PROPOSAL FORM -CORONA KAVACH POLICY, UNIVERSAL SOMPO GENERAL INSURANCE COMPANY



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

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: Marrital Status: Single Married Others Correspondence Address: District: City/Town State: Pin Code: District: City/Town State: Pin Code: District: City/Town State: Pin Code: District: Contact No. Default Status: If others provide details Doccupation: Salaried Self Occupied Professional Others if others provide details ID Proof Type: PAN Passport Driving License Voter's Card If other details ID Proof No. Annual Income : GSTIN No: CKYC No. Default Survance of e-Insurance Policy: E Insurance account no. I would like to open E-Insurance account with Insurance Repository.		
Intermediary Name, Contact No, Code & Email 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: Nationality:		
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Marital Status: Single		
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Confirmation for Issuance of e-Insurance Policy: E Insurance account no I would like to open E-Insurance account with Insurance Repository. POLICY DETAILS		
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POLICY DETAILS		
Proposed Period of Insurance: 3 ½ Months 6 ½ Months 9 ½ Months		
Policy Start Date: Policy End Date:		
Type of Cover: Individual Family Floater		
Proposed Covid Hospitalization Cover (Basic Cover)Sum Insured (Rs.50, 000 to 5 lakhs in multiples of 50,000):		
Hospital Cash Cover (Optional): Yes No		
PROPOSED INSURED INFORMATION		
Sr. Name Gender Date Pre-existing Relationship Do you have any other policy Height Weight No. of illness with covering novel Coronavirus (in cms) (in kg)		
Birth if any, Proposer issued by the company.		
If yes please mention		
the policy number and Product name		
5		
6		
*Third Gende		
ABHA ID (Ayushman Bharat Health Account) Insured I Insured 2 Insured 3 Insured 4 Insured 5 Insured 6		
misured 5 misured 5 misured 5 misured 5		
NOMINEE INFORMATION (Please provide details as per order mentioned in Proposed Insured Information)		
Sr. Nominee Name Relationship with Nominee Appointee Name if Relationship with		
No. Nominee with Insured DOB nominee is minor Proposer		

4 5 6

UIN: UNIHLIP21102V012021

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 please spe	ecify
Debit Authorization for Current & Future Renewal Premiums	·
I hereby authorize bank to debit my account number towards first premium for availing the said Universal Sompo He	with the bank for Rs
I hereby request and authorize the bank to debit my account	
applicable renewal premium.	, , , , , , , , , , , , , , , , , , , ,
AML GUIDELINES	
 I/We hereby confirm that all premiums have/will be paid from to to any of the offence listed in prevention of Money Laundering 	pona fide sources and no premium have/will be paid out of proceeds of crime related
 I understand that the company has the right to call for documer 	
. ,	ontract 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	
4. Nationality: Indian Non-Indian	
5. If Non-Indian, please specify the country	
6. PAN Card Number	
7. Any other	
DECLARATION	
	posed to be insured, that the above statements, answers and/or particulars given by
·	wledge 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 the insurance Company and that the Policy will come into force	e basis of the insurance Policy, is subject to the Board approved underwriting Policy of e only after full receipt of the premium chargeable.
· ·	ig in the occupation or general health of the life to be insured/proposer after the
4. I declare that I consent to the company seeking medical information	ation from any doctor or hospital who/which at any time has attended on the person
	concerning anything which affects the physical or mental health of the person to be
made for the purpose of underwriting the proposal and/or clair	whom an application for insurance on the person to be insured /proposer has been n 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	n 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 vernacular)	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	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	
lin m	ny capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorisec
employee of the Broker/Relationship Officer, do hereby declare that	at I have explained all the contents of this Proposal Form, including the nature of the
	tatement(s), information and response(s) submitted by him/her in this Proposal Form to asis of the Contract of Insurance between the Company and the Proposer, if this Proposa
is accepted by the Company for issuance of the Policy. I have further e	explained that if any untrue statement(s)/ information/response(s) is/are contained in this
	ssions, furnished/to be furnished, the Company shall have the right to vary the benefit: sure 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 unde	er the Policy may be forfeited to the company.
License No(Advisor/Corporate Agent/ Broker/Relationship Officer):	
Date: Place :	Signature of Agent
PROHIBITION OF REBATES - SECTION 41 OF THE INSURA	ANCE ACT 1938
	ctly as an inducement to any person to take out or renew or continue an insurance in
	any rebate of whole or part of the commission payable or any rebate of the premium or continuing a policy accept any rebate except such rebate as may be allowed in
accordance with the published prospectuses or tables of the Ins	surer.
2. Any person making default in complying with the provisions of t	this section shall be liable for a penalty which may extend to ten lakh rupees.
Acknowledgement-Customer Copy	
	•
Cheque/DD against your proposa	a sum of Rs Through al for Corona Kavach Policy- Universal Sompo General Insurance Company.
	Official / Intermediary
Date	Signature
Go Green	•
I would like to protect my environment and would like to help save paper by authorising Universal Sompo G	General Insurance Co Ltd to send all my Policy and service related communication to the email id as mentioned in this form