

# Universal Sampo General Insurance Co. Ltd.

Regd. Office : 103, 1st Floor, Akruti Star, MIDC Central Road, Andheri (East), Mumbai - 400093.  
Tel : 41659800/900, Email: contactus@universalsampo.com

## PROPOSAL FORM - TWO WHEELER LONG TERM PACKAGE POLICY

Instructions to the Applicant

1. Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable
2. Attach additional sheets if the space given is insufficient
3. The queries made/ details stated below are the minimum requirement to be furnished by a proposer. (The Company may seek any other document as desired for underwriting purpose)

IMD Name \_\_\_\_\_  
Sub IMD Name \_\_\_\_\_  
Contact Details \_\_\_\_\_

IMD code \_\_\_\_\_  
Sub IMD code \_\_\_\_\_  
Branch \_\_\_\_\_

### INSURED

Owner's (Proposer's) Full Name _____	
Occupation / Business _____	Date of Birth __/__/____
<b>ADDRESS FOR COMMUNICATION</b>	
Address Line 1 _____	
Address Line 2 _____	
City _____	
State _____	Pin Code _____
Phone/Mobile No. _____	
E-mail _____	
Year of issuance of first driving license : _____	
Policy Period : 2 year <input type="checkbox"/> 3 year <input type="checkbox"/>	
Period of Insurance From _____ Time _____ Date _____	
To Midnight of _____ Date _____	

### VEHICLE DETAILS

Registration No. _____	Date of Registration __/__/____
Engine No. _____	Year of Manufacture _____
Chassis No. _____	Colour of the Vehicle _____
Make of Vehicle _____	Cubic Capacity _____
Model of Vehicle _____	Seating capacity including Driver _____
Type of Body _____	Registering Authority and Location _____
KMS as on date _____	Annual average kilometers _____
Fuel Used      Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> CNG <input type="checkbox"/> ELECTRIC <input type="checkbox"/>	

### VEHICLE USAGE DETAILS

Whether the vehicle is driven by non-conventional source of power? If "Yes", specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the vehicle is fitted with fiber glass tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vehicle fitted with any Anti-theft device approved by the AARI? If "Yes", attach Certificate of Installation in the vehicle issued by AARI.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vehicle in good and working condition? If "No", specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle is used for driving tuitions ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extension of geographical area is required? If "Yes", select the country below? <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of vehicle is limited to own premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle belongs to Foreign Embassy / Consulate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle is designed for use of Blind/ Handicapped/ Mentally challenged persons and duly endorsed as such by RTA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The vehicle is parked in Own / Society premises at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle is used for Commercial purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of Automobile Association of India? If yes, please state A) Name of Association _____ B) Membership No. _____ C) Date of Expiry __/__/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entitled to "No Claim Bonus" ? If "Yes", please submit proof thereof (Renewal Notice / Copy of Expiring Policy) NCB % entitled _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability to Third Parties. The policy provides Third Party Property Damage (TPPD) OF Rs. 1 lakhs Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case if you opt for lower TPPD limits of Rs.6000/- you shall be entitled for a discount of Rs.50/-)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to cover Legal Liability to? A) Driver _____ B) Other Employees (No. of persons _____) C) Unnamed Passengers (No. of persons _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to include P.A. Pillion rider If "Yes", specify the number of persons as per seating capacity and Capital Sum Insured (CSI) opted.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<table border="1"> <tr> <th>No. of Persons</th> <th>CSI (Each)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	No. of Persons	CSI (Each)	_____	_____	
No. of Persons	CSI (Each)				
_____	_____				
Do you wish to opt for higher deductible over and above the compulsory deductible Rs.2000/- for for Two Wheelers. If "Yes", select the amount below For Two Wheeler <input type="checkbox"/> Rs.500 <input type="checkbox"/> Rs.750 <input type="checkbox"/> Rs.1000 <input type="checkbox"/> Rs.1500 <input type="checkbox"/> Rs.3000	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal Accident Cover for Owner Driver is compulsory in the Package Policie. Please Give Details of The Nomination.				
Name of the Nominee and Age	Relationship	Name of the Appointee (if Nominee is a minor)	Relationship of the Nominee	
_____	_____	_____	_____	
Do you wish to include Personal Accident (P.A.) Cover for Named persons If "Yes", specify Name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 1 lakh			<input type="checkbox"/> Yes <input type="checkbox"/> No	
S. No.	Name	CSI	Nominee	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**COVERAGE DETAILS**

Tenure	Insured's Declared Value *Note					Total IDV
	For the vehicle	Non - Electrical accessories	Electrical and Electronic accessories	For Side Car	Value of CNG/ LPG/Other Kit	
1st Year						
2nd Year						
3rd Year						

**Note :**

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of the insurance and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and /or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is /are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and /or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.

**SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV**

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

**Note :** IDV of obsolete models of vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

**PREVIOUS HISTORY**

Date of purchase of the vehicle by proposer     /    /      
 Vehicle at the time of purchase  New  Second Hand  
 Will the vehicle be used exclusively for  
 A. private, social, domestic, pleasure & professional purposes  Yes  No  
 B. carriage of goods other than samples or personal luggage  Yes  No  
 Is the vehicle in good condition?  
 If "No" please give full details- \_\_\_\_\_  
 Name of the previous Insurer \_\_\_\_\_ Present condition of vehicles \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin code \_\_\_\_\_ State \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Previous Policy No. \_\_\_\_\_  
 Period of Insurance From     /    /     To     /    /      
 Type of Cover  Liability Only  package Policy  Others (Specify) \_\_\_\_\_  
 Claims lodged during the preceding 3 years

Claim Year	Claim Number	Insurer	Amount Rs.

Has any insurance company ever declined the proposal?  Yes  No  
 If "Yes", specify reason \_\_\_\_\_  
 Has any insurance company ever cancelled & refused to renew?  
 If "Yes", specify reason \_\_\_\_\_  Yes  No  
 Has any insurance company ever imposed special condition or excess?  
 If "Yes", specify reason \_\_\_\_\_  Yes  No  
 The total Kilometers run by the vehicle: \_\_\_\_\_ kms  
 The approx. running done by the vehicle annually? \_\_\_\_\_ kms  
 Whether the vehicle is parked in own/Society premises at night? Yes /No

**Details of Hire Purchase / Hypothecation / Lease**

a) Is the vehicle proposed for insurance :-  
 Under Hire Purchase  Yes  No  
 Under Lease Agreement  Yes  No  
 Under Hypothecation Agreement  Yes  No  
 b) If yes, give name and address of concerned parties \_\_\_\_\_

**DRIVER DETAILS**

**Owner Driver**  
 Age of Owner Driver \_\_\_\_\_ Driving licence no. \_\_\_\_\_  
 Expiry date \_\_\_\_\_ Details of Other Driver \_\_\_\_\_  
 Does the driver suffer from defective vision or hearing or any physical infirmity?  Yes  No  
 Has either of the drivers ever been involved / convicted for causing any accident or loss?  
 If yes, specify details as under including the pending prosecution, if any?  Yes  No

Driver Name	Date of Accident	Circumstances of Accident	Loss / Costs Rs.

Driver Experience year \_\_\_\_\_  
 Any other relevant information \_\_\_\_\_

**Payment Details:**  
 Bank Account No. : \_\_\_\_\_  
 Bank Name : \_\_\_\_\_  
 Branch Name & Address : \_\_\_\_\_  
 Cheque / Instrument No. : \_\_\_\_\_ Date of Issue Amount Rs. : \_\_\_\_\_  
 Amount Rs. (in words) : \_\_\_\_\_  
 Sources of Funds: \_\_\_\_\_  
 Bank Account details:  
 Salary Business Other (Please Specify) \_\_\_\_\_ Bank Account No. : \_\_\_\_\_

**Declaration by Insured**

"I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

"I/We agree to received, certificate of insurance cum policy shedule" only without endorsing the T & C of policy & I hereby authorised company that all T & C of policy can be dispalyed in the website of company that enables access by me/us if I/We want to know the terms & conditions of policy dispalyed on website. If I/We required the policy wordings, I/We shall/will write to the company separately.

Place \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature of Proposer \_\_\_\_\_

**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 liable for a penalty which may extended to ten lakh rupees.

**Universal Sompo General Insurance Co. Ltd.**

Unit No. 601/602, Reliable Tech Park, Cloud City Campus, Gut No 31, Thane Belapur Road, Airoli, Navi Mumbai - 400708.

Toll free No: 1800 200 4030/1800 22 4030, Tel.: 022 41690888/999

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**IRDAN134RP0007V02201617**

**IRDAI Regd No. 134**

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