

**PROPOSAL FORM -
SAMPOORNA GRIH SURAKSHA POLICY**



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

Instruction to Proposer:-

The proposal form should be answered after detailed enquiry of all person to be covered

- You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets
- If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.
- Please fill the proposal form in BLOCK LETTERS.

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	

Proposer Details

Name [Grid]

Sex Male Female **Martial Status :** Married Unmarried

Correspondence Address [Grid]

Pin Code [Grid] **Tel. No.** [Grid] **Mobile No.** [Grid]

Email Id [Grid]

Address of the premises to be insured [Grid] **Pin :** [Grid]

Your Occupational Details : [Grid] **Annual Family Income Rs.** [Grid]

Address Proof Aadhar Card Driving License Passport Voter ID Others

CKYC No [Grid]

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 CAMS NSDL CSDL

Are you a Politically Exposed Person? Yes **No**

(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")

Period of Insurance

From [Grid] **(DD/MM/YY)** [Grid] **A.M./P.M. To (DD/MM/YY)** [Grid]

Note :

- Section 1 is compulsory , Minimum 2 sections should be opted for unless you have opted for a fixed package from those given below .
- The insured premises should not be of kutcha construction.
- The sum insured for Section 1 (a), Machinery Breakdown Section and Electronic Equipment coverage shall be on replacement value basis .
- In respect of Sections 1 (B), 2 and 4 the insurance is on Market Value basis and claim settlements will be effected accordingly.
- For all Sections of the Policy, the Sum Insured represents the limit of liability or loss limit for any loss or damage occurring during the Policy Period, irrespective of the actual Value At Risk in respect of the insured property at the time of loss.

Risk Details

Year of Construction [Grid] **Type of Building :** Flat Independent House

Number of Rooms in The House : [Grid] **Carpet Area of the House (Sq. ft.)** [Grid]

On which floor(s) is your House situated [Grid]

Is there a boundary wall around your own dwelling unit Calculation of Dwellings Sum Insured for Section 1(a)

Cost of construction (Per sq. ft.)	*	No. of total Sq. Feet	=	Total Cost of Construction (INR)

You can choose the First Loss Sum Insured from below given Options for Section 1 b and 2 (tick the desired option)

Total Sum Insured
First Loss % 25% 50% 75% 100%

Section	Coverage	Sum Insured As chosen by Proper	Option I Sum Insured (Rs)	Option II Sum Insured (Rs)	Option III Sum Insured (Rs)	Option IV Sum Insured (Rs)	
1a	Fire - Dwelling		1200000**	1200000**	1200000**	1200000**	Based on Cost of Construction
1b	Fire - Content*#		500,000	300,000	200,000	100,000	Covered on first loss basis @ 50% Single article limit of 15%
2	Burglary*#		500,000	300,000	200,000	100,000	Covered on first loss basis @ 50% Single article limit of 15%
3	All Risk (Jewellery and Watches)		50,000	50,000	50,000	50,000	Single article limit of 20%
4	Plate Glass		-	-	-	-	-
5	Break Down ***		75,000	50,000	50,000	30,000	Single article limit of 20%
6	Electronic Equipment Insurance		50,000	50,000	50,000	50,000	Single article limit of 20%
7	Personal Accident		100,000	100,000	100,000	100,000	Death Coverage only for the proposer
8	Baggage Insurance		-	-	-	-	Single article limit of 10%
9	Workmen Compensation		-	-	-	-	
10	Public Liability		-	-	-	-	

* Section 1 (b) and 2 (a) includes Cash in locker or locked safe upto Rs. 5000 only

** Worked at area of 1000 Sq ft at rate of 1200 per sq ft

*** For Section of MBD , Electronic Equipment the insured equipments should not be more than 7 years old.

Cash in Safe or in Locked Almirah is covered upto Rs. 5,000/- only

Additional Extensions: (tick the desired option)

Extension Under Section 1 - Fire and Allied Perils

Earthquake

Terrorism

Extension under Section 7 - Personal Accident

Accidental Medical Extension

- a. For actual Expense or 10% of CSI or 25% of admissible PA claim, whichever is less
- b. For actual Expense or 20% of CSI or 40% of admissible PA claim, whichever is less
- c. For actual Expense or 35% of CSI or 75% of admissible PA claim, whichever is less
- d. For actual Expense or 50% of CSI or 100% of admissible PA claim, whichever is less

Is your house currently insured against any of the insured perils?

Yes

No

a) The name of Insurance Company

b) Policy Type

c) Period

Has any Company in respect of any insurance cover

a) Declined your proposal? Yes No

b) Cancelled or refused to renew your Policy? Yes No

c) Accepted your Proposal on special terms and conditions? Yes No

Have you ever claimed upon any Company for loss by any of the insured perils?

If Yes, Give details: _____

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 : _____ 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:

- 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.
- 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

- 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.
- 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 Universal Sompo General Insurance Company Limited.
- 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 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.
- 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".
- 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).
- 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".
- 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.
- 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.
- 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.
- 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.
- 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
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

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CIN: U66010MH2007PLC166770

Version : USG164_NH003