PROPOSAL FORM -
K BANK HEALTHCARE PLUS POLICY

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai, Maharashtra, India. 400093
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.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

☐ 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.

Branch Code: Branch Name:
Region Code: A/C Type: A/C No:
Current Membership No: Old Membership No:
(To be mentioned if renewal through different Branch
Name of USGI BA: Name of USGI BA:
Name of Marketing Manager of Karnataka Bank:

PROPOSAL DETAILS

Name of the Proposer: First Name Middle Name Last Name
Permanent Address:
City / Taluka: District: State: Pin Code:
Communication Address:
City / Taluka: District: State: Pin Code:
Phone No: Mobile No:
Date of Birth: DD/MM/YYYY Gender: Male ☐ Female ☐ Third Gender ☐
E-Mail ID:
Occupation: Yearly Income (in Rs.):
ID Proof Type: ☐ Pan ☐ Passport ☐ Driving License ☐ Voter's Card ☐ Others Details
My CKYC No (Central Know Your Customer Registry Number) is (If available):
E- Account Opening : Do you have eIA account? If Yes, Account details
I would like to apply for eIA with : Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

INSURANCE DETAILS

Sum Insured (Rs.): No of dependents to be covered:
Policy Period : Policy Start Date DD/MM/YYYY Policy End Date: DD/MM/YYYY
Do You wish to avail Personal Accident rider: ☐ Yes ☐ No Plan ☐ A ☐ B ☐ New Policy ☐ Renewal
If renewal, the Previous Policy No.:
Tpa Id No.: Tpa Name:
Are you/dependents presently covered under any Health Insurance Policy? ☐ Yes ☐ No
If yes, Please provide name of the Insurance Company and Policy Number:

Sr No	Insured Name	Gender (M/F/TG*)	DOB	Relation	Height/ Weight	Nominee Name	Relation with Nominee

*Third Gender

ABHA ID (Ayushman Bharat Health Account)

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

MEDICAL HISTORY

S.No.	Details	Proposer	Spouse	Child I	Child 2	Father	Mother
1	Are you sufferering from any disease or physical infirmity						
2	Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form?						
3	During the last 4 yrs and before, have any of the proposed insured, consulted any physician for any treatment or medical investigation or surgical procedure, accident or been hospitalised for any disorder?						

Are there any addition facts or matters, medical or otherwise, affecting or relevant to the proposed insurance? ☐ Yes ☐ No
Attach separate sheet if required

Name of Family Doctor or
Address of the Doctor
Contact Number

Please give details of nomination:

Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

TYPE OF ORGANIZATION

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
Trust ☐ Partnership ☐ International Organizatoin ☐ Cooperative ☐ Section 25 Company ☐

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/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 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 / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Date : _____ Signature of the Proposer: _____
Place : _____ Name of Proposer : _____

AML guidelines ☐
1. I / we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons ** nor are their close relatives /family members/associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
**"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

CKYC Declarations ☐
I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

☐ 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: DD/MM/YYYY Place : Signature of Agent _____

Note: In the first year with USGICL fresh application to be given for both fresh proposals and renewals. We suggest that you should renew well before the Due date for continuity of coverage.

Name of the Proposer: Date: DD/MM/YYYY Place:

Details of Premium Paid: Amount Paid: Date Paid: DD/MM/YYYY Transaction No.:

Seal and Signature of the Signatory of Karnataka Bank

Signature of the Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. 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.

2 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

Universal Sompo General Insurance Co. Ltd.

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