



FOR OFFICE USE ONLY

Issuing branch	_____
Agent reference	_____
Policy number	_____
Urban / Rural	_____

ROYAL SUNDARAM GENERAL INSURANCE CO. LTD
Registered office: No. 21, Patullos Road, Chennai- 600 002
Corporate Office: Vishranthi Melaram Towers, No. 2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

SURGICARE PROPOSAL FORM

*PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED.
PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING AN INK PEN*

Proposer's Full Name :

Date of Birth :

Marital Status : Married Single

Address with Pincode :

Daytime Telephone Number :

Evening Telephone Number :

Email ID :

Insurance required : From: ___am/pm on
To : midnight on

Details of Persons to be covered:

	Member1	Member2	Member3	Member4	Member5	Member6
Name of the insured person						
DOB						
Gender						
Relation to Proposer						

Medical History – Details

Details	Member1	Member2	Member3	Member4	Member5	Member6
• Have you ever suffered from or currently suffering from or under treatment for the following?						
a) High blood sugar / Diabetes	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Heart Disease	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Any cancer	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Kidney / liver problems /jaundice	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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you any other Health Insurance / Medclaim Policies under any other schemes including credit cards, employee schemes etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give the following details				
Name of the Person covered	Name of the Company	Policy Number	Period of Insurance	Sum Insured

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/We undertake that the loadings applicable have been informed and understood by me.

__ 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 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.

___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.

Date :

Signature or thumb
impression of the Proposer

Place :

**SECTION 41 OF THE INSURANCE ACT 1938
PHOHIBITION 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 regulation above he shall be liable to payment of fine which may extend to ten lacs rupees.

Royal Sundaram General Insurance Co. Limited
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Registered Office: No. 21, Patullos Road, Chennai - 600002
www.royalsundaram.in

Insurance is a subject matter of solicitation

UIN: IRDA/NL-HLT/RSAI/P-H/V.I/194/13-14