ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered Office: 21, Patullos Road, Chennai– 600 002.
Corporate Office: "Vishranthi Melaram Towers", 2/319, Rajiv Gandhi Salai,
Karapakkam, Chennai 600097. Ph:91-44-7117 7117,1860 425 0000.
E.mail:customer.services@royalsundaram.in|Website:www.royalsundaram.in
IRDA Registration Number 102|CIN-U67200TN2000PLC045611

Intermediary Name Intermediary Code:

Group Arogya Sanjeevani Policy, Royal Sundaram General Insurance Co. Limited

PROPOSAL FORM

CLIENT DETAILS:

Name of the Corporate/Association :

PAN No :

Address :

Details of Contact Person

i) Name :
ii) Designation :
iii) Mobile Number :

Number of Members **:**

Number of Dependents :

Relationship with Proposer/Group Manager :

Is the premium paid by the Member for the coverage of self or any of the dependents :

INSURANCE HISTORY

Is this a Fresh Proposal : Yes / No

If No, Name of Existing Insurer :

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Expiry Date of the existing Group Health Policy :

Claims experience with existing insurer

S.No.	UW Year	Premium excluding TPA & ST	Incurred Claims (Paid + Outstanding)	Number of lives at inception	Number of lives at expiry
1					
2					
3					
4					
5					

Terms of Coverage

Terms of Coverage	Expiring Terms	Proposed
Member only	Yes / No / NA	Yes / No / NA
Member and Spouse	Yes / No / NA	Yes / No / NA
Member/Spouse and Dependent child only	Yes / No / NA	Yes / No / NA
Member/Spouse and Dependent children only	Yes / No / NA	Yes / No / NA
Sum Insured limits applicable	Yes / No / NA	Yes / No / NA

Declarations:

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/proposed 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/proposed or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposed and seeking information from any insurance company to which an application for insurance on the life to be assured/proposed has been made for the purpose of underwriting the proposal and/or claim settlement.

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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.

Date : DD/MM/YYYY

Place : **Signature of the Proposer**

Note : In case if the above proposal is not sufficient, please attach separate sheets with all details thereof duly signed which forms part of this.

Disclosures:

Renewal:

The Company shall not be bound to accept any renewal premium nor give notice that such is due.

The Policy can be renewed subject to revision in renewal premium based on the change in demography of the group, claim experience and the revision in terms, if any.

SECTION 41 OF INSURANCE ACT, 1938 PROHIBITION OF REBATES
1.No person shall allow or offer either directly or indirectly as an inducement to any person to take out or renew or continue as 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 except such rebate as may be allowed in accordance with the prospectus or tables of the Insurers. 2.Any person making default in complying with the section shall be punishable with fine which may extend to Ten Lakh rupees.

UIN: RSAHLGP21542V012021