

**PROPOSAL FORM - TRAVEL INSURANCE POLICY**



**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	Intermediary Sales Persons Name, Contact No & Code
Source Code/POS UID Aadhar No./PAN	Policy Issuing Office Address & Code

Name of the Proposer			
Office Address of the Proposer			
Residential Address of the Proposer			
Name of Person to whom the Policy has to be dispatched	Telephone No.	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>
	E Mail ID	Bank Account No.	
Agent /Broker Name	Agent /Broker Code		
Occupation	Office Code		
Address of issuing Office			
If Travelling in a group/family, state the number of people in the group	<input type="checkbox"/> Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above   (Please tick the relevant option)		

**Details of the insured Members**

Sr No	Name of the Insured Person(s) whether belonging to family or group	Relationship with the Proposer	Date of Birth	Passport No.	Is he/she a professional sports person? (Please tick the relevant option)	Is he/she going to participate in any dangerous sports? (Please tick the relevant option)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note : (If the space provided is not sufficient separate sheet to be attached in the same format)

The below portion of the form has to be completed separately with respect to each Insured Person

Name of the Individual	
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**Travel Details**

1. Plan Opted For	Worldwide Specific	<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	
		Overseas Destinations	Maximum Number of Days of Stay
	Annual Trip	Which Plan do you want to opt for? <input type="checkbox"/> Gold <input type="checkbox"/> Platinum (Please tick the relevant option)	
		What is the maximum duration of each trip? <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days (Please tick the relevant option)	
		Countries to be Visited <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada (Please tick the relevant option)	
	Student Travel Plan	<input type="checkbox"/> Primary <input type="checkbox"/> Buddy <input type="checkbox"/> Intellectual	
Overseas Destinations		Maximum Number of Days of Stay	
Travel Asia	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum		
	Overseas Destinations	Maximum Number of Days of Stay	
2. Purpose of Visit	<input type="checkbox"/> Business <input type="checkbox"/> Leisure/Holiday <input type="checkbox"/> Studies   (Please tick the relevant option)		
3. Proposed date of departure from India			
4. Period of Insurance (dd/mm/yy)	From:		To:

**Medical Details**

Please give details of any positive existence of any ailment, sickness or injury which you are suffering from	
Declaration: I hereby declare that	
1.I will not be travelling against the advice of a physician 2.I am not on the waiting list for any medical treatment 3.I will not be travelling for the purpose of obtaining medical treatment 4.I have not received a terminal prognosis for a medical condition before this day 5.I am in good health and free from physical and mental disease or infirmity	

**Attachments to be accompanied with the Proposal Form**

If the proposer is travelling to any country and is above 60 years Then the Proposal Form should be accompanied with the following: <input checked="" type="checkbox"/> ECG Printout with report (ECG to be carried out by cardiologists) <input checked="" type="checkbox"/> Fasting and blood sugar and urine sugar or urine strip test report etc <input checked="" type="checkbox"/> A Doctor's Certificate in the format given below-to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test. <b>Note:</b> In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory Proposal Form but the Sum Insured under the Policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. However, in case of Personal Accident and other Sections, the full sum insured would be available.
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**DOCTOR'S CERTIFICATE—to be completed by the Doctor**

<b>History</b>	
1.	Any past history of disease, operation, accidents, investigation etc.
2.	General Examination
3.	Systematic Examination
<b>Electrocardiography</b>	
4.	Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe
5.	Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?
6.	Does the proposer now or did he/she in the past, require medication for this abnormality?
7.	Please describe any treatment taken by the proposer in the past or being taken at present
8.	Does the urine strip test show any sugar?
9.	Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?
Signature of the Doctor	
Name of the Doctor	
Qualification	
Address	
Telephone Number	

**Assignment**

I \_\_\_\_\_ do hereby assign the money payable under the Policy in the event of my death to \_\_\_\_\_ relation to the Insured. I further declare that his/her receipt shall be sufficient discharge to the company.  
 I further declare and warrant that the above statements are true and complete. I consent to the Insurers seeking medical information from any doctor /Hospital/ TPA who has at any time attended concerning anything which affects my physical or mental health, and authorise the giving of such information to Coris Heritage Asia Pacific Pvt. Ltd. and /or their programme medical advisors  
 Signature/s

**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 :  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 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	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 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.

**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 Sampo 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**

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.

**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.  
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