



**GROUP PERSONAL ACCIDENT POLICY (APA002)**

**PROPOSAL FORM**

Full Name of Proposer/Group Manager :  
Occupation :  
Communication Address :  
Telephone Number :  
Email ID :  
PAN Details :  
Period of Insurance :  
Persons to be covered :  
Relationship with the Proposer/Group Manager :  
Nominee details for proposed persons : As declared

**Coverage:**

Cover	Details	Please select
Accidental Death	100% of Sum Insured	
Permanent Total Disablement	Up to 100% of Sum Insured	
Permanent Partial Disablement	% as per Schedule	
Temporary Total Disablement only	As per Schedule	

**Payment Details:** Please tick (√) payment option

- Cheque Payment Option:  
Cheque Number: \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_  
Cheque Date: \_\_\_\_\_ Bank \_\_\_\_\_
- Demand Draft Payment Option:  
DD Number: \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_  
DD Date: \_\_\_\_\_ Bank \_\_\_\_\_

**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:   
Place:

Signature & Seal of the  
Proposer/Group Manager

**1. STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938**  
**I. 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 Lakh Rupees.

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Royal Sundaram General Insurance Co. Limited  
Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097

Registered Office: No. 21, Patullos Road, Chennai - 600002  
[www.royalsundaram.in](http://www.royalsundaram.in)

Insurance is a subject matter of solicitation