



GROUP PERSONAL ACCIDENT POLICY

Branch: PROPOSAL FORM FOR KBL SURAKSHA SCHEME

Master Policy Holder	KARNATAKA BANK LTD	
Master Policy Number		
*Name of the Insured [Mr. /Mrs./Ms.]		
*Address of the Insured		
*Phone/Mobile Number		
E-mail id		
*Savings Bank Account No. [16 digits]		
*SB Scheme		
*Date of Birth (DD/MM/YYYY) as per KYC document	/ / 20	PAN:
*Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
*Occupation		
*Plan (Select Plan)	Plan A <input type="checkbox"/>	Plan B <input type="checkbox"/>
*Sum Insured	Rs. 5,00,000	Rs. 10,00,000
*Annual Premium	Rs 150/- (Rs. 127.20+GST)	Rs 300/- (Rs. 254.25+GST)
*Coverage	Personal Accident Due to Accidental Death + Child Education Of Rs. 15,000/-	
*Period of Insurance	From.....	To
*Whether suffering from any disability		
If yes, details thereof		
*Name of the Nominee & Age of Nominee		
*Nominee Relationship		
Name & Address of Guardian, if nominee is minor		

Declaration:

- I hereby authorize you to debit my above Savings Bank Account with your Branch with net premium and GST as applicable every year `...../- (Rupeesonly)
- I hereby authorize you to auto debit my above Savings Bank Account on or before Annual Renewal date of every subsequent year until further instructions to the contrary a sum of Rupeesor a revised amount plus applicable GST.
- (*Those proposers who do not opt for auto debit facility for renewal premium may strike out the same with his/her full signature).
- I have read and understood the terms and conditions of proposed cover made available to me and I bind by the terms and conditions therein and I accept them. I also agree to become a member of personal accident insurance cover with bank being the master policy holder of Group Personal Accident Policy.
- I undertake to pay the full annual premium irrespective of the joining date and also undertake to maintain sufficient balance in my savings bank account and authorize the bank to debit stipulated annual premium plus applicable GST from my savings bank account 15 days in advance during every renewal.
- I hereby declare that the statements made by me in this Proposal Form are true to the best of my knowledge and belief and I hereby agree that this declaration shall form the basis of the contract between me and the "Universal Sompo General Insurance Co. Ltd."
- I also declare that any changes in the nature of profession or any such material changes after the submission of this proposal form would be conveyed to you immediately.
- Annual Premium is subject to changes at the time of renewal.
Bank is a corporate Agent and also Master policy holder of KBL Suraksha policy. The underwriting of risk, Premium dues and payment of claims is as per the policy Terms & Conditions of the Insurer.

Date:

Place:

Signature of Proposer

For Bank use Only: Transaction ID..... Date Amount
Signature Of Authorised Bank Official

ACKNOWLEDGEMENT

We hereby acknowledge receipt of "Proposal-cum-Declaration Form" from Mr. / Mrs. / Ms. _____ holding Savings Bank Account No. _____, consenting and authorizing to debit from the specified Savings Bank Account to join the Group Personal Accident Insurance Cover with "Universal Sompo General Insurance Co Ltd.", certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount. The unique 8 digit number in the master policy will be the identification factor for subsequent renewals.

Date

Place

Seal & Signature of Bank Official

Terms & Condition of Group Personal Accident Policy (KBL Suraksha Scheme)

Bank is a corporate Agent for M/s Universal Somp General Insurance Co. Ltd and Master Policy Holder of the KBL Suraksha Policy. The Underwriting of Risk, Premium Charges, and payment of Claims is as per the Policy terms and conditions of the insurer.

Coverage: Accidental Death only | **Eligibility:** Savings Bank Account holder of eligible SB scheme between the entry age group of 18 and 80 years.

Term: 1 year and renewable every year thereafter. * The maximum renewal age will be upto Life Long subject to payment of renewal premium on or before the expiry of the master policy.

- The eligible savings bank account holder can enrol for the scheme during the tenure of the master policy by paying full annual premium plus applicable GST.
- The risk will commence only after annual premium is debited from respective savings bank account.
- The Renewal of Master Policy will be done as per policy period [Auto debit facility available for renewal]
- The annual renewal premium shall be paid on or before the expiry of master policy. Insured members opted for auto debit are required to maintain sufficient balance in their respective savings bank accounts [i.e., from 16th December to 31st December] to keep the membership in force under the master policy.
- In case of insufficient balance in the savings bank account for debiting the annual renewal premium, the risk coverage stands terminated.
- Non - receipt of renewal intimation through any mode [SMS/e-mail/letter] to the insured member is not obligatory on the part of the bank for renewal.

Cover	Plan	Sum insured	Annual Premium
Accidental Death + Child Education of Rs. 15,000/-	Plan A	Rs. 5,00,000	Rs 150/- (Rs.127.20+GST)
	Plan B	Rs. 10,00,000	Rs. 300/- (Rs.254.25+GST)

The eligible savings bank account holder can choose any one plan only [Plan A OR Plan B]
In case the Insured member is covered for more than one plan through one account and/or more than one account and premium is received by USGICL inadvertently, insurance cover will be restricted to one plan which is taken first.

GENERAL CONDITIONS [Universal Somp General Insurance Co. Ltd.] :**1. Mis-description:**

This Policy shall be void and premium paid shall be forfeited to us in the event of misrepresentation, mis-description or non-disclosure of any materials facts by you. Non-disclosure shall include failure on your part to intimate us in writing and obtaining written approval from us in respect of Changes in Circumstances arising out of changes in the duty, business, occupation of the insured person(s).

2. Claim Procedure: Following documents shall be required in the event of Accidental Death Claim.

- | | | |
|---|--|---|
| • Claim intimation reference number | • Duly filled original Claim Form | • Duly filled Bank Mandate Form |
| • Coverage Confirmation Letter | • FIR – Attested or Original | • Post Mortem report – Attested Copy |
| • Death Certificate – Attested Copy | • Inquest/Coroner's Report – Attested Copy | • Final Police Report / Original Panchnama |
| • Legal Heir certificate - on requirement | • KYC Documents of Nominee | • Any other documents as and when requested by the claim settling authority |

- Claim intimation within 90 days of the event/incident

3. Fraud: All benefit under this Policy shall be forfeited and the policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.**4. Cancellation:** We may cancel this Policy by sending 15 day's notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the unexpired period of this Policy from the date of cancellation, which we are liable to pay on demand. You may cancel this Policy by sending a written notice to us. Retention premium for the period we were on risk will be calculated based on short period table and the balance will be refunded to you subject to the condition that no claim has been preferred on us.

Expired Period Premium Retained	
Up to 1 Month	- 25% of the Annual Premium
Above 1 Month and upto 3 months	- 50% of Annual Premium
Above 3 Months and upto 6 months	- 75% of the Annual Premium
Above 6 Months	- 100% of Annual Premium

5. Arbitration : If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

6. Disclaimer Clause : In case of any claim under the Policy which is not admitted by us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.**7. Geographical Scope :** The geographical scope of this policy will be worldwide unless otherwise stated in the policy schedule; however the claims shall be settled in India in Indian rupees. The provisions of this policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

GENERAL EXCLUSIONS: We will not pay for any compensation in respect of Death of the Insured Person arising out of:

1. Natural death.
2. Committing or attempting suicide, intentional self-injury. Pregnancy including Child birth, miscarriage abortion or complication arising there from.
3. HIV and or related illness. Curative treatments or interventions.
4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
5. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
6. Whilst engaged in any adventurous sports and / or hazardous activities.
7. Participation in any naval, military or air force operations.
8. Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and own by professional crews between properly established and maintained airports. Consequential loss of any kind and / or any legal liability.
9. This insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
 - a) Biological or chemical contamination b) Missiles, bombs, grenades, explosives due to any act of terrorism
10. Committing any breach of law with criminal intent.
11. Person under the influence of intoxicating liquor /drugs.

BANK'S RIGHTS: The coverage of Group Personal Accident Policy will be subject to the terms and conditions as well as expiry period of the master policy taken by bank and continuation of this facility will be at the sole discretion of the bank. Bank reserves all the rights.
For detailed terms and conditions, please refer copy of the master policy which is made available at Bank Branch.

Signature of Proposer



Universal Somp General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus,
Gut No. 31, Thane-Belapur Road, Airoli, Navi Mumbai – 400 708.

IRDA Reg. No: 134

REGISTRATION OF CLAIMS

Email: contactclaims@universalsomp.com

Toll Free number : 1800 22 4030, 1800 200 4030 (from MTNL & BSNL Lines) *Helpline number :022-27 639800, 022-39133700



(Agent of Universal Somp General Insurance Co Ltd.)

Note: The claim related documents should be submitted to designated branch of Karnataka Bank for further processing.

Insurance is the subject matter of solicitation. "Terms and Conditions apply"