



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 [grid]

Address of the Doctor [grid]

Contact Number [grid]

AML GUIDELINES

- 1. I/We hereby confirm that all premiums have/will be paid from bona fide sources...
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...
4. Nationality: Indian Non-Indian If Non-Indian, Please specify the Country
5. 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:

- 1. I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured...
2. I understand that the information provided by me will form the basis of the insurance policy...
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health...
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital...
5. I/We authorize the company to share information pertaining to my proposal including the medical records...
6. 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...

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

[Signature box]

[Signature box]

Section 41 of Insurance Act 1938 (Prohibition of rebates)

- 1. 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...
2. 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."