

Proposal No. _____



Royal Sundaram
General Insurance

TRAVEL SECURE PROPOSAL FORM

Agent Code: _____ Branch Name: _____ Branch Code: _____

- a) Please i) furnish answers to all questions in this proposal in Capital Letters only), ii) tick in relevant boxes. Please note all details are mandatory
- b) This proposal shall form the basis of the insurance policy to be issued by us. Hence you are requested to disclose all facts pertaining to all the persons proposed for insurance with us, without omitting any particulars. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.
- c) Wherever space provided in this form is inadequate to fill in all the necessary particulars, kindly attach a separate sheet.
- d) The acceptance of this proposal shall be subject to the terms and conditions of this policy
- e) Payment of premium prior to commencement of risk is a pre-requisite and hence we will not be liable to make any payment under the Policy if premium is not received by us in full and in time, or is not realized (in case of cheque payment) or non-fulfillment of pre-policy checkup (as applicable)
- f) The insurance under this policy does not commence until this Proposal has been accepted by the Company and premium has been paid.

PROPOSER DETAILS

Mr. Mrs. Miss Others _____ Gender Male Female 3rd Gender

Name of the Proposer

First Name	Middle Name	Last Name
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Address for Correspondence

City

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 State

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Landmark

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 Pincode

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Telephone

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 Mobile*

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 /

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Marital Status: Married Single Nationality: Indian NRI Foreigner

PAN Number

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 Passport No

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Education Qualification Lesser than matriculation Matriculation Graduate Post Graduate Professional Course

Occupation Salaried Self employed Student House wife Others

If salaried, specify designation _____

If self employed, specify business/occupation _____

Annual Gross Income (₹) _____

E-mail*

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Purpose of visit Leisure Study Business Others _____
(Please Specify)

Please specify if you fall under any of the listed categories. (please tick and give details where ever required)

- 1. Non Resident Indian (NRI)
- 2. Member of any Trust: Charities Non-Government Organisation (NGO)
- 3. Politically Exposed Person (PEP): Senior Politician Senior Government Judicial Military Officer
 Senior Executive of State Owned Corporation Important Political Party Official
 Head of State or of Government.

KNOW YOUR CUSTOMER (KYC) DETAILS

Please provide your Central Know Your Customer registration number below.

CKYC Number

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If CKYC Number is not available, please confirm below on the documents being shared by you (proposer) to comply with KYC guidelines. (Please tick)

- 1. PAN Card Copy (compulsory) 2. Form 60 (only if PAN is not available)
- 3. **Address Proof** Driving License Voter's Identity Card Passport Copy NREGA Card
 Any other officially valid document (please specify)
- 4. **Identity Proof (only for those submitting Form 60)** Driving License Voter's Identity Card Passport Copy NREGA Card
 Any other officially valid document (please specify)

Note - Address proof and Identity proof can be 2 different documents or 1 same document too.

PERIOD OF INSURANCE

a. Leisure/Senior Citizen/Asia/Student

Date of Departure Date of arrival No. of days

b. Multi Trip:

Date of Departure: No. of days: 30 days 45 days 60 days 90 days

Countries to be visited: _____

Also planning to travel Schengen countries Yes No

PLAN OPTED

 Leisure Including Americas Excluding Americas Multi trip Including Americas Excluding Americas Asia Senior Citizen Including Americas Excluding Americas Student Including Americas Excluding Americas

PLEASE CHOOSE SUM INSURED OPTED UNDER THE RESPECTIVE PLAN

LEISURE Classic USD 50000 USD 1 Lakh Supreme USD 2 Lakh USD 3 Lakh USD 5 LakhElite USD 5 Lakh USD 7.5 Lakh USD 10 Lakh**MULTI TRIP** Gold USD 2.5 Lakh Platinum USD 5 Lakh**SENIOR CITIZEN** USD 25000 USD 50000 USD 1 Lakh***ASIA** USD 50000**STUDENTS** Silver USD 50000 Gold USD 1 Lakh Platinum USD 2.5 Lakh Titanium USD 5 Lakh Diamond USD 7.5 Lakh

*Policy issuance will be subject to medical underwriting. Following shall be the medical examination reports to be submitted by the customer: CBC, ESR, URA, MER, FBS/HbA1C, S Cholesterol, ECG, SGPT, S Creatinine.

DETAILS OF MEMBERS TO BE COVERED

Sl. No	Name (As it appears in the passport)	Relationship with the proposer	Date of birth	Gender	Passport No	Expiry Date	Nominee Name	Relationship with the insured	Premium Amount
1.			<input type="text" value="DDMMYYYY"/>	<input type="checkbox"/> M <input type="checkbox"/> F					
2.			<input type="text" value="DDMMYYYY"/>	<input type="checkbox"/> M <input type="checkbox"/> F					
3.			<input type="text" value="DDMMYYYY"/>	<input type="checkbox"/> M <input type="checkbox"/> F					
4.			<input type="text" value="DDMMYYYY"/>	<input type="checkbox"/> M <input type="checkbox"/> F					
Total Premium									

MEDICAL HISTORY DETAILS.

Have you or any other member proposed, ever suffered or suffering from any Pre-existing medical conditions (such as Heart disease, High blood pressure, Diabetes, Congenital diseases or deformities, Cancer, Nervous or mental disorders, AIDS, Chronic respiratory disorders, Kidney Disease, Liver Disease, Thyroid etc.) or sustained any accident, physical defect or deformity or any other illness, impairment, disability or surgery for which you have taken treatment in the last 4 years.

If yes, give details for each insured person

Sl. No	Name of the Insured	Nature of Illness/disease/injury
1		
2		
3		
4		
5		

Any conditions disclosed above shall be recorded as Pre-Existing Conditions.

ADDITIONAL INFORMATION TO BE FILLED BY THE PERSON OPTING FOR STUDENT PLAN

UNIVERSITY DETAILS

Name of University	Course Name	University Address	City	State	Country	Tuition fee/ per annum

SPONSOR'S DETAILS

Sponsor's Name	Relationship to Insured	Address With City State Country	Date of Birth	Contact number

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.

Payment Details: Please tick (✓) payment option

Premium Amount

Cheque/DD Payment Option:

Cheque/DD Number

Cheque/DD Date Bank

Please provide your bank account details to enable us to make a direct refund of premium in to your account, in the event of you opting for policy cancellation. Refund of premium will be as per the applicable short period rates, mentioned in your policy wordings.

Name of Bank _____ Branch _____ City _____

IFSC Code Account Number

Sign Here
 X _____ Place : _____ Date :

Signature of Applicant

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

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