

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



UNICARE INSURANCE POLICY

Proposal Form

Important Instructions

Please read the instructions below carefully before filling out this form

- This policy is specially designed to cover Home Building & General Home Contents against Fire & Allied Perils, Burglary, Housebreaking, Theft, All Risk of Jewellery & Valuables, Breakdown of Domestic Appliances, Personal Accident to Insured Person (Death, PTD & PPD). Home Building cover being optional. Cover is available under Section I to VI
- This Proposal Form shall be the basis of the policy to be issued. Thus, please provide all the information sought in this Proposal Form & all additional relevant information fully & accurately. Please do not leave any space blank or put dashes.
- The Company will not be on risk until the Proposal has been accepted by the Company and communication of the acceptance has been given to the proposer in writing after payment of requisite premium.
- Policy cannot be issued for short period & Sum Insured cannot be altered during currency of the Policy.
- Insurance is subject matter of solicitation

I. Proposer Details

Please submit a copy of Aadhaar/Passport/Election Photo ID Card/Latest Electricity Bill/Bank Pass Book as Proof of Address

Name: _____
Date of Birth: DD/MM/YYYY Gender: Male Female Other Marital Status: Single Married
Occupation: Salaried Self-Employed Others, please specify _____
PAN Card No: _____ Aadhaar Card/Passport/Election Photo ID Card/Electricity Bill/DL No. _____
Address: _____
City: _____ State: _____ Pin Code: _____
Tel. No.: _____ Email ID: _____ Mobile: _____

II. Insured Person Details

Name: _____
Address: _____
City: _____ State: _____ Pin Code: _____
Tel. No.: _____ Email - ID: _____ Mobile: _____
PAN Card No: _____ Aadhaar Card/Passport/Election Photo ID/DL No. _____
(Or form 60/61)
Date of Birth: DD/MM/YYYY Gender: Male Female Other Marital Status: Single Married
Occupation: Salaried Self-Employed Others, please specify _____
Relationship with the proposer: _____ Dependent: Yes No

ID & Address Proof:

- Aadhaar Card No.
- Passport
- Driving Licence
- Voter ID issued by ECID
- Job Card issued by NREGA
- Letter issued by National Population Register

III. Nomination

Where Nominee is a minor, give the details of Appointee

Nominee Name: _____ Nominee Relationship with the Proposer: _____
Nominee Address: _____
Nominee Date of Birth: _____ Nominee Contact No: _____

III. Coverage Details: Please tick the option selected from below. Please note all Sections (I to V) are compulsory.

Plan A Plan B Plan C Plan D Plan E

Section	Plans & Sum Insured Options					
	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	
I. Fire & Allied Perils (General Home Contents)	3,00,000	5,00,000	7,00,000	10,00,000	20,00,000	
II. Burglary & Theft (General Home Contents)	75,000	1,00,000	3,00,000	3,50,000	5,00,000	
III. All Risk (Jewellery & Valuables)	25,000	25,000	25,000	50,000	1,00,000	
IV. Breakdown of Domestic Appliances	5,000	10,000	20,000	25,000	50,000	

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V. Personal Accident (Table III)		10,00,000	15,00,000	20,00,000	25,00,000	25,00,000
VI. Building: Fire & Allied Perils (Optional)		TO BE SELECTED BY THE PROPOSER				

IV. Section VI is an optional cover and may be opted from the above plans and only if the Insured Property is owned by the Proposer

Whether Section VI opted for: Yes No If, Yes, then please fill 5 (a) and 5 (b)

a) Ownership Details: 1) Self/Sole Ownership 2) Joint Ownership If Yes

Name of the Joint Owners i) _____ ii) _____

V. Coverage required from DD/MM/YYYY to midnight of DD/MM/YYYY

VII. Payment and Bank Account Details

Premium Amount (₹): _____ (in words) _____

Premium Payment Modes: Cash Cheque DD Credit/Debit Card ECS

Cheque No.: _____ Date: DD/MM/YYYY

Bank Name: _____ Bank Account No: _____

VIII. Declarations

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/We understand that the information provided by me will form the basis of the insurance policy and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that type of construction of the building is Pucca Construction.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I also confirm that the source of funds for premium paid under this policy is legal.

Date: DD/MM/YYYY

Place:

Signature of the Proposer:

Name of the Proposer (in BLOCK letters): _____

XI. Statutory Warning (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 out or renew or continue 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 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 Insurers.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

XII. Office Use Only

Gross Premium:

Premium for Optional Covers:

Net Premium:

Intermediary Code:

Development Officer Code:

Issuing Office Code:

Issuing Office Address:

Acknowledgement by the Company

Date: DD/MM/YYYY

We acknowledge the receipt of your proposal and amount by Cash/Cheque/Others _____ of amount of Rs _____ dated _____

UNICARE INSURANCE POLICY SECTION-WISE COVERAGES AND PLAN OPTIONS

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- There are 5 Plans available to the Proposer covering V Sections and Section VI being optional.
- The proposer can choose any of the below mentioned plans based on the value of contents. Kindly tick the Plan selected.

Sections	Coverage	Value of Insurable Property as per the Plans selected by the Proposer (In Rs.)																			
		Plan A	Plan B	Plan C	Plan D	Plan E															
I	Physical loss or damage, or destruction caused to General Home Contents such as Clothes, Apparels, Upholstery, Furniture, Fixtures & Fittings, Domestic Appliances belonging to the proposer and member of his family permanently residing with him in the above dwelling (Excluding Jewellery & Valuables) by Fire & Allied Perils Incl. Earthquake, Riot, Strike, Malicious Damage & excludes Terrorism risk. Excess: 1% of Sum insured under this section for each and every claim admitted in this policy.	3,00,000	5,00,000	7,00,000	10,00,000	20,00,000															
II	General Home Contents such as Clothes, Apparels, Upholstery, Furniture, Fixtures & Fittings, Domestic Appliances excluding Jewellery & Valuables against Burglary, Housebreaking & Theft including Larceny. Excess: 1% of Sum insured under this section for each and every claim admitted in this policy.	75,000	1,00,000	3,00,000	3,50,000	5,00,000															
III	All Risk (Jewellery & Valuables) whilst anywhere in India against perils including but not limited to Fire & Allied Perils including earthquake, Burglary, House-Breaking & Theft and such other sudden accident. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sl. No.</th> <th>Brand Description</th> <th>Value (Rs.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Only one claim is payable during the policy period under this section, subject to claim not exceeding amount mentioned in the selected option. Excess: 1% of Sum insured under this section for each and every claim admitted in this policy.	Sl. No.	Brand Description	Value (Rs.)										25,000	25,000	25,000	50,000	1,00,000			
Sl. No.	Brand Description	Value (Rs.)																			
IV	Mechanical and or Electrical Breakdown of Domestic Appliances including Computer Desktop & Television Apparatus described in the schedule and fixed in the above dwelling. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sl. No.</th> <th>Description of Item</th> <th>Make/Model</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Maximum two claims are payable during the policy period, with each claim not exceeding the Single claim amount mentioned in the selected option. Excess: 1% of Sum insured under this section for each and every claim admitted in this policy	Sl. No.	Description of Item	Make/Model													5,000	10,000	20,000	25,000	50,000
Sl. No.	Description of Item	Make/Model																			
V	Personal Accident cover - Death/Permanent Total Disablement/Permanent Partial Disablement to the Insured Person arising out of Accident.	10,00,000	15,00,000	20,00,000	25,00,000	25,00,000															
VI	Physical loss or damage, or destruction to your Home Building against Fire & Allied Perils excluding Terrorism Risk. (This Section is optional)	Full Sum Insured of the Building <input type="checkbox"/>	Full Sum Insured of the Building <input type="checkbox"/>	Full Sum Insured of the Building <input type="checkbox"/>	Full Sum Insured of the Building <input type="checkbox"/>	Full Sum Insured of the Building <input type="checkbox"/>															