



# Universal Sampo General Insurance Co. Ltd.

(A joint venture of Indian Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Japan Insurance Inc.)

Registered and Corporate Office : Office No. 103, First Floor, Ackruti Star, MIDC Central Road, MIDC, Gautam Nagar, Andheri (East),  
Mumbai - 400 093, Maharashtra. Tel. : 022-41659800/900, Email : contactus@universalsampo.com

## IOB HEALTH CARE PLUS POLICY PROPOSAL FORM

Branch Code

Branch Name

Region Code

A/C Type

A/C No.

Current Membership No

Old Membership Number

(To be mentioned if renewal through different Branch)

Name of USGI BA

Name of USGI ABA

Name of Marketing Manager of IOB Bank

Proposal Details

Name of the Proposer

Communication

Address

City/Taluka

District

State

Pin Code

Phone No

Mobile No.

Date of Birth

Gender:

☐ Male

☐ Female

☐ Others

E-Mail ID:

Occupation

Yearly Income (in Rs.)

ID Proof Type

☐ Pan

☐ Passport

☐ Driving License

☐ Voter's Card

☐ Others Details

Insurance Details

Sum Insured (Rs.)

No. of dependents to be covered

Policy Period: (DDMMYYYY)

Policy Start Date

Policy End Date

Do you wish to avail Personal Accident rider

☐ Yes

☐ No

Plan

☐ A

☐ B

☐ New Policy

☐ Renewal

If renewal, the Previous Policy No.

TPA ID NO

TPA Name

Are you/dependents presently covered under any Health Insurance Policy?

☐ Yes

☐ No

If yes, Please provide name of the Insurance Company and Policy Number

Sr No	Insured Name	Gender	DOB	Relation	Height/Weight	Nominee	Relation with Nominee

Name of the Nominee

Relation with Nominee

Medical History							
S.No.	Details	Proposer	Spouse	Child I	Child 2	Father	Mother
1	Are you suffering from any disease or physical infirmity? Do you smoke cigarettes or consume						
2	tobacco (chewing paste) / alcohol, nicotine or marijuana in any form?						
3	During the last 4 yrs and before, have any of the proposed insured, consulted any physician for any treatment or medical investigation or surgical procedure, accident or been hospitalised for any disorder?						

Are there any additional facts or matters, medical or otherwise, affecting or relevant to the proposed insurance?

Attach separate sheet if required,

Name of Family Doctor

Address of the Doctor

Contact Number

AML GUIDELINES

- 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.
- I understand that the company has the right to call for documents to establish the sources of funds.
- 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 statues, directly or indirectly governing the prevention of money laundering in India.
- Nationality: Indian Non-Indian If Non-Indian, Please specify the Country
- If Non-Indian, please specify the country

Type of Organization

Corporations Governments Non Governmental Organizations Society Trust Partnership International Organizatoin Cooperative Section 25 Company

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.
- "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.
- 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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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.
- 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."
- I/We have understood the purpose of Aadhaar authentication and hereby state that / We have no objection in providing my Aadhaar details.

Note : In the first year with USGICL fresh application to be given for both fresh proposals and renewals. We suggest that you should renew well before the Due date for continuity of coverage.

Name of the proposer : Date : 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

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Name of the Proposer: Date: Place:

Details of Premium Paid: Amount Paid: Date Paid: Transaction No.

Seal and Signature of the Signatory of IOB Bank

Signature of the Proposer

Section 41 of Insurance Act 1938 (Prohibition of rebates)

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 insurers.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extended to ten lakh rupees.

Universal Somp General Insurance Co. Ltd.

Express IT Park, Plot No. EL-94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai - 400 710  
Toll Free No. 1-800-224030 / 1-800-2004030, Landline No: (022) - 27639800 or (022) - 39133700

Insurance is Subject Matter of Solicitation. For more details on Coverages, Exclusion, Policy Terms and condition please read Policy Document carefully before concluding a sale, "IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "IRDAI does not announce any bonus"; " Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number."