PROPOSAL FORM -
AROGYA SANJEEVANI POLICY, UNIVERSAL SOMPO GENERAL INSURANCE COMPANY

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

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@universalsompo.com

Instructions to fill the form

- Please answer all the questions in BLOCK letters tick in relevant boxes. Please note all details are mandatory and if any particular question is not applicable pls. state "N/A".
- This proposal shall form the basis of the insurance policy to be issued by us. Hence you are requested to disclose all facts pertaining to all the persons proposed for insurance with us, without omitting any particulars. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy
- The acceptance of this proposal shall be subject to the terms and conditions of this policy
- If more space is required to answer a question, please attach additional sheets.

For Office Use

Inward No.	Receipt No.	Receipt Date:

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

PROPOSAL DETAILS

Business Type: New ☐ Renewal ☐ Migration ☐ Portability ☐

PROPOSER'S DETAILS

Title: Mr. / Miss / Mrs. / M/s / others (if others, please specify) ☐☐☐☐☐☐☐☐

Name: _____
First Name Middle Name Last Name

Gender: Male ☐ Female ☐ Third Gender ☐ Date of Birth ☐☐☐☐☐☐☐☐ Nationality: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Marital Status: Single ☐ Married ☐ Others ☐

Correspondence Address: _____

District: _____

City/Town _____ **State:** _____ **Pin Code:** ☐☐☐☐☐☐

Mobile/ WhatsApp No: ☐☐☐☐☐☐☐☐☐☐

Permanent Address: _____

District: _____

City/Town _____ **State:** _____ **Pin Code:** ☐☐☐☐☐☐

Contact No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Email** _____

Occupation: Salaried ☐ Self Occupied ☐ Professional ☐ Others ☐ if others provide details _____

ID Proof Type: PAN ☐ Passport ☐ Driving License ☐ Voter's Card ☐ If others provide details _____

ID Proof No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **CKYC No.** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Confirmation for Issuance of e-Insurance Policy: E Insurance account no. _____ I would like to open E-Insurance account with _____ Insurance Repository.

POLICY DETAILS

Proposed Period of Insurance: Policy Start Date: ☐☐☐☐☐☐☐☐ Policy End Date: ☐☐☐☐☐☐☐☐

Type of Cover: Individual ☐ Family Floater ☐ **Sum Insured :** ☐☐☐☐☐☐☐☐☐

Premium Payment Frequency : Yearly ☐ Half yearly ☐ Quartely ☐ Monthly ☐

PROPOSED INSURED INFORMATION

Sr. No.	Name	Gender (M/F/TG*)	DOB (DD/MM/YYYY)	Pre-existing illness if any, Yes/No	Relationship with Proposer	Height (in cm)	Weight (in kg)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

ABHA ID (Ayushman Bharat Health Account)

* Third Gender

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

NOMINEE INFORMATION (Please provide details as per order mentioned in Proposed Insured Information)

Sr. No.	Nominee Name	Relationship with Nominee with Insured	Nominee DOB	Appointee Name if nominee is minor	Relationship with Proposer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

MEDICAL INFORMATION (Please provide details as per order mentioned in Proposed Insured Information)

Insured member	**Question 1** Any nervous, mental or psychiatric disease or sickness?	**Question 2** Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode, blackout, fit) of any kind.	**Question 3** Heart disease, including ischaemic heart disease, Diabetes/raised blood sugar, High blood pressure / Hypertension, Circulatory disorders,Urinary disease ?	**Question 4** Fistula, piles, hernia, varicose veins, any boil, cyst or wound which doesnot heal or improve despite treatment?	**Question 5** Any disorders of Eyes or dimness of vision, cataract etc. Any disorder of ears or difficulty or interference with hearing. Any disorder of Nose or Throat, Gland disorder such as Thyroid, Blood disorder or disorder of Reproductive system, Disease of Uterus, Ovaries or breast or any specific Gynecological disorders?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Insured member	**Question 6** Cancer or malignant growth, Any respiratory or Allergic diseases, Disease of kidney, Liver, Stomach, Ulcer, Bowel or Gall Bladder, Kidney stones, Intestine, Brain disorder, Lung disorder, any disease of the bones, joint disorder including rheumatic disease, Rheumatic fever, Congenital/ Birth defect, Physical deformity, or HIV/AIDS?	**Question 7** Any Past Instance of non-acceptance of your health or life insurance proposal by any of the insurer.	**Question 8** Any other information relevant to your medical conditions?
1			
2			
3			
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Additional Information: If any of the Insured members answered yes in any of the above question, please furnish below details:

Refer Question No.	Name of the Insured this related to	Symptoms/ Conditions/ diagnosis	Date of Onset	Frequency and Severity of Symptoms	Date of last episode/ symptom	Details of any past or current meditation or treatment	Current Status (Fully recovered /ongoing)	Name of Family Doctor/ Hospital Name Contact no. and Address

EXISTING/PREVIOUS INSURANCE DETAILS

Do you want Us to consider these details for portability? Yes ☐ No ☐

Details of existing health insurance policy/previous health insurance policy/ other insurance like Mediclaim, Critical Illness Policy or any other medical Insurance policy(please attach a photocopy) and provide below details.

Name of Insured Members	Policy No.	Name and Address of Insurance Co.	Sum Insured	Period of Insurance		No Claim Bonus %	First Policy Inception date	Claims Received / Receivables (Rs.)	Claimed for (Nature of Problems)
				From DD/MM/YY	To DD/MM/YY				

Date of first coverage which has since been renewed continuously without break or within grace period: ____________________

PAYMENT DETAIL

Name of the Premium Payer: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship to Proposer: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mode of Payment: Cash ☐ Cheque ☐ Debit/Credit Card ☐ DD ☐ Other ☐

Instrument	Bank Details	Instrument Date	Amount in INR

Sources of funds: Salary/Business/Other pleasespecify:

Please make a crossed Cheque /DD/Pay order in favor of "Universal Sompo General Insurance Company Limited"

*PAN Card copy in Mandatory for premium of premium of 50,000 and above mentioned in Cash/DD or 1,00,000 and above by Cheque/Credit/Debit Card payment to be collected only from Proposer's card/Bank Account.

☐ **AML GUIDELINES**

1. I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/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 the sources of funds.
3. The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.
4. Nationality: ☐ Indian ☐ Non-Indian
5. If Non-Indian, please specify the country _____
6. PAN Card Number _____
7. Any other _____

DEBIT AUTHORIZATION FOR CURRENT & FUTURE RENEWAL PREMIUMS

I hereby authorize Bank to debit my account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ with the bank of Rs. _____ towards first premium for availing the said Universal Sompo Health Insurance Cover.

☐ I hereby request and authorize the Bank to debit my account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ on the yearly due dates with the applicable renewal premium.

☐ **DECLARATION**

1. I 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 further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Date: ☐☐☐☐☐☐☐☐ **Signature of the Proposer** _____

Place : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Name of the Proposer** _____

VERNACULAR DECLARATION

Certification in case of the proposer has signed in vernacular (to be witnesses 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 Proposer: _____ **Name of Witness:** _____

Signature of Witness: _____

Date: _____ **Place:** _____

AGENT'S DECLARATION

I, _____ 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 _____

☐ Go Green

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

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT 1938

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 liable for a penalty which may extend to Ten Lakh rupees.

Acknowledgement-Customer Copy

Received from Ms./Mrs./Mr._____ a sum of Rs._____ Through Cheque/DD _____ against your proposal for Arogya Sanjeevani Policy- Universal Sompo General Insurance Company.

Signature of Universal Sompo General Insurance Company Limited Official / Intermediary _____

Date _____ Signature _____

Universal Sompo General Insurance Company Limited Official/Intermediary Name: _____

Time: _____ Place: _____

Universal Sompo 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 I Tel No.: 022 41690888/41690999

CIN# U66010MH2007PLC166770, URN : USGIHP068

Version No : USGI1148_H003

Arogya Sanjeevani Policy, Universal Sompo General Insurance Company UIN: UNIHLIP20171V011920 IRDAI Reg No : 134