



Permanent Furniture, Fixture, Fittings, Electrical Fans & Tube Lights	
<b>2. Household Contents</b>	
Description	Amount Rs
Sum to be Insured for Contents	
(i) Furniture - Wooden/Steel (On reinstatement value basis)	
(ii) Clothings	
(iii) Kitchen Utensils & cutlery	
(iv) Gas Stove	
(v) Bed linen & other similar items	
(vi) Other items (Please attach a separate list of all items)	
Domestic Appliances/Electronic Equipments (Reinstatement value)	
<b>Burglary &amp; Theft</b>	
Address of the Home to be covered	
What protection is provided to:	Doors <input type="checkbox"/> Windows <input type="checkbox"/>
NB: Mention any specific precautions you have adopted for safeguarding your property	
Does the premise have a boundary wall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the premise guarded by watchmen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, by how many and during what time?	
Are all jewellery & valuables secured in a secured place normally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contents to be covered	Value at risk
(i) Furniture - Wooden/Steel (On reinstatement value basis)	
(ii) Clothings	
(iii) Kitchen Utensils & cutlery	
(iv) Gas Stove	
(v) Bed linen & other similar items	
(vi) Other items (Please attach a separate list of all items)	
Domestic Appliances/Electronic Equipments (Reinstatement value)	
Sum Insured should be 40% of the full SI under fire section in case the cover is opted on first loss basis.	

**Please give details of nomination:**

Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

**Declaration:**

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

**USE IF FILLED BY SCRIBE**

**DECLARATION**

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE\* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I \_\_\_\_\_ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for \_\_\_\_\_ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

**ADDRESS OF SCRIBE**

City/Village \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Scribe

\*Scribe is a person not connected with the Company

Signature / Right Thumb Impression of the Policyholder Proposer

Signature of Life Advisor / Broker as witness

**Witness Details :**

Name: \_\_\_\_\_

ID Proof Type: \_\_\_\_\_

Signature: \_\_\_\_\_

ID Proof Number: \_\_\_\_\_

**USE IF FILLED BY OTHER THAN SCRIBE**  
**IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/ EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED**

I, (name of the Agent/Specified Person/Broker/Employee), (Agent/Specified Person/Broker/Employee Code) hereby declare that I have read & explained the contents of the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/Proposer.

**Witness Details :**

Name: \_\_\_\_\_

ID Proof Type: \_\_\_\_\_

Signature: \_\_\_\_\_

ID Proof Number: \_\_\_\_\_

**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 sales brochure carefully before concluding a sale. "IRDA or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums"; "IRDA 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: USGIHP026

DOMESTIC TRAVEL INSURANCE

UNITIDP13001V011213

IRDAI Reg No : 134