

**PROPOSAL FORM -
AAPAT SURAKSHA BIMA POLICY**

Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsampo.com

Intermediary Name, Contact No, Code & Email	Intermediary Sales Persons Name, Contact No & Code	Source Code/POS UID Aadhar No./PAN	Policy Issuing Office Address & Code
1) Name of the Insured (Policy to be issued in favor of) :			
2) Address of the Insured :			
3) Phone Number :			
4) Email :			
5) CKYC No.			
6) Bank Account No.[Optional if desired by the proposer] :			
7) Total number of Employees/Members to be covered			
8) Period of Insurance: Start Date (dd/mm/yyyy).			
Note: Please ensure that the policy date and time is on or after the date of payment of premium to us			
9) Period of Insurance: End date			

Place: _____

Date: _____

Signature of the Proposer

IMPORTANT: Universal Sampo General Insurance Co. Ltd will not be on risk until the Proposal form and the Insured personal details have been received by it and acceptance has been given to the proposer in writing on full receipt of premium.

INSURED PERSON DETAILS

(To be completed separately by each employee / Member of the Proposer)

1.	Name of the Inured Person	
2.	Address	
3.	Date of Birth and Age	
4.	Gender (Male / Female / Third Gender)	
5.	ABHA ID (Ayushman Bharat Health Account)	
6.	Profession/Occupation/Trade or Business (Please describe the nature of duties) and your monthly income	
7.	Does your occupation requires you to engage in manual labour?	
8.	Do you engage in? i) Racing on wheels or Horseback Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Big Game Hunting Yes <input type="checkbox"/> No <input type="checkbox"/> iii) Mountaineering Yes <input type="checkbox"/> No <input type="checkbox"/> iv) Winter sports, skiing or ice hockey Yes <input type="checkbox"/> No <input type="checkbox"/> v) Ballooning or polo or Sports of similar nature Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	Have you suffered or suffering from: (Full particulars must be given if answer is 'yes') a) Any physical defect or infirmity Yes <input type="checkbox"/> No <input type="checkbox"/> b) Gout or Arthritis or Diabetes, Paralysis Yes <input type="checkbox"/> No <input type="checkbox"/> c) Fits or any kind or any other chronic disease. Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	(a) Have you ever suffered from any of the diseases /illness particularly cancer, Renal Failure, coronary artery diseases, paralytic stroke, major organ transplant and major accident. If 'yes' Please give details : (b) Any complaints or tendency that may necessitate consultation or treatment in the future:	
11.	Name and address of your family doctor/ Medical Practioner? His qualification and Telephone No	

12.	Give particulars of any other illness or disease or accident or operation sustained by you in the last 3 years.			
	Nature of illness/injury/disease	Date first treated	Name of attending doctor and his address	Whether fully cured
13.	Have you ever proposed for Personal Accident/Health insurance? If yes please give the name of the Insurance Company and amount of insurance			
14.	Has any Company declined to issue insurance cover to you for Personal Accident/Health?			
15.	Have you ever claimed /received compensation under Accident/Health Policy? If so give details			
16.	Please indicate (A)Capital Sum Insured under PA cover and the coverage opted?			
	(B) The sum insured under Critical Illness cover :			

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 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.
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."

Place _____
Date _____

Signature of the Insured Person

Nomination

I/We,.....DO HEREBY AGREE THAT THE MONIES PAYABLE BY THE Universal Sampo 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 at: _____ this _____ day _____ of _____ 20 _____
WITNESS: * if the nominee is minor, please give the name, age and address of the guardian.
Name& Address:

Signature/s

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

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 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.
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.

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

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.

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