



FOR OFFICE USE ONLY

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

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
 46, Whites Road, Chennai – 600 014. Phone 044-2852 2123 Fax: 044-2851 7384

CRITICAL ILLNESS LUMP SUM INSURANCE PROPOSAL FORM

PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED IN CAPITAL LETTERS
 ENSURE THAT THE DESIRED SUM INSURED IS SELECTED

Proposer's Full Name : Mr./Mrs./Miss

Date of Birth : DD/MM/YY

Marital Status : Married Single

Address with Pincode :

Daytime Telephone Number : STD CODE:

Evening Telephone Number : STD CODE:

Email ID :

Insurance required : From: ___am/pm on DD/MM/YY
 To : midnight on DD/MM/YY

Name and Address of your family physician :

Details of Persons to be covered:

	Member1	Member2	Member3	Member4	Member5
Name of the insured person					
DOB					
Gender					
Relation to Proposer					
Profession/trade/occupation					
Sum Insured					
Nominee Name					
Nominee Relationship					

If nominee is a minor please give the Guardian Details					
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Health Informations

Please answer these questions. If answer to any of the question is 'Yes', please provide details on a separate sheet of paper.

Details	Member1	Member2	Member3	Member4	Member5
1. Are you presently in ill-health or suffering from any mental or physical impairments or deformities	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"/>
2. Have you ever suffered from, or received medical advice, counseling or treatment in connection with:					
a) High blood pressure, chest pain, stroke or any heart or circulatory trouble?	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) Enlarged glands or any form of cancer, tumour or disorder of the blood?	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) Diabetes or any disorder of the kidneys, liver or bladder or obesity?	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) Any disorder of the stomach or bowels or of the eyes, ears, nose or throat, musculoskeletal problems; neurological disorders?	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"/>
e) Shortness of breath, asthma, bronchitis or any disorder of the lungs?	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"/>
3. Are you currently receiving medical attention or taking any drugs or medication? If Yes, please specify	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"/>
4. Have any of your family members ever suffered from or are currently receiving medical treatment for any illness listed under question 2? If yes, please provide details	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"/>
5. Do you smoke cigarettes / cigars?	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"/>
6. Have you been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy?	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"/>
7. Have you ever had any medical, hospitalization, accident or life insurance application rejected or a policy cancelled, rated or restricted, subject to special terms, or had renewal declined? If yes, please provide details	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"/>
8. Have you ever undergone any health checkup during the last 3 years? If yes, reason for taking checkup and the report may be enclosed	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"/>
9. Does your family have a history of early deaths? If yes, provide details	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"/>

Are you and/or proposed persons at present or were at any time in the past covered under any other Insurance type (PA. Cancer Insurance, Hospitalisation Insurance or other Medical Insurance) - Yes No

If Yes, give details of the following?

Name of the Insurer

Policy number

Period of Insurance

Claim amount received / receivable

I declare that persons proposed include my family members only and they are not engaged in any high risk occupation. I have given explicit information of instances of pre-existing diseases and understand that such pre-existing medical conditions will not be covered under the policy. I understand that the premium if paid by cash will not be eligible for deduction under Section 80D of the Income Tax Act, 1961.

All information given in this proposal form on behalf of myself and my family members are correct and true to the best of my knowledge and belief. I understand and note that this proposal form shall form the basis of contract and any statement, answer, particulars which are incorrect or untrue shall entitle the Insurers to deny any liability under the Policy. I hereby agree to enroll myself and/or my dependants to Critical Illness Lumpsum Insurance Policy.

Payment Details: Please tick (✓) payment option

Cheque / Demand Draft Payment Option:

Cheque / DD Number: _____ Amount (Rs.) _____

Cheque / DD Date: _____ Bank _____

Credit Card Payment option: Charge the premium to my Credit Card

Visa / Master Card No. _____ Card Expiry Date _____

Please tick (✓) if you opt for Auto renewal.

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/Masters Card and renew the policy (subject to Conditions) every year till further written notification and so long as my Visa/Master Card is valid. I understand that my cover would start on remittance of appropriate premium/ renewal premium being received by Royal Sundaram from the Bank.

Date:

Signature or thumb
impression of the Proposer

Place:

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
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Insurance is a subject matter of solicitation

UIN: IRDA/NL-HLT/RSAI/P-H(C)/V.I/191/13-14