour of)	
4)	Address of the proposer	
5)	Phone Number	
6)	Email id	
7)	Bank Account No. (Optional if desired by the proposer)	
8)		
	a) Profession, Occupation, Trade or Business (Please describe fully with nature of duties) b) Are you permanently engaged in Administrative function. c) Does your occupation requires you to engage in manual labour d) Do you engage in: i. Racing on wheels or Horseback ii. Big game hunting iii. Mountaineering iv. Winter sports, skiing or ice hockey v. Ballooning or polo or Sports of similar nature vi. Any other adventurous sports e) What is your average monthly income from i. Gainful Employment ii. Other sources iii. Total	<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 <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 Rs. _____ Rs. _____ Rs. _____
9)	Date of Birth (dd/mm/yyyy)	
10)	Height (in cms)	
11)	Weight (in kgs)	
12)	Identification Number a) PAN Card Number b) Driving License Number c) Aadhar Card Number d) Passport Number e) Any Other (please specify)	
13)	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

14)	Is this proposal for insurance in addition to:	
	a) 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Any other Employee Scheme (If so, give name of each company and Amount of Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15)	Has any Comapny i) Declined to issue a policy to you? ii) Declined to continue your Insurance? iii) Not invited the renewal or special conditions? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16)	Have you ever claimed/received compensation under any Accident Policy? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17)	Details of coverage opted by you: a) Capital Sum Insured (maximum liability) b) Nature of Policy Proposed c) Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only) d) Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only_** a) Basic Cover - covers against Death only b) Wider Cover - covers against Death, Permanent Total Disablement & Permanent Partial Disablement c) Comprehensive Cover-covers against Death, Permanent Total Disablement, Permanent Partial Disablement & Temporary Total Disablement	Rs..... ** Basic/Wider/Comprehensive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18)	Period of Insurance	From..... To.....
19)	Do you wish to cover your family members (spouse, children and dependent parents only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer to item 18 is 'yes' please furnish the following details and use separate proposal form for each adult person to be insured.		

Name of family members	Relationship with insured & Age	Profession or occupation	Annual Income	Type of cover & Capital Sum Insured		Additional Extension (applicable to comprehensive cover only)	
					CSI	Medical Expenses	Medical confinement Allowance

NOMINATION

I/We do HEREBY AGREE THAT THE MONIES PAYABLE BY THE Universal Sompo General Insurance Co. Ltd. in the event of my death to Shri / Smt / Kum
.. (Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this day of 2000 at

WITNESS:

1. Name & Address:

Signature/s

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 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.
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.

Dated at this day..... of 20

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

PROHIBITION OF REBATE - Section 41 of the 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 the whole 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 rebates 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 liable for a penalty which may extended to ten lakh rupees.

Proposer's Signature

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai – 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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