

**PROPOSAL FORM -
INDIVIDUAL ACCIDENT POLICY**



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@universalsampo.com

Please submit separate forms for each individual. The proposal in case of dependent children may please be filled in by the proposer
(The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid)

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
1) Name of the Insured (Policy to be issued in favor of) :			
2) Address of the Insured :			
3) Gender : (Male/Female/Third Gender)			
4) Phone Number :			
5) Email :			
6) Bank Account No.[Optional if desired by the proposer] :			
7) a) Profession; Occupation, Trade or Business: (Please describe fully with nature of duties) :			
b) Are you primarily engaged in Administrative function? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c) Does your occupation requires you to engage in manual labour.			
d) Do you engage in:			
i) Racing on wheels or Horseback Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Big Game Hunting Yes <input type="checkbox"/> No <input type="checkbox"/>			
iii) Mountaineering Yes <input type="checkbox"/> No <input type="checkbox"/> iv) Winter sports, skiing or ice hockey Yes <input type="checkbox"/> No <input type="checkbox"/>			
v) Ballooning or polo or Sports of similar nature Yes <input type="checkbox"/> No <input type="checkbox"/> vi) Any other adventurous sports Yes <input type="checkbox"/> No <input type="checkbox"/>			
e) What is your average monthly income from :			
Gainful Employment (Rs.) _____			
Other Sources (Rs.) _____			
Total (Rs.) _____			
8) Date of Birth (dd/mm/yyyy) :			
9) Height (in cms) : _____ Weight (in kgs) : _____			
10) Identification Number : _____ a) PAN Card Number : _____ b) Driving License No : _____			
c) Aadhar Card No : _____ d) Passport No : _____ e) Any Other (Please Specify) : _____			
11) CKYC No : _____			
12) Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries)			
a) Any physical defect or infirmity Yes <input type="checkbox"/> No <input type="checkbox"/> b) Gout or Arthritis or Diabetes, Paralysis Yes <input type="checkbox"/> No <input type="checkbox"/>			
c) Fits or any kind or any other chronic disease. Yes <input type="checkbox"/> No <input type="checkbox"/> d) Any other disability Yes <input type="checkbox"/> No <input type="checkbox"/>			
13) Is this proposal for insurance in addition to:			
a) Any other Accident Policy?[Including if covered under any Group Personal Accident Policy/Credit card schemes](If so, give name of each Company and Amount of Insurance.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
b) Any other Employee Scheme (If so, give name of each Company and Amount of Insurance.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
14) Has any Company :			
i) Declined to issue a policy to you? Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Declined to continue your Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
iii) Not invited the renewal of your Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
iv) Imposed any restriction or special conditions? (If yes, please furnish the details) Yes <input type="checkbox"/> No <input type="checkbox"/>			
15) Have you ever claimed/received compensation under any Accident Policy?(If yes, please furnish the details) Yes <input type="checkbox"/> No <input type="checkbox"/>			
16) Details of coverage opted by you:			
a) Capital Sum Insured (maximum liability) : Rs. _____			
b) Nature of Policy Proposed : ** Basic <input type="checkbox"/> Wider <input type="checkbox"/> Comprehensive <input type="checkbox"/>			
c) Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only) Yes <input type="checkbox"/> No <input type="checkbox"/>			
d) Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only) Yes <input type="checkbox"/> No <input type="checkbox"/>			
** a) Basic Cover—covers against Death only			
b) Wider Cover—covers against Death, Permanent Total Disablement & Permanent Partial Disablement.			
c) Comprehensive Cover—covers against Death, Permanent Total Disablement , Permanent Partial Disablement & Temporary Total Disablement			
17) Period of Insurance : From _____ To _____			
18) Do you wish to cover your family members (spouse, children and dependent parents only)? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If answer to item 17 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

Name of the Family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover& Capital Sum Insured	Additional Extension (applicable to comprehensive cover only)	
					Medical Expenses	Medical confinement Allowance

ABHA ID (Ayushman Bharat Health Account)

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

Please give details of nomination:

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

Nomination

I/We,.....DO HEREBY AGREE THAT THE MONIES PAYABLE BY THE Universal Sampo General Insurance Co. Ltd, in the event of my death to Shri / Smt / Kum(Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated at: _____ this _____ day _____ of _____ 20 _____

WITNESS:

Name & Address: _____

Signature/s

Premium Details & Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Premium Amount Rs. _____	Amount (In Words): _____
For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)	
Name of the Account Holder: _____	Instrument Amount (Rs) : _____
Instrument No.: _____	Bank A/C No.: _____
Instrument Date: _____	Bank Name and Branch: _____
IFSC Code : _____	UPI Id : _____
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Debit / Credit Card No: _____	Expiry Date: _____
Fund Transfer/Wallet : _____ Name of Bank/Wallet _____	Transaction No. _____
PAN Number : _____	TAN Number : _____

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

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 Sampo 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 authority."

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

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

Go Green

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

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Sampo 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
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