

**PROPOSAL FORM -
LOAN SECURE INSURANCE 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

Instructions to fill the form

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at Our option, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf. 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

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

Note : The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

IMD Name : _____

IMD Code : _____

Sub IMD Name : _____

Sub IMD Code : _____

Forwarding Date	Cheque/ Transaction Date	Cheque/ Transaction ID Amt.
Bank Name	Cheque/ Transaction ID No	Branch Name (USGI)
Hypothecation		
Name of SP	Name of BA	
Applicant - I		Applicant - II (if applicable)
Name Mr/ Mrs/Ms (IN CAPITAL) :		
Applicant Status :		Co Borrower
Relationship between both applicants		
Name Mr/ Mrs/Ms (IN CAPITAL) :		
Applicant Status :		Co Borrower

Address for correspondence : _____

Contact Details :
 Phone (O) : _____ Phone (R) : _____
 Mobile : _____ Email : _____

Date of Birth :

Gender : M F Third Gender

Occupation : Salaried Self Employed Other Specify _____

Confirmation for Issuance of e-Insurance Policy: E Insurance account no. _____ I would like to open E-Insurance account with _____ Insurance Repository.
 PAN No./Form 60 _____ Aadhar Card No. _____
 CKYC No.: _____

ABHA ID (Ayushman Bharat Health Account)

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

NOMINEE DETAILS
 In the event of death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be Proposer.

Nominee Name	Relationship	Nominee Address	Nominee DOB

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor

Assignee Name	Relationship	Address of the Assignee

Amount of Loan Sanctioned : Rs. _____ Date of Loan Sanctioned : _____

Loan Account Number : _____ Loan Disbursal Date : _____

Tenure of Loan : _____ Years

Policy Sum Insured : Rs. _____ (To be equal to loan amount - Fixed or Reducing Balance)

Type of Policy : Fixed Sum Insured Reducing Sum Insured Tenure of Policy _____ Years

Period of Insurance : From _____ To _____

Premium Amount : Rs. _____

Applicant - I - I declare Pre-existing Illness (if any):
 Details of previous/existing Insurance policy(s) covering Critical Illness
 a. Insurance Company : _____ b. Policy No: _____
 c. Sum Insured: _____ d. Policy Period Form: _____ To: _____
 Claims (if any): _____

Applicant - II - I declare Pre-existing Illness (if any):
 Details of previous/existing Insurance policy(s) covering Critical Illness
 a. Insurance Company : _____ b. Policy No: _____
 c. Sum Insured: _____ d. Policy Period Form: _____ To: _____
 Claims (if any): _____

SCOPE OF COVER

Type of Cover	Sum Insured Rs.
I. (a) Major Medical Illness and Procedures (Compulsory) (b) Insurance Plan Chosen (No. of Major Illness & Procedures.)	_____ Silver Plan(9) Gold Plan(12) Platinum Plan(15) Diamond Plan(18)
II. Personal Accident	_____ (Not to exceed above limit)
III. Loss of Employment of Insured Person (Limited to total of 3 EMI*)	_____ (Mention current EMI)
IV. Fire and Allied Perils	Address of occupancy/ Risk Location:-
a - Structure (Not to exceed loan amount)	
b - Content (upto 40% of loan amount)	
**Earthquake cover	
**Terrorism	_____ No

**Please Note:- Additional Premium required for Earthquake & terrorism
 * Benefit III. – Loss of employment cover of insured person is available for Salaried Employees only.

Please give details of nomination:

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

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 Somp 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 Somp 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 Declaration:

1.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, 2002.2.I understand that the company has the right to call for documents to establish the sources of funds.

3.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.4.Nationality: Indian Non-Indian

If Non-Indian, please specify the country_____

Declaration - Applicant I	Declaration - Applicant II
<p>I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Major Medical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions:</p> <ol style="list-style-type: none"> Stroke (including Transient Ischemic Attack) Hepatitis B or C Alcoholism Drug Abuse Cancer (other than skin cancer) Skin Cancer (2 or more occurrences) Melanoma Abnormal Kidney Functions Alzheimer's or Senile Dementia Recurrent Human Papilloma virus (HPV) or Sexually Transmitted Disease (within the past 5 years) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus infection (symptomatic or asymptomatic) or any AIDS related condition Any Disease or Disorder of the Nervous System Heart Attack <p>I authorise the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I will not hold the Company and their agents liable for use of this information.</p> <p>I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this Policy.</p> <p>I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company.</p> <p>I agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.</p> <p>I hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.</p>	<p>I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Major Medical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions:</p> <ol style="list-style-type: none"> Stroke (including Transient Ischemic Attack) Hepatitis B or C Alcoholism Drug Abuse Cancer (other than skin cancer) Skin Cancer (2 or more occurrences) Melanoma Abnormal Kidney Functions Alzheimer's or Senile Dementia Recurrent Human Papilloma virus (HPV) or Sexually Transmitted Disease (within the past 5 years) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus infection (symptomatic or asymptomatic) or any AIDS related condition Any Disease or Disorder of the Nervous System Heart Attack <p>I authorise the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I will not hold the Company and their agents liable for use of this information.</p> <p>I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this Policy.</p> <p>I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company.</p> <p>I agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.</p> <p>I hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.</p>
Applicant - I	Applicant - II
Place: _____ Signature: _____	Place: _____ Signature: _____
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name: _____	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name: _____

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 Somp General Insurance Co Ltd to send all my Policy and service related communication to the email id as mentioned in this form

Universal Somp General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Bealpur 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 invest 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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