



ROYAL SUNDARAM GENERAL INSURANCE CO. LTD

Registered office: No. 21, Patillos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

TRAVEL SHIELD PLUS – CORPORATE FREQUENT TRAVELLER

PROPOSAL FORM

CUSTOMER DETAILS

Name of the Proposer:

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Occupation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

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Phone No:

India

STD				
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Overseas

ISD				
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Mobile No:

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Email :

Date of Birth: DD-MM-YYYY

Purpose of visit: Business/Personal-Holiday

Duration of Trip _____ **days**

Departure Date:

Arrival Date:



Countries to be visited and tentative schedule in detail: _____

Insurance duration required: _____

Passport Details:

Sl No.	Name	Passport No.	Issued at	Date of Expiry

Choose Geographic Coverage :

Details of Family Members to be covered

Sl No.	Name of the Insured Person	DOB	Gender	Relation	Assignee for PA	Relation to Insured	Signature

Details of Medical History

a) Are you suffering or have you ever suffered from any illness/disease/ailment up to the date of making this proposal

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				
2.				
3.				
4.				
5.				

b) Are you suffering from physical defect or deformity?

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				



2.				
3.				
4.				

c) List the occasions you were admitted to any hospital/nursing home/ clinic for illness / treatment or operated upon on account of accident/observation? (Please give details of past 4 years)

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				
2.				
3.				
4.				

d) Are you currently or in past (4 years) have been on any medications? Please mention

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				
2.				
3.				
4.				

e) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				
2.				
3.				
4.				

f) Please mention the name, address and telephone no. Of your family doctor and/or specialist.

Sl. No.	Member 1	Member 2	Member 3	Member 4
Name				
1.				
2.				
3.				
4.				

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: DD/ MM/ YYYY

Signature of the Proposer _____

Place _____

Name of Proposer _____

If proposer / family members are over 70 years of age or if medical history reveals any Hypertension /heart ailments/ diabetes/ abnormal sugar level, kindly get the Medical History questionnaire completed and signed by a cardiologist submit the following documents:

- HA₁C Report
- Tread Mill Test
- Urine analysis report (including fasting and PP)
- ECG print out with report

Please note that Medical examination conducted within 30 days prior to the date of this proposal are valid.

MEDICAL HISTORY

To be completed by a cardiologist (give findings)

	Member 1	Member 2	Member 3	Member 4
Details/Name				
1. General Examination				
2. Systemic Examination				
3. Details of Past History of illness / disease/ injury / operation / investigations				
4. Describe any treatment taken by proposer in the past or being taken at present				
5. Do the Fasting Blood Sugar / Urine Sugar Reports show any Abnormality. If yes, give details				
6. Does the attached ECG in your professional opinion show any abnormalities. If yes, Give details				
7. Do the abnormalities represent a current illness / disease which may require medical treatment. If yes Give details of treatment.				
8. Do you consider proposer fit to travel anywhere abroad, considering the stress of air travel might adversely affect his / her health				

Name of doctor _____

Qualifications _____ Registration Number _____



Royal Sundaram

Address of Doctor _____

City _____ Pincode _____ Telephone _____

Date _____ Signature of Doctor _____

**SECTION 41 OF THE INSURANCE ACT 1938
PHOHIBITION 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 regulation above he shall be liable to payment of fine which may extend to ten lacs rupees.

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

Insurance is a subject matter of solicitation

UIN: IRDA/NL-HLT/RSAI/P-H/V.I/272/13-14