



9. Have you or your spouse proposed for insurance in the Policy

Sr. No.	Questions	Proposer	Spouse
1.	Have any infirmity/sickness or any medical complaint	Y/N	Y/N
2.	Have suffered from any one of the following		
a.	Any nervous, mental or psychiatric disease or sickness	Y/N	Y/N
b.	Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode blackout, fit) of any kind	Y/N	Y/N
c.	High blood pressure, heart disease, including ischemic heart disease, other circulatory disorders	Y/N	Y/N
d.	Fistula, piles, hernia, varicose, veins	Y/N	Y/N
e.	Any disease of the bones on joint including rheumatic disease	Y/N	Y/N
f.	Disease of uterus, ovaries or breast or any specific gynecological disorders	Y/N	Y/N
g.	Any respiratory or allergic disease	Y/N	Y/N
h.	Any disorder of the stomach, ulcer, bowel or gallbladder, kidney stones	Y/N	Y/N
i.	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	Y/N	Y/N
j.	Any complaint or tendency that may necessitate such consultation or treatment in the future	Y/N	Y/N
k.	Any dimness of vision /cataract	Y/N	Y/N
l.	Any disease of ears or difficulty or interference with hearing	Y/N	Y/N
m.	Diabetes or any urinary disease	Y/N	Y/N
n.	Rheumatic fever	Y/N	Y/N
o.	Any cancer or malignant growth	Y/N	Y/N
p.	Any boil, cyst or wound which does not heal or improve despite treatment	Y/N	Y/N

If you answered YES to any of the above questions under point no. 9, please provide details below: \_\_\_\_\_

10. Claims experience for a minimum period of three years for you and your spouse ( if applicable)

Month/ year	Insurer	Premium Paid	Incurred Claims ( reserved+ outstanding)

11. Has any Company

- a. Declined to issue a policy to you or your spouse? Y  N
- b. Declined to continue your or your Spouse's Insurance? Y  N
- c. Not invited the renewal of your or your spouse's Policy? Y  N
- d. Imposed any restriction or special conditions for you or your spouse Y  N

If so, please give name and address of each Company in respect of a, b, c, d above and if possible provide copy of the policy copy to your and/or your spouse

Name of the Company : \_\_\_\_\_

Name of the Product : \_\_\_\_\_

Policy Number : \_\_\_\_\_

Policy Period : \_\_\_\_\_

Coverage Available : \_\_\_\_\_

12. Is this Insurance to be additional to any other Accidental Policy or Medical health insurance held by you and/or your spouse? Y  N

If so give particulars of all other policies

- a. Name and address of Company: \_\_\_\_\_
- b. Number of persons covered under the Policy: \_\_\_\_\_
- c. Benefits under the Policy: \_\_\_\_\_
- d. Sum Insured: \_\_\_\_\_
- e. Policy Number: \_\_\_\_\_

**DETAILS OF THE RISK**

1. Policy Period: (DDMMYYYY)

Policy Start Date :         Policy End Date:

2. Please indicate Sum Insured under the Policy for following sections

- a. **Hospitalisation (Mandatory)** 1,00,000  2,00,000  3,00,000  4,00,000  5,00,000
- b. **Critical Illness (Optional)** 1,00,000  2,00,000  3,00,000  4,00,000  5,00,000

3. Please indicate if you want to opt for the below extension under the Policy (applicable only for Section A-Hospitalisation)

Extension: Floater Benefit Y  N

**Eligibility under the Policy**

For Proposer

- You must be a resident of India
- Minimum entry age for you (the proposer) and your spouse, if proposed for insurance under the policy is 60 years and you can opt for this policy up to the age of 70 years.

**Medical Examination**

We may ask you or your spouse proposed for insurance under the Policy to undergo below mentioned medical tests for purpose of consideration of your proposal on basis of your medical condition/ health status declaration in the proposal form :

S. No.	List of Medical tests that a person proposed for insurance may be required to undergo	Sum Insured limits
1.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine	Rs 1,00,000
2.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG	Rs 2,00,000 and Rs 3,00,000
3.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Profile, Stress test or 2D Echo , Kidney Function Test Complete Physical test by a physician	Rs 4,00,000 and Rs 5,00,000

It is agreed and understood that details in the table above, including the list of medical tests is indicative and We reserve the right to add, to modify or amend these details.

If your proposal is accepted by us, then 50% of the costs incurred in conducting the above mentioned medical tests shall be borne by Us.

We may waive Medical Examination for your or your spouse under the Policy

- If you have been continuously covered under a health insurance policy from Us or any other insurers for a period of three years and have had no claims under the policy

**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 Sompoo 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 : <span style="margin-left: 50px;">Name of Bank/Wallet</span>	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.

**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 Sompoo 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 :   
Place :

Signature of the Proposer:   
Name of Proposer :

**Vernacular Declaration:**

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same:

Signature of the Proposer : \_\_\_\_\_

Signature of the Witness : \_\_\_\_\_

Date :

Name of the witness : \_\_\_\_\_

Place

**Agent's declaration**

I, \_\_\_\_\_ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer) :

Date :

Place : \_\_\_\_\_ Signature of Agent \_\_\_\_\_

**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 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Do you have eIA Account No. YES  NO

eIA Account Number \_\_\_\_\_

If No, Please fill the Form attached with the PF.

Go Green

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

**Acknowledgement-Customer Copy:**

Received from Mr/Mrs./Ms

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Bank for sum Rs. \_\_\_\_\_ towards payment of premium on behalf of Universal Somp General Insurance Co.Ltd

Date:

Signature & Seal \_\_\_\_\_

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

**Universal Somp 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.

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