

# TRAVEL SHIELD - SINGLE TRIP PROPOSAL FORM



Royal Sundaram

General Insurance

Proposal No: \_\_\_\_\_

Agent Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED IN CAPITAL LETTERS. PLEASE TICK  IN THE RELEVANT BOXES. ALL DETAILS ARE MANDATORY.

Sum Insured Options ( In US\$ ):  50,000  1,00,000  1,50,000

**CUSTOMER DETAILS**

1. Title  Mr.  Mrs.  Miss  Other \_\_\_\_\_ (Please Specify)

2. Name 

First Name	Middle Name	Last Name
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3. Communication Address \_\_\_\_\_ Residential Address \_\_\_\_\_  
 Pincode \_\_\_\_\_ Pincode \_\_\_\_\_

4. Daytime Phone(s) \_\_\_\_\_ /Overseas No. \_\_\_\_\_  
STD CODE ISD CODE

5. Mobile Number \_\_\_\_\_ / \_\_\_\_\_ 6. Pan No.: \_\_\_\_\_

7. E-mail \_\_\_\_\_

8. Profession / Occupation: \_\_\_\_\_ 9. Purpose of Visit \_\_\_\_\_

10. Date of Departure: \_\_\_\_\_ 11. Date of Return: \_\_\_\_\_ 12. Insurance required for number of days \_\_\_\_\_

13. Date of Birth 

D	D	M	M	Y	Y
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 14. Countries to be Visited:  Excluding USA and Canada  Including USA and Canada

15. Please specify the countries to be visited \_\_\_\_\_

Nominee Name \_\_\_\_\_ Nominee's relationship to proposer \_\_\_\_\_

Is your nominee also proposed for cover in this policy  Yes  No

PLEASE TICK  AGAINST THE APPLICABLE DESCRIPTION, IF YOU FALL UNDER ANY OF THE BELOW LISTED CATEGORIES. IF YOU FALL UNDER MORE THAN ONE OF THE LISTED TITLES BELOW, PLEASE TICK AGAINST ALL THE APPLICABLE HEADS.

- Head of State or of Government  Senior Politician  Senior Government/Judicial/Military Officer
- Senior Executive of State-Owned Corporation  Important Political Party Official

**DETAILS OF MEMBERS TO BE COVERED**

S. No.	Name	Date of Birth	Gender	Passport No	Expiry Date	Nominee	Relationship with the Insured	Premium Amount
						Name		
1.		D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F					
2.		D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F					
3.		D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F					
4.		D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F					

Total Premium \_\_\_\_\_

**MEDICAL HISTORY - DETAILS**

Details	Member 1	Member 2	Member 3	Member 4
	If yes please furnish details for each person			
1. Have you ever been diagnosed or received any treatment (including hospital or surgery) or felt any disorder or pain or had any symptoms indicating: Heart disease, High blood pressure, Diabetes, Congenital diseases or deformities, Cancer, Nervous or mental disorders, AIDS, Chronic back problem, Chronic respiratory 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"/>
2. Are you suffering from physical defect or deformity?	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. Were you admitted to any hospital / nursing home / clinic for any illness / treatment or operated on account of any accident / observation?	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. Are you currently or in past have been on any medications? Please mention.	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. Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	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. Are you involved or planning to be involved in a dangerous sport or hobby (on site / destination) ?	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. Please mention the name, address and telephone no. of your family doctor and/ or specialist.				

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 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 Governmental and/or Regulatory authority.

I also declare that I am not traveling against the advise of a physician or for purpose of obtaining treatment. I am not on the waiting list for any medical treatment and have not received a terminal prognosis for a medical condition before this date. I understand that policy does not cover pre-existing medical conditions either declared or undeclared.

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

Premium Amount (₹)

Cash

Cheque/DD Payment Option:

Cheque/DD Number

Cheque/DD Date

Bank

Card Payment Option:

Charge the premium to my  Credit Card  Debit Card Date of Expiry

Visa / Master Card No.

Name of the Bank

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/Master Card.

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 \_\_\_\_\_  
Signature of Applicant

Place : \_\_\_\_\_

Date :

**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 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 ten lakh rupees.

UIN: IRDAI/NL-HLT/RSAL/P-H/V.I/216/13-14



**Royal Sundaram General Insurance Co. Limited**  
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)  
Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.  
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