

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



**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

|   |  |  |  |
|---|--|--|--|
| 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               |  |

**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. \_\_\_\_\_

CKYC No. \_\_\_\_\_

Relationship with Proposed members' \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Brief description of activities performed by Organisation \_\_\_\_\_

Year of Inception: \_\_\_\_\_

**INSURANCE DETAILS – SECTION 1 & 2 – CRITICAL ILLNESS AND PERSONAL ACCIDENT**

SI for Critical Illness Cover (Rs) - \_\_\_\_\_

SI for Personal Accident Cover (Rs.)- \_\_\_\_\_

*(The minimum sum insured available under each section is Rs.10,000 and maximum sum insured available under each section is Rs.1,00,000).*

Period of Insurance from       to

Policy Type  New  Renewal, If Renewal then Previous policy no. \_\_\_\_\_

No of members to be covered \_\_\_\_\_

**INSURED'S DETAILS (please attach Annexure giving details as per the given table)**

| Details  | Member 1 | Member 2 | Member 3 | Member 4 | Member 5 |
|--|----------|----------|----------|----------|----------|
| Name   |          |          |          |          |          |
| Gender (F/M/Third Gender)                                |          |          |          |          |          |
| Date of Birth  |          |          |          |          |          |
| Occupation   |          |          |          |          |          |
| Industry   |          |          |          |          |          |
| Annual Income  |          |          |          |          |          |
| Name of Pre-existing disease/illness/conditions (If any) |          |          |          |          |          |
| Nominee  |          |          |          |          |          |
| Nominee Name   |          |          |          |          |          |
| Nominee Date of Birth<br>Relationship of                 |          |          |          |          |          |
| Nominee with Insured                                     |          |          |          |          |          |

**ABHA ID (Ayushman Bharat Health Account)**

|           |           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|-----------|
| Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|-----------|-----------|-----------|-----------|-----------|-----------|

**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 Sampo 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 Sampo 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:**

1./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."/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 : \_\_\_\_\_

**PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT 1938**

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 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**If the proposer/policyholder is illiterate or suffering from a disability affecting his/her capacity to write or where the policyholder has signed in any language other than English, please fill in the details below. The statement below must be witnessed by someone other than the intermediary/employee of the company.**

 **Go Green**

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

**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

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: USGIHP066