

**PROPOSAL FORM -
MOTOR PASSENGER CARRYING VEHICLE**



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai - 400 093, Maharashtra, India
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

Proposal for: New Vehicle Rollover Endorsement Renewal

Instructions to the Applicant: 1. Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable. 2. Attach additional sheets if the space given is insufficient. 3. The queries made/ details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose)

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	

Personal Details

Proposer's (Owner's) Full Name: Mr/Mrs	
Date of Birth:	Gender:
Occupation / Business: (for Individual customers)	Pan Card No:
Address for Communication:	
Address (Address where vehicle is normally kept and used):	
Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Telephone No (Resi./ Office):	Email Id:
Mobile No:	GSTIN No:
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")	
Type of Cover required	Package
Period of Insurance	From _____ Time _____ To Midnight of _____

Details of Vehicle:

Vehicle Make	Model	Variant	Year of Manufacture	Cubic Capacity	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type

1.	Vehicle Registration No.:	
2.	Vehicle Type:	<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported
3.	Chassis No. :	
4.	Engine No :	
5.	Place of Registration:	
6.	Date of Registration:	
7.	Trailer Chassis No. (if any)	
8.	Colour of Vehicle	
9.	Registration Address :	

Insured's Declared Value

Insured's Declared Value of vehicle	Non - electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Trailers / Side Car (If Any)	Value of CNG / LPG Kit	Total Value

Details Pertaining to the use of Vehicle

1.	Whether extension of geographical area to the following countries required ? Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka. <input type="checkbox"/>		
2.	Whether the vehicle is driven by non-conventional source of power If yes, please give details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Whether the vehicle is used for driving tuitions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Whether the use of vehicle is limited to own premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Whether the use of vehicle is limited to confined site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Whether vehicle belongs to foreign embassy / consulate ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Whether vehicle is designed for use of Blind/ Handicapped/ mentally challenged persons and duly endorsed as such by RTA ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Whether the vehicle is fitted with fibre glass tank ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Are you entitled to "No Claim Bonus "? If yes, please submit proof thereof.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Is the vehicle fitted with the any Anti-theft device approved by the AARI, Pune? If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Liability to Third Parties.

1.	The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two wheelers) and Rs.7.5 lakhs (other class of vehicles). Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Do you wish to cover Legal Liability to ? A) Driver/Conductor/Cleaner (No. Of persons _____) B) Other employees (No. of persons _____) C) Non-fare paying passenger (No. of persons _____)	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
3.	Do you wish to include Personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Name	
		CSI opted (Rs.)	
1.			
2.			
3.			
4.	Do you wish to include PA cover for unnamed passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Persons : _____ CSI Per Person: _____		

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

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

Or
Do you have any existing CPA cover or Personal Accident Cover of SI 15 Lakhs or above? Yes No

If Yes*, Please provide below mentioned details:

Policy Number	Capital Sum Insured	Name of the Company	Policy Duration	Coverage Details

(*please provide the policy copy for the same)

Previous Insurance Details

1.	Name and Address of Previous Insurer			
2.	Policy/Covernote no.			
3.	Type of Cover: <input type="checkbox"/> Package (Comprehensive) Policy <input type="checkbox"/> Others			
4.	NCB in expiring policy %			
5.	Claim lodged in preceding years:			
	Year			
	No. of claims			
	Amount			
6.	Date of purchase of the vehicle by the Proposer:			
7.	Whether the vehicle was new or second hand at the time of purchase? <input type="checkbox"/> New <input type="checkbox"/> Second Hand			
8.	Is the vehicle in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please give details:			
9.	Has any insurer ever declined/cancelled the insurance of the proposed vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	Policy Period: From _____ To _____			

NCB Details

Are you entitled for No Claim Bonus on Renewal? Yes No* If yes, Please mention the _____ %

Details of the Purchase/ Hypothecation/ Lease

Financier Details : Hypothecation Agreement Hire Purchase Lease Agreement

Name of Financier & Address :

Details of Driver:

(a) Age____Owner Driver _____Others _____

(b) Does the driver suffer from defective vision or hearing or any physical infirmity. Yes No
If "Yes" please give details. _____

(c) Has the driver ever been involved/convicted for causing any accident or loss ? Yes No
If yes, please give details as under including the pending prosecution, if any :- _____

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.

Any other relevant information :

ADD ON :

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 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"/>	
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:

AML Guidelines:

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

1. I/We desire to insure with Universal Somp 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.

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.

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 Somp General Insurance Company Limited.

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.

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 Somp General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

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".

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 (www.universalsompo.com).

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".

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.

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.

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.

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 polices held with the Company.

13. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

Place: _____
Date: _____

Signature of Proposer

CKYC Declarations

1.I hereby give consent to Universal Sampo 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

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.

Place:

Date:

Signature of 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.

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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