

**PROPOSAL FORM -
SAMPOORNA SURAKSHA BIMA (MICRO INSURANCE)**



Registered and Corporate Office : Office No. 103, 1st Floor, Akruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsompo.com

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	

PROPOSAL DETAILS

Name of the Proposer _____

Communication Address _____

City/ Taluka _____ District _____ State _____

Pin Code _____ Phone No. _____ Mobile _____

Gender: Male Female Third Gender Email _____ PAN No. _____

Period Of Insurance : From: _____ To: _____

Occupation: _____ Yearly Income: Rs. _____

Are you presently covered under any Insurance Policy? Yes No, If yes please provide details _____

COVERAGE – SECTION 1 & 2 – FIRE AND ALLIED PERILS – BUILDING & CONTENTS AND BURGLARY

Select the Section that you wish to avail – Fire and allied Perils Burglary

Address of Risk Location _____

City/Taluka _____ District _____ State _____

Do you wish to avail the Policy on First loss basis Yes No If yes, tick the % of First loss 25% 50%

Sum Insured (100%): Home Structure _____ Home Contents (For Fire and Burglary) _____

INSURANCE DETAILS – SECTION 3 & 4 – PERSONAL ACCIDENT AND HEALTH

Select the Section that you wish to avail – Personal Accident Health

Sum Insured (Rs) _____ No of dependents to be covered _____ Policy New Renewal

If Renewal then Previous policy no. _____

TPA ID No _____ Period of Insurance: from _____ to _____

INSURED'S DETAILS

Sr. No.	Name	Date of Birth	Gender (M/F/Third Gender)	Occupation	Relation with Proposer
1					
2					
3					
4					

Details of Pre Existing diseases _____

Name of the Nominee _____ Relation with Nominee _____

Name of the Financial institution _____

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 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 _____
PAN Number :	Transaction No.
	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 Sompo 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:

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 hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- 2.I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- 3.I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 4.I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5.I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.”

Date : _____ Signature of the Proposer: _____
Place : _____ Name of Proposer : _____

 Go Green

I would like to protect my environment and would like to help save paper by authorising Universal Sompo General Insurance Co Ltd to send all my Policy and service related communication to the email id as mentioned in this form

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 Sompo 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

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 announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.

CIN: U66010MH2007PLC166770, URN: USGIHP020