

**PROPOSAL FORM -
JANATA PERSONAL ACCIDENT INSURANCE**



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	

Annexure III

The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid.

1) Name of the Proposer (Policy to be issued in favor of)	First Name	Middle Name	Last Name
2) Address of the Proposer			
3) Phone Number			
4) Email id			
5) Gender (Male / Female / Third Gender)			
6) CKYC No.			
7) Bank Account No. [Optional if desired by the proposer]			
8) AML details: a. Copy of MOU/AOA			
b. Registration Number			
9) (a) Profession; Occupation, Trade or Business of the Proposer:(Please describe fully with nature of activities)			
(b) Does Your occupation require the employees / members to be engaged in manual labour? (c) Do the employee(s)/ members engage in:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
i) Racing on wheels or Horseback	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ii) Big game hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii) Mountaineering	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iv) Winter sports, skiing or ice hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No		
v) Ballooning or polo or Sports of similar nature	<input type="checkbox"/> Yes <input type="checkbox"/> No		
vi) Any other adventurous sports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10) Is this proposal for insurance to Your employees / members in addition to:			
a. Any other Personal Accident Policy / Life Insurance (If so, give name of the Insurance Company and Amount of Insurance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Any other Employee Scheme (If so, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11) Has any Company			
i. Declined to issue a Policy to You?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ii. Declined to continue Your Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii. Not invited the renewal of Your groups' Personal Accident Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
iv. Imposed any restriction or special conditions? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12) Would you like to avail of Off-Duty / On-Duty Cover? If yes, please indicate which one	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13) Period Of Insurance	From..... To.....		

14) Please attach a separate list of employees/members You wish to cover in either of the following format
Format A: (normal format)

Name of the Employee /Member	Salary Roll No./ Identification No	Age	Occupation	Capital Sum Insured in Rs.	Name of the Assignee

Format B:

Category of the employees	Occupation	Number	Number in each Age bracket from age of 20 years increasing multiples of 10	Capital Sum Insured in Rs. (per capita)	Total Capital Sum Insured in Rs.

ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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Please give details of nomination:

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

Payment Details:

Payment Option : Cheque Demand Draft Fund Transfer Pay Order Debit Card Credit Card

Premium Amount Rs. Amount (In Words):

For Cheque/DD/PO (Payable in favour of Universal Sompo 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 : <input type="text"/> 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 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

- 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."

Place :

Date :

Signature of the Proposer

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

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.

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 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents 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.

CIN: U66010MH2007PLC166770, URN: USGIHP054