Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sompo Japan Insurance Inc.)

Registered & Corporate Office : Unit 401, 4th Floor, Sangam Complex, 127 Andheri Kurla Road, Andheri (East), Mumbai 400 059

PORTABILITY FORM

PART - I

First Name | Middle Name | Last Name

Name of the Policy holder/Insured(s)

Date of Birth ____ Age ____

Address of the Policy holder

Details of existing Insurer

i Name of the Product _____

ii Sum Insured: Floater Sum Insured _____ Per person Sum Insured in case of Individual Sum Insured basis Policy.
Self _____ Spouse _____ Child 1 _____ Child 2 _____ Father _____ Mother _____

iii Cumulative Bonus:
Self _____ Spouse _____ Child 1 _____ Child 2 _____ Father _____ Mother _____

iv Add ons/Riders taken _____

v Policy No. and period (In case of different insurers for different persons seperate form needs to be filled for each member)

Year 1: ____ From D D M M Y Y Y Y to D D M M Y Y Y Y

Year 2: ____ From D D M M Y Y Y Y to D D M M Y Y Y Y

Year 3: ____ From D D M M Y Y Y Y to D D M M Y Y Y Y

Year 4: ____ From D D M M Y Y Y Y to D D M M Y Y Y Y

vi No and amount of Claims _____

vii Name of the TPA _____

vii TPA card No. _____

Name of the proposed Insurance

i Name of the Product proposed/intend to take _____

ii Sum Insured proposed _____

iii Whether Cumulative bonus to be converted to enhanced Sum Insured ☐ Yes ☐ No

Reason for portability _____

No. of family members to be included in the Policy to be ported _____

Enclosure: Photo copy of existing Policy documents _____

Date: ____

Signature of Policy holder

PART - II

Whether Pre existing exclusions/time bound exclusion have longer exclusion period than the existing Policy : ☐ Yes ☐ No

If Yes, Please give written consent to the declaration below

"I am aware that the waiting period for the following disease(s) / treatment(s) is _____ days/years more than the previous Policy terms. I hereby agree to observe the additional waiting period for the following diseases and treatments

Signature of Policy holder

Insurance is a subject matter of solicitation