PROPOSAL FORM - HOSPITAL CASH INSURANCE

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

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

Instructions for Filling up the Form:-
I. Please answer all questions in BLOCK letters . II. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid. III. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.

1. Name of the Proposer: _____

2. Permanent Address: _____

_____

3. Communication Address (if different from Above) _____

_____

4. Phone Number: _____ Email Address: _____

5. Date of Birth : _____ Gender : M ☐ F ☐ Third Gender ☐ Martial Status : S ☐ M ☐ Others _____

6. Identification Proof Number: Please tick Driving License No ☐ Aadhar Card No ☐ Pan Card No ☐ Passport No ☐

Any Other (Specify) : _____

PAN card/ Form 60 (Mandatory): _____ Aadhar card Number (Mandatory): _____

CKYC No.: _____

7. Occupation : _____ Annual Salary : _____

8. Do you wish to cover your family members in the Policy? Yes ☐ No ☐

If yes, please provide details in the format as per below.

Sr. No.	Name of the Family Members	Relationship with you	Gender (M/F/TG*)	DOB	Name of PEDs, if any	Name of Nominee	Relationship with Nominee

*Third Gender

ABHA ID (Ayushman Bharat Health Account)

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

9. Please provide details of pre-existing disease/ illness/ condition suffered by you or your family member (if any): _____

_____

10. Please provide details of Hereditary Diseases (if any) /Family Medical History : _____

_____

Sr. No.	Questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Have any infirmity/sickness or any medical complaint	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
2.	Have suffered from any one of the following						
a.	Any nervous, mental or psychiatric disease or sickness	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
b.	Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode blackout, fit) of any kind	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
c.	High blood pressure, heart disease, including ischemic heart disease, other circulatory disorders	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
d.	Fistula, piles, hernia, varicose, veins	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
e.	Any disease of the bones on joint including rheumatic disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
f.	Disease of uterus, ovaries or breast or any specific gynecological disorders	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
g.	Any respiratory or allergic disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
h.	Any disorder of the stomach, ulcer, bowel or gallbladder, kidney stones	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
i.	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
j.	Any complaint or tendency that may necessitate such consultation or treatment in the future	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
k.	Any dimness of vision /cataract	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
l.	Any disease of ears or difficulty or interference with hearing	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
m.	Diabetes or any urinary disease	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
n.	Rheumatic fever	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
o.	Any cancer or malignant growth	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐
p.	Any boil, cyst or wound which does not heal or improve despite treatment	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐	☐Y/N☐

11. Claims experience for a minimum period of three years

Month/ year	Insurer	Premium Paid	Incurred Claims (reserved+ outstanding)

12. Has any Company
a. Declined to issue a policy to you? Y ☐ N☐
b. Declined to continue your Insurance? Y ☐ N☐
c. Not invited the renewal of your Policy? Y ☐ N☐
d. Imposed any restriction of special conditions? Y ☐ N☐
If so, please give name and address of each Company in respect of a, b, c, d above

13. Is this Insurance to be additional to any other Accidental Policy or Medical health insurance? Y☐ N☐
If so give particulars of all other policies
a. Name and address of Company:_____
b. Number of persons covered under the Policy:_____
c. Benefits under the Policy:_____
d. Sum Insured:_____
e. Policy Number:_____

DETAILS OF THE RISK

14. Policy Period: (DDMMYYYY)
Policy Start Date : ☐☐☐☐☐☐☐☐ Policy End Date: ☐☐☐☐☐☐☐☐

15. Please indicate sum Insured under the Policy for following sections

a. Hospital Cash Amount of Daily Allowance

Option I ☐	Option II ☐	Option III ☐	Option IV ☐	Option V ☐	Option VI ☐
Rs. 500/- per day	Rs. 1000/- per day	Rs. 1500/- per day	Rs. 2000/- per day	Rs. 2500/- per day	Rs. 3000/- per day

b. Number of days cover required for :
15 days ☐ 30 days ☐ 45 days ☐ 60 days ☐ 90 days ☐ 180 days ☐

16. Premium Details
Basic Premium: (Rs) ☐☐☐☐☐☐☐☐
Less: Discount (if any): (Rs) ☐☐☐☐☐☐☐☐
Net Premium: (Rs) ☐☐☐☐☐☐☐☐
Add: Service Tax* and Education CESS (as applicable): (Rs) ☐☐☐☐☐☐☐☐
Total payable premium: (Rs) ☐☐☐☐☐☐☐☐
*** GST is subject to change as per change in Tax Laws**

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.

☐ 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.
5. 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 auth
6. I/We have understood the purpose of Aadhaar authentication and hereby state that I/We have no objection in providing my Aadhaar Details.

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

Place _____ Name 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 out or renew or continue an Insurance in respect of any kind or risk relating to lives or property in India, any rebate of the 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 prospectus 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 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 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

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