

Universal Sompo General Insurance Company Limited

Unit No. 601 & 602, 06th floor, A Wing, Reliable Tech Park, Cloud City Campus, Gut no. 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai – 400 708.

☎ 1800-22-4030 / 1800-200-4030 ✉ contactus@universalsompo.com 🌐 www.universalsompo.com

IRDAI Registration No. 134, CIN No. U66010MH2007PLC166770 UIN: IRDAN134RP0001V02201819



Policy No.		Date	DD	MM	YYYY
Proposal No.		Inspection Lead No.			

IMD Name	Source Code/ POS UID	Mobile No.	Email Id	Aadhar Card/ PAN No.
IMD Sales Representative Name	IMD Salesperson Contact No.	IMD Salesperson & Email id	Policy issuing code	policy issuing office

MOTOR PRIVATE CAR- BUNDLED - PROPOSAL FORM

Instructions to the Applicant: 1) Please fill in the Proposal Form in **BLOCK LETTERS** and tick boxes wherever applicable
 2) 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) 3) Failure to disclose facts materials to assessment of the risk and/or providing misleading information shall render the policy/contract void.

Type of cover: Bundled Cover (1-year own damage & 3-year third party liability)

PROPOSER DETAILS

1) Full Name: Title Mr. Mrs. Ms. M/S Name: _____

2) Date of Birth: 3) Occupation/Business: (for Individual Customers) _____

4) PAN Number: 5) Aadhar ID:

6) Address for communication

7) Address where vehicle is normally kept

Flat/Building No./Door/Block No. _____
 Road/Street/Sector _____
 Nearest Landmark _____
 Area _____
 City _____
 State & Country _____
 Pin Code

Mobile Number E-Mail _____@_____

Telephone (Residence/office) GSTIN:

8) Do you have an EIA Account? If Yes, Account Details

If No, I would like to apply for EIA with Karvy CAMS NSDL CSDL

9) Address Proof: Aadhar Card Driving License Passport Voter ID Others

10) PUC Certificate Number & expiry date: _____

11) Type of Coverage required: (please select the appropriate coverage from below options)

Package Fire Only Theft Only Fire & Theft only

12) Period of Insurance: Section I – own damage From to

Section II – Liability from to

Section III – CPA From to

13) CKYC Number:

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. _____

14) Are you a Politically Exposed Person (PEP) or a close relative of PEP? Yes No

(Definition of PEP: “PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organization /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”)

DETAILS OF VEHICLE

REGISTRATION NUMBER	CHASSIS NUMBER	ENGINE NO./ BATTERY NO.	MAKE	MODEL	VARIANT	BODY TYPE	FUEL TYPE	CUBIC CAPACITY/KW/GVW	MFG. YEAR	Seating capacity

VEHICLE TYPE	PLACE OF REGISTRATION	DATE OF REGISTRATION	TRAILER CHASSIS NO	COLOR OF VEHICLE	REGISTRATION ADDRESS
<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported					

INSURED DECLARED VALUE

VEHICLE IDV	TRAILER /SIDE CAR IDV	ELECTRICAL ACCESSORIES	NON-ELECTRICAL ACCESSORIES	Bi fuel/CNG/LPG KIT	Total VALUE

- a) Is the vehicle attached with any of the Fleet? Yes No b) No. of vehicles attached with fleet: _____
- c) Is the vehicle made in India? Yes No

1	Where the vehicle is parked during daytime?	<input type="checkbox"/> Closed garage <input type="checkbox"/> open garage <input type="checkbox"/> gated compound <input type="checkbox"/> others (please specify)
2	Where the vehicle is parked during night?	<input type="checkbox"/> Closed garage <input type="checkbox"/> open garage <input type="checkbox"/> gated compound <input type="checkbox"/> others (please specify)
3	Type of road where vehicle would normally ply:	<input type="checkbox"/> hill roads <input type="checkbox"/> National state highways <input type="checkbox"/> City-town road <input type="checkbox"/> District road <input type="checkbox"/> others (please specify)
4	Vehicle driven As on Date	_____ KMs Monthly average _____ KMs

DETAILS OF PURCHASE/HYPOTHECATION/LEASE

Financer details	<input type="checkbox"/> Hypothecation agreement	<input type="checkbox"/> Hire purchase	<input type="checkbox"/> Lease agreement
Name of Financer and Address			

DETAILS OF VEHICLE TYPE AND USAGE

1	Whether the Vehicle is driven by Non-Conventional source of Power	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details <input type="checkbox"/> Bi fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Externally Fitted <input type="checkbox"/> Manufactured Fitted <input type="checkbox"/> Electric vehicles
2	Will the vehicle be used: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details	a) Private, Social, Pleasure and Professional Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No b) Carriage of goods other than Samples or Personal Luggage <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Whether the vehicle is used for Commercial purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether the vehicle is used for Driving tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Whether the vehicle is limited to own premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, whether the same is endorsed as such by RTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Whether the rally cover is required?	<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	Whether the vehicle belongs to the Embassy/Consulate of a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the Duty element is included in the IDV? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Whether extension of rally required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Whether insured is first registered owner of the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPULSORY PERSONAL ACCIDENT DETAILS

Do you have any existing CPA cover or Personal Accident Cover?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Please provide below details (Provide policy copy for the same)			
Policy Number		Capital sum insured	
Policy Period		Coverage details	
Name of Insurance Company			

NOMINATION DETAILS

Name of Nominee	Age	Relationship with proposer	Name of Appointee (if Nominee is minor)	Relationship with Nominee

Note:

- Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/-
- Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm, or a similar body corporate or where the owner driver does not hold an effective driving license.

OTHER DISCOUNTS

1	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI?	<input type="checkbox"/> Yes <input type="checkbox"/> No If answer to the above question is Yes, Please submit the certificate for the same.
2	Are you a member of the Automobile Association of India?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state Name of Association: Member No. _____ Date of expiry: _____
3	Voluntary excess: Do you wish to take the Voluntary excess over and above the compulsory excess.	<input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, please select <input type="checkbox"/> Rs. 2,500 <input type="checkbox"/> Rs. 5,000 <input type="checkbox"/> Rs. 7,500 <input type="checkbox"/> Rs. 15,000
Note: An additional claim deductible of Rs.2000/- or 5% of claim amount, whichever is higher, shall be applicable for all claims after the first 3 admissible claims.		

ADDITIONAL COVERAGE DETAILS

1	Do you require PA cover for Paid Driver, Cleaners and Conductors?, if Yes, please specify,	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2	Do you wish to cover Geographical Area Extension under your proposed insurance?	<input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan																				
1	Do you require Unnamed PA Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	A. No. of Passengers B. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) 1) Name _____ Sum Insured _____ 2) Name _____ Sum Insured _____																				
2	Do you wish to cover Legal liability towards	a) Driver/Cleaner/Conductor (No. of Persons <input type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No b) Unnamed Passengers (No. of Persons <input type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No c) Other employees (No. of Persons <input type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No d) Soldier/Sailor/Airman employed as Driver <input type="checkbox"/> Yes <input type="checkbox"/> No																				
3	Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs.6,000/- only? (IMT 20)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
4	Do you require PA cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Sr. No</th> <th>Name of Passenger</th> <th>CSI opted (Rs)</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sr. No	Name of Passenger	CSI opted (Rs)	Nominee	Relationship	1					2					3				
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2																						
3																						
5	The Policy provides additional Third-Party Property Damage liability limits of Rs. 7,50,000/-. Do you wish to cover the additional limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
6	Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act,1923 is covered under the Motor Vehicles Act,1988.	<input type="checkbox"/> Yes <input type="checkbox"/> No Drivers (No. of persons): Employees (workman) (No. of persons): Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(l) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act,1923)																				
7	Any other Coverage details																					

DRIVER DETAILS

1	Does the owner have a valid driving license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Vehicle is primarily driven by:	<input type="checkbox"/> Registered Owner <input type="checkbox"/> Any other Name: _____ Relationship: _____ Age: <input type="checkbox"/> Yrs.
3	Does the driver suffer from defective vision or hearing or any physical infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Give details:
4	Driver's qualification: _____ Driver's experience: _____ Yrs.	please fill the details
5	a. Age & Date of Birth of the Owner: Age _____ Yrs _____ Date of Birth: _____ b. Age & Date of Birth of the Driver: Age _____ Yrs _____ Date of Birth: _____	please fill the details
6	Has the driver ever been involved / convicted for causing any accident of loss? If YES, give details as under including the pending prosecutions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's Name:	
	Date of Accident:	
	Loss / Cost (Rs.):	
	Circumstances of Accident/Loss	

INSPECTION DETAILS

Does the vehicle stand fit for insurance? (For use of inspection agency)	
Inspection Reference Number:	
conducted On (Mention Date & Time):	

DO YOU WISH TO OPT FOR ADD-ON COVERAGE, IF YES, KINDLY MENTION IN THE BELOW TABLE

Sr. No	Add-on	Coverage details												
1	Depreciation Waiver	<input type="checkbox"/> Plan A (every partial loss claim) <input type="checkbox"/> Plan B (max 2 claims) <input type="checkbox"/> Plan C (max 1 claims)												
2	Return to Invoice	<input type="checkbox"/> Plan A (extensive coverage) <input type="checkbox"/> Plan B (limited coverage)												
3	Engine Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No												
4	Cost of Consumables	<input type="checkbox"/> Plan A (No Limit) <input type="checkbox"/> Plan B (claim limit 2% of IDV/SI) <input type="checkbox"/> Plan C (claim limit 5% of IDV/SI)												
5	Tyre and Rim Secure	<input type="checkbox"/> Yes <input type="checkbox"/> No												
6	NCB Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No												
7	Key Replacement Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No												
8	Loss of Personal Belongings Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No												
9	Roadside Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No												
10	Daily Cash Allowances Benefit	<input type="checkbox"/> Plan A (excess plan) <input type="checkbox"/> Plan B (franchise plan)												
11	Insurance at manufacturing selling price	<input type="checkbox"/> Yes <input type="checkbox"/> No												
12	Secure Towing (Higher towing & removal costs)	<input type="checkbox"/> Yes <input type="checkbox"/> No												
13	Additional Expenses Coverage clause	<input type="checkbox"/> Yes <input type="checkbox"/> No												
14	Accidental Hospitalization Clause for Family	<input type="checkbox"/> Yes <input type="checkbox"/> No, sum insured: _____ (SI between 1 Lakh to 5 Lakh, in multiples of Rs.1 Lakh)												
15	Hospital Daily Cash Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No, sum insured: _____												
16	Loss of Driving License/ Registration Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No												
17	Hydrostatic Lock	<input type="checkbox"/> Yes <input type="checkbox"/> No												
18	Wrong Fuel Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No												
19	Pay less to drive less	Odometer reading at the time of policy Issuance: _____ <input type="checkbox"/> 3000 KM <input type="checkbox"/> 5000 KM <input type="checkbox"/> 7000 KM <input type="checkbox"/> 8500 KM <input type="checkbox"/> 10,000 KM												
20	Drive less to pay less	Odometer reading at the time of policy Issuance: _____ Number of kilometres between 5000 KM to 15,000 KM in multiples of 1000 KM _____												
21	Preferred Garage Network	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes,												
		<table border="1"> <thead> <tr> <th>Sr No</th> <th>Co-Pay</th> <th>Discount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>10%</td> <td>10%</td> </tr> <tr> <td>2</td> <td>20%</td> <td>20%</td> </tr> <tr> <td>3</td> <td>40%</td> <td>30%</td> </tr> </tbody> </table>	Sr No	Co-Pay	Discount	1	10%	10%	2	20%	20%	3	40%	30%
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		1	10%	10%										
2	20%	20%												
3	40%	30%												
22	Emergency Assistance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No												

23	No Fault Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Additional Personal Accident Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No, Sum Insured: _____ (upto Rs.1 Cr, in multiples of Rs.1 Lakh)
25	Preferred Services	<input type="checkbox"/> Pickup and Drop Service <input type="checkbox"/> "Extendedcare" (repair service warranty) <input type="checkbox"/> Annual Maintenance Contract: <input type="checkbox"/> BMS Package <input type="checkbox"/> PMS Package <input type="checkbox"/> DMS Package <input type="checkbox"/> Vehicle Care Services <input type="checkbox"/> Doorstep fitment services
26	Pet Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Battery Protect cover	<input type="checkbox"/> Plan A (benefit limited to 50% if damage to vehicle battery only) <input type="checkbox"/> Plan B (benefit limited to 50% if damage to vehicle battery and/or theft of vehicle battery) <input type="checkbox"/> Plan C (benefit of 100% coverage if damage to vehicle battery and/or theft of vehicle battery)
28	Vehicle Cyber Protection	<input type="checkbox"/> Plan A (vehicle cover) <input type="checkbox"/> Plan B (vehicle cover + charging station cover)
29	Power Cable and Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Battery Charging support	<input type="checkbox"/> Plan A (Battery support cover) <input type="checkbox"/> Plan B (EZ ride services – pickup and drop facility)
31	EMI Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, sum insured: _____

PAYMENT DETAILS

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

For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)

1) Name of Account holder: _____ 2) Instrument Amount: _____

3) Instrument Number: _____ 4) Bank Account Number: _____

5) Instrument date:

D	D	M	M	Y	Y	Y	Y
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 6) Bank Name and branch: _____

7) IFSC Code: _____ 8) UPI ID: _____

9) Type of Account: Saving Current other, please specify _____

10) Fund Transfer/Wallet _____ 11) Transaction Number: _____

12) TAN No. _____

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 GUIDELINES

- 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 as listed in under Prevention of Money Laundering Act, 2002 including amendments thereafter.
- I understand that the company has the right to call for documents to establish the sources of funds.
- 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.
- Nationality: Indian Non-Indian, If Non-Indian, please specify the country _____

DECLARATION BY INSURED

- I/We desire to insure with Universal Sampo General Insurance Company Limited (the company) 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.
- I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
- I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and the company.
- 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.
- 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 the company immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
- 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/We hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.
8. I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the company/insurer (www.universalsompo.com).
9. 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 as and when and upon my/our request”.
10. I 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. 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 and Rules/Regulations made thereunder including amendments thereafter for validating/authenticating my/our Aadhar details and updating the same in all my policies 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

CKYC DECLARATION

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
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

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 of 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published 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 Sompo General Insurance Co. Ltd.

Registered and Corporate Office: Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai 400 093, Maharashtra. Tel.: 02241659800/ 69639900, Email: contactus@universalsompo.com

Contact us at: 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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