Transcript for Complete Healthcare Insurance

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

Dear Aman .,

We wish to inform you that the contact under the policy Number AVO/2825/12589661 has been finalized based on the information and declaration provided by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 30 days from the date of receival of transcript, failing it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that the contents and declarations contained in the transcript is basis of which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or with held any materials fact/information and declarations, as Policy becomes Void abinitio if any material facts are not provided/disclosed and or withheld and in such cases no claim, if any, will be considered by us apart from forfeiture of premium.

Details Provided by You:

Proposer Details

Proposer Name	Mobile No	E Mail ID	Address	Period of Insurance	Total Premium
Aman .	9871297832	aman.9office1021@gmail.com	C/O ANIL KUMAR TAIGOR PLOT NO C 211 KH NO 429 FLAT NO SF 01 SLS VED VIHAR LONI	From- 21-02-2026 To- 20-02-2027	6,580

Insured Details				
Name	DOB	Gender(M/F/T)	Relationship with the Proposer	Sum Insured
Aman .	08-08-2005	Male	Self	500000

Nominee Information (Please provide details as per order mentioned in Proposed Insured Information)

Sr No	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/T)	Address of Nominee	% of Claim amount payable to each nominee
1	ANIL KUMAR TAIGOR	08-06-1973	52	Father	Male	SAME AS APPLICANT	NA

Appointee Details

Name of Appointee	Relationship	Date of Birth	Age	Gender (M/F/T)	Address of Appointee

Medical History

Name	PED	Blood Sugar	Blood Pressure Systolic	Blood Pressure Diastolic	Cholesterol Level	Body Mass Index
Aman .	No	NA	NA	NA	NA	22.68

Medical Questionnaire

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Please answer below questions		Insured 1
1)	Height (in feet & inches)	168
2)	Weight (in Kgs)	64
3)	Do you consume alcohol?	No
4)	Have you smoked cigarettes, or consumed any tobacco products?	No
5)	If answer to (c) or (d) above is 'Yes', then please provide more details :	NA
6)	Do you have any of the below diseases? ☐ Diabetes ☐ Hypertension (high blood pressure) ☐ Asthma ☐ HIV ☐ Dyslipidemia ☐ Anemia?	No
7)	Are you taking any medicine? If yes, please provide details:	No
8)	Have you ever been hospitalized or ever had surgery? If yes, Please share details :	No
9)	Are you suffering from any of these signs or symptoms? ☐ Swelling ☐ Dizziness ☐ Pain ☐ Breathlessness ☐ None of the Above Others please specify :	NA
10)	Have you ever been diagnosed by a physician for any condition, ailment, injury or disease? If yes, Please share details :	NA
11)	Have you ever received or been recommended a medical treatment by a Physician for any condition, ailment, injury or disease? If yes, Please share details :	No
12)	Menstrual History : ☐ Regular / ☐ Irregular Frequency and duration : Last Menstrual Period (LMP) : History of Abortion – Yes/No History of pregnancy / childbirth related complications – Yes/No If yes, please provide more details	NA

CURRENT/PREVIOUS INSURANCE POLICY DETAILS									
Are You insured under any Health Insurance Policy? If yes, please provide the below details									
Product Name	Insured Name	Policy Number	Insurer Name	Policy Period		Sum Insured	First Inception date	Claim Lodged (if any)	Cumulative Bonus
				From	To				

Authorization

You agreed to following terms and conditions of the purchase of policy.

1.) 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.

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2.) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

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

4.) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5.) I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

6.) I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy Policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Transcript consent received via OTP on 21/02/2026 06:45:58

Name of the Proposer- Aman .
Signature of the Proposer _____
Date: _____ Place: _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.
The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

Insured person may contact the company through; Universal Sompo General Insurance Co. Ltd. Unit no: 601 & 602, A and B Wing, 6th Floor, Reliable Tech Park, Cloud-City Campus, Gut No:31, Mouje Eltham, Thane-Belapur Road, Airoli, Navi-Mumbai-400708.

Product Name - Complete Healthcare Insurance
UIN Number- UNIHLIP25036V042425