

COVERAGE SELECTION

1. Plan details

Policy Type: Individual Family Cover*

*Proposer has to be mandatorily covered under the Family cover.

In case of Family cover, following shall be the sum insured limits for Family Members:

Self has to be earning and mandatorily have to be covered

- Self/Proposer - 100%
- Spouse - 50% of the sum insured of proposer
- Parents/Parents-in-Law - 25% of the sum insured of proposer for each
- Child/Children - 20% of the sum insured of proposer for each

If a higher sum insured is sought for any of the family members then they will have to opt for a separate policy, issuance of which shall be subject to the acceptance and income criteria guidelines.

2. Proposed Policy Term - 1 year

3. Sum Insured for Proposer - please specify the Sum Insured

Rs. 2.5 lakhs to Rs. 1 crore (in multiples of Rs. 50,000) _____

Rs. 1.5 crores to Rs. 5 crores (in multiples of Rs. 50 lakhs) _____

Details of Persons to be covered. Please repeat and share below for each proposed person for cover.

| Sl No. | Name (Proposed Person) | Date of Birth | Gender | Relationship to Proposer | Occupation | Nominee Name | Relationship of Nominee to insured Person | *Any existing Personal Accident policy with Royal Sundaram | #Optional covers |
|--------|------------------------|---------------|---|---|------------|--------------|---|--|--|
| 1 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |
| 2 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |
| 3 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |
| 4 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |

| Sl No. | Name (Proposed Person) | Date of Birth | Gender | Relationship to Proposer | Occupation | Nominee Name | Relationship of Nominee to insured Person | *Any existing Personal Accident policy with Royal Sundaram | #Optional covers |
|--------|------------------------|---------------|---|---|------------|--------------|---|--|--|
| 5 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |
| 6 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law | | | | | <input type="checkbox"/> TTD <input type="checkbox"/> HosExp <input type="checkbox"/> EduGra |

#Optional Covers - Temporary total disablement/Hospitalisation Expenses due to Accident/ Education grant

*If yes please mention policy no _____

Please select Risk Class for each Insured Person (please tick the option relevant to you)

| Risk Class | Please tick the option applicable to you. |
|---|---|
| RISK CLASS I - skilled white collar class with no exposure to occupational hazard Few indicative examples - Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons engaged in administrative functions, house wife or any person not going out for work etc. | Insured Person 1 _____ Insured Person 2 _____ Insured Person 3 _____ Insured Person 4 _____ Insured Person 5 _____ Insured Person 6 _____ And so on |
| RISK CLASS II - skilled white collar class with minimal exposure to occupational hazard Few indicative examples - Builders, Contractors and Engineers engaged in superintending functions only etc. | Insured Person 1 _____ Insured Person 2 _____ Insured Person 3 _____ Insured Person 4 _____ Insured Person 5 _____ Insured Person 6 _____ And so on |
| RISK CLASS III - skilled/semi-skilled class with moderate exposure to occupational hazard Few indicative examples - Delivery boys, Diploma engineers working on shop floor etc. | Insured Person 1 _____ Insured Person 2 _____ Insured Person 3 _____ Insured Person 4 _____ Insured Person 5 _____ Insured Person 6 _____ And so on |
| RISK CLASS IV - unskilled class having high exposure to occupational hazard. Few indicative examples - Loaders, Mining workers etc. | Insured Person 1 _____ Insured Person 2 _____ Insured Person 3 _____ Insured Person 4 _____ Insured Person 5 _____ Insured Person 6 _____ And so on |

Electronic Insurance A/c Number

If yes, please mention account number

CAUTION

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

- I hereby consent that the policy documents may be sent to me by email at _____ (Please provide us your e-mail id)
- I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited ("Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time. (including social media like whatsapp)

Date:

Signature of the Proposer _____

Place: _____

Name of Proposer _____

DECLARATION

- I declare that persons proposed for policy include my family members only and they are not engaged in any high risk occupation. I have given explicit information of instances of pre existing diseases and understand that such pre - existing medical conditions will not be covered under the policy.
- 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 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.
- 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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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 insured/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.
- 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 Government and/or Regulatory authority.
- I/We undertake that the loadings applicable have been informed and understood by me.

Date:

Signature of the Proposer _____

Place: _____

Name of Proposer _____

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name _____

Relationship with proposer _____

Signature of declarant _____

Signature of applicant in vernacular _____

7. Payment Details: Please tick (✓) payment option

Premium Amount (₹)

Cash

Cheque/NEFT/DD

Cheque/NEFT/DD Number

Cheque/NEFT/DD Date

Bank

Payment Options: Annual Monthly Quarterly Half-yearly

In case of installment payment options, ECS (Auto-debit is must)

For Auto-debit facility, you are required to submit Auto-debit authorization form separately.

For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank _____

Card Payment Option :

Charge the premium to my Credit Card Debit Card Date of Expiry /

Visa / Master Card No.

Name of the Bank _____

I hereby authorize Royal Sundaram General Insurance Co. Limited to charge applicable premium for me and my family members policy to my above mentioned Visa/Master Card.

8. Bank Account Details

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Name of Bank _____ Branch _____ City _____

IFSC/MICR Code Account Number

Account Holder Name _____

Please tick (✓) if you want to opt for Auto Renewal

Sign Here

X _____
Signature of Applicant

Place : _____

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore, if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer): _____

Date:

Signature of the Insurance Advisor _____

For Office Use Only

Customer ID : _____ Policy No. : _____

Issuing Office : _____

SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES

- 1) 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 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 the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer
- 2) If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to rupees ten lakhs.



Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.
Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

☎ 1860 425 0000 | ✉ customer.services@royalsundaram.in | 🌐 www.royalsundaram.in



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Proposal No.

**SARAL SURAKSHA BIMA,
ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED.
PROPOSAL FORM**



Royal Sundaram
General Insurance

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others _____ of amount of ₹. _____ dated _____ drawn on _____

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 whatsoever if premium is not received by us in full (in line with mode of payment opted by you) and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

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