COVID SECURE Proposal Form

Proposal Form No:

For Office Use Only

Branch Name: Branch Code:

Intermediary: Agency/Direct/Corporate Agency/Other Intermediaries _____

Intermediaries Name: Intermediary Code:

Proposal Date: DD MM YYYY

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.

Please fill up this form in CAPITAL LETTERS for yourself and each proposed Insured Person.

Proposer Details:

First Name (Mr./Mrs.) _____ Middle Name _____ Last Name _____

Address_____

_____

City_____District_____

State_____Pin Code_____

Date of Birth (DD/MM/YYYY) _____

Phone No.STD Code_____ **Landline No**_____ **Mobile No.**_____ (Mandatory)

Email ID_____ (Mandatory field)

PAN No._____(Mandatory) **Aadhar No.** _____

Coverage Selection:

This Policy is offered on an Individual basis.

1. **Sum Insured (Fixed Benefit)**

☐ Rs. 25,000 / ☐ Rs. 50,000

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.

S. No.	Insured Name (First, Middle, Last)	Gender (M/F/others)	Date of Birth (DD/MM/YYYY)	Relationship with Proposer	Existing COVID SECURE Policy with Royal Sundaram (Yes/No)
1.		---M ---F --others		---Self ---Spouse ---Son ---Daughter --Father --Mother --Father-in-law --Mother-in-law ---Others ------	
2.		---M ---F --others		---Self ---Spouse ---Son ---Daughter --Father --Mother --Father-in-law --Mother-in-law ---Others ------	
3.		---M ---F --others		---Self ---Spouse ---Son ---Daughter --Father --Mother --Father-in-law --Mother-in-law ---Others ------	
4.		---M ---F --others		---Self ---Spouse ---Son ---Daughter --Father --Mother --Father-in-law --Mother-in-law ---Others ------	

Nomination

Nominee Name	Relationship with the proposer	Address and contact details of Nominee
First Name ---------- Middle Name ---------- Last Name ---------		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.

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?				
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)				
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.?				
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?				

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.

Dated: DD MM YYYY 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.

Dated DD MM YYYY 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

Premium Amount_____ (in Words _____)

Payment Option ---Cheque ---Credit/Debit Card (Pan Number is mandatory)

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

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

b) For Credit/Debit Card

Card No _____ Expiry Date _____ Card Type: Visa/Master/Amex

Name on the Card _____

5. 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)

Account Number: _____

IFSC/MICR Code: _____

Name of the Bank: _____

Account Holder Name: _____

Acknowledgment

Proposal form No. Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others---------- of amount of Rs.----------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 DD MM YYYY Signature of the Insurance Advisor

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938
PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938

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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Ten Lakhs Rupees.