

**PROPOSAL FORM -  
LOSS OF LICENSE 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@universalsompo.com

Proposal No:		Policy No:	
Intermediary Name, Contact No, Code & Email Id			
Intermediary Sales Person's Name, Contact No & Code			
Source Code / POS UID Aadhar No./PAN			
Policy Issuing Office Address & Code			
A.	First Name of Insured Crew Member :		
	Surname:		
	Address:		
	Address Proof	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>	
	CKYC No		
<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.			
Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>			
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")			
	Date of Birth:		
	Occupation:	Flight Category:	
		Captain/Pilot:	
		First/Second Offer:	
		Navigation Officer:	
		Radio Officer:	
		Flight Engineer/Instructor/ Glider Instructor	
		(delete whichever is inappropriate)	
	What is your present total remuneration from your above stated occupation?		
B.	Name and address of present Employer:		
	If freelancer state: -		
	Type of Employment anticipated and all remunerated occupation:		
	Type of flying during past 2 years e.g. Air Line, Crop-spraying, Helicopter etc		
C.	Type and number of license:		
	By whom granted?		
	Date of Issue:		
	Date of last renewal:		
(This must not be confused with the date of last medical examination of such renewal. The date of actual renewal must be given)			
D.	State whether or not you already have a Loss of License Insurance Policy, (State "Yes" or "No". If Yes, state: -		
	a. With which Insurance Company?		
	b. For what amount?		
	c. Date of expiry of the Insurance:		
	d. Particulars of Insurance required:		
E.	Particulars Of Insurance Required		
	a) Sum Insured		
	b) Period of Insurance?	From	To

NOTE: This insurance may be invalidated by the existence of another Loss of License insurance unless prior agreement is obtained from the "Universal Sompo General Insurance Co. Ltd."

**Payment 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 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 : 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.

 **AML Declaration:**

<p><b>AML Guidelines:</b></p> <p>1.I/We hereby confirm that all premiums have/will be paid from bonafide 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.</p> <p>2.I understand that the company has the right to call for documents to establish the sources of funds.</p> <p>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 statues, directly or indirectly governing the prevention of money laundering in India.</p> <p>4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/></p> <p>If Non-Indian, please specify the country_____</p>
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**Declaration**

I hereby declare that to the best of my knowledge I have not sustained any personal injury whatsoever and I am not at the present time and have not been at any time afflicted any illness whatsoever (including temporary or otherwise of my physical aural or eye condition) except as detailed below: -

I further declare that the certificate of validity forming part of my above mentioned License has never been invalidated for any period, except as stated below: -

I warrant that the above statements and particulars are true and thereby agree that this Declaration shall be held to be promissory and shall form the basis of the contract between me and Universal Sompo General Insurance Co. Ltd. and I am willing to accept a policy subject to the terms, exceptions and condition prescribed by the Company therein, and to pay the premium thereon.

DATE:

PROPOSER'S SIGNATURE:

 **Declaration**

<p>1. I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.</p> <p>2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.</p> <p>3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.</p> <p>4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.</p> <p>5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.</p> <p>6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".</p> <p>7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (<a href="http://www.universalsompo.com">www.universalsompo.com</a>).</p> <p>8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".</p> <p>9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.</p> <p>10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p> <p>11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.</p> <p>12. I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the Company.</p> <p>13. I/ We have read and understood the privacy Policy of our Company at <a href="http://www.universalsompo.com">www.universalsompo.com</a> and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time</p> <p>Place: _____</p> <p>Date: _____</p> <p style="text-align: right;">Signature of Proposer</p>
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**CKYC Declarations**

<p>1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC</p> <p>2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.</p> <p>Place: _____</p> <p>Date: _____</p> <p style="text-align: right;">Signature of Proposer</p>
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**WARNING TO ALL PROPOSERS**

In your own interest great care must be taken in completing the declaration set out above. Non disclosure or incomplete disclosure of any fact which is or may be material to Universal Sompo General Insurance Co. Ltd. in deciding whether to accept your proposal for insurance may make the policy invalid ab initio and cause you to be deprived of all benefits thereunder.

Universal Sompo General Insurance Company Limited reserves the right to impose special conditions or refuse to accept a proposal form.

**SPACE FOR MEDICAL HISTORY**

(If 'NIL', State 'NIL')

(State all illnesses of whatsoever nature and all accidents involving injury and give result of last cardiograph examination with date in all cases)

DATE:

PROPOSER'S SIGNATURE:

SPACE FOR DETAILS OF PERIOD DURING WHICH THE CERTIFICATE OF VALIDITY FORMING PART OF THE PROPOSERS' LICENCE HAS BEEN INVALIDATED  
(State date and cause: If 'NIL' state 'NIL'.)

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DATE:

PROPOSER'S SIGNATURE:

**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.

**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  
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

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