

COVID SECURE PROPOSAL FORM



Proposal No. _____

FOR OFFICE USE ONLY

Branch Name: _____ Branch Code: _____

Intermediary: Agency Direct Corporate Agency Other Intermediaries _____

Intermediaries Name: _____ Intermediary Code: _____

Proposal Received On:

Customer ID: _____

GUIDELINES FOR COMPLETION OF THE FORM (TO BE FILLED BY PROPOSER)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. Insurance Cover under this policy will start only on acceptance of proposal by us and receipt of full payment under the policy.

PROPOSER DETAILS

Please fill up this form in CAPITAL LETTERS for yourself and each proposed insured person

Mr. Mrs. Miss Others _____ Gender Male Female 3rd Gender Aadhaar Number
 Name of the Proposer
 First Name Middle Name Last Name
 Date of Birth PAN Number

If salaried, specify designation _____

If self employed, specify business/occupation _____

Address for Correspondence

 City State
 Landmark
 Pincode Telephone -
 Mobile /
 E-mail
PAN Number/Aadhaar Number/Mobile Number/Email are mandatory

Coverage Selection: This Policy is offered on an Individual basis. Sum Insured (Fixed Benefit) ₹25000 ₹50000

Important Notes:

1. This policy is offered on Pilot basis and hence, renewal of this policy will be only upto the time of COVID SECURE is offered by Royal Sundaram General Insurance Co. Limited.
2. Only one policy is allowed for one person.

DETAILS OF PERSONS TO BE COVERED

| Sl. No | Insured Name (First, Middle, Last) | Date of birth | Gender | Relationship with proposer | Existing Covid Secure Policy with Royal Sundaram (Yes/No) |
|--------|------------------------------------|---|---|----------------------------|---|
| 1. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 3 rd Gender | | |
| 2. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 3 rd Gender | | |
| 3. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 3 rd Gender | | |
| 4. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 3 rd Gender | | |

ADDITIONAL BENEFIT

Nomination

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form. The receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Following section to be filled by the proposer:

| Nominee Name (First, Middle, Last) | Relationship with the proposer | Address and contact details of Nominee |
|---------------------------------------|--------------------------------|--|
| | | Address |
| | | Phone Number |

Electronic Insurance Account Number

If yes, please mention account number

Medical Questions

Please answer the below mentioned questions for the proposed Insured Person accurately to the best of your knowledge. Please ensure that you are fully informed about the standard waiting periods and exclusions that apply to the Covid Secure.

| Sl. No | Questions (please answer Yes/No) | Proposed Insured Name(s) | | | |
|--------|--|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| 1 | Has person proposed to be insured been suffered or have been suffering from fever, common cold, cough, shortness of breath, headache, fatigue or any other flu like symptoms etc, within last 1 month? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 | If the person proposed to be insured is suffering from Diabetes and on continuous treatment for same in the last 1 year, and has an average HbA1C reading of 7.2 or above in the last 1 year? (Please mention HbA1C reading for each Insured member in case the answer is Yes) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/> |
| 3 | Has the person proposed to be insured has undertaken any major surgery recently in the last 2 years like Heart Surgery, Kidney transplant, Liver transplant, Joint Replacement etc.? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4 | Has the person proposed to be insured is currently suffering from and on a continuous treatment for last 6 months from any of the following- Ischemic Heart Disease, Stroke, Paralysis, Kidney Failure, Cancer, Tuberculosis, HIV, COPD, Asthma? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Note: On the basis of declaration made under question no. 2 of Medical questions above, Company may apply loading on the premium payable.

GENERAL INFORMATION

1. 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.

Date : Signature of the Proposer : _____

Place : _____ Name of Proposer : _____

2. Declaration

- 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 : _____

3. Vernacular Declaration

In case the proposer is illiterate and cannot understand the language mentioned in the proposal form. I hereby declare that I have fully explained the contents of the proposal form and declaration by the proposer that he has clearly understood.

Declarants Name
 Relationship with proposer

Signature of declarant : _____ Signature of applicant in vernacular : _____



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

Premium Amount (₹)

Cash

Premium Amount in Words _____

Cheque/NEFT/DD Payment Option:

Cheque/NEFT/DD Number

Cheque/NEFT/DD Date

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.

Pan Number

Pan Number is mandatory

8. 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

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

Sign Here

X _____

Place : _____

Signature of Applicant

SECTION 41 OF THE 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 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

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

Insurance is the subject matter of solicitation



1860 425 0000



customer.services@royalsundaram.in



www.royalsundaram.in

PR20015/MAY20

COVID SECURE



Royal Sundaram
General Insurance

ACKNOWLEDGMENT

Proposal No. _____

Date

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/DD/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 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

Intermediary Declaration

I, _____ (Full Name), _____ License No./ID in my capacity as an Insurance Intermediary has explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer. The information furnished in the proposal is true to the best of my knowledge.

Date :

Signature of the Insurance Advisor : _____

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

Insurance is the subject matter of solicitation



1860 425 0000



customer.services@royalsundaram.in



www.royalsundaram.in

PR20015/MAY20



Royal Sundaram

General Insurance

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

Insurance is the subject matter of solicitation

PR20015/MAY20



Royal Sundaram

General Insurance

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

Insurance is the subject matter of solicitation

PR20015/MAY20