

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 specify _____

Debit Authorization for Current & Future Renewal Premiums

I hereby authorize bank to debit my account number with the bank for 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.

AML GUIDELINES

- 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.
- I understand that the company has the right to call for documents to establish the sources of funds.
- 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 statutes, directly or indirectly governing the prevention of money laundering in India.
- Nationality: Indian Non-Indian
- If Non-Indian, please specify the country _____
- PAN Card Number _____
- Any other _____

DECLARATION

- 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.
- 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 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.
- 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.
- 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 _____

PROHIBITION OF REBATES - 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 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.
- 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 Corona Rakshak Policy- Universal Sompo General Insurance Company.

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

Date _____ Signature _____

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

Universal Sompo General Insuran

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 Document 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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