ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Proposal Form

GROUP COVID SECURE

For Office Use Only

Branch Name: Branch Code:

Intermediary: Agency/Direct/Corporate Agency/Other Intermediaries _____

Intermediaries Name: Intermediary Code:

Proposal Date: DD MM YYYY

Customer ID

Guidelines for Completion of the Form (To be filled by Proposer)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. Insurance Cover under this policy will start only on acceptance of proposal by us and receipt of full payment under the policy.

Please fill up this form in CAPITAL LETTERS

1. Proposer's Full Name :
2. Address :
3. PAN No. :
4. Type of Entity : Bank/ Financial Institution/ Others(specify)
5. Type of Group : a) Employer – Employee b) Non Employer - Employee
6. Nature of Business (For Non Employer-Employee specify type of group) :
7. Telephone/Mobile Number :
8. Email ID :
9. Whether compulsory or voluntary (Please tick) : compulsory / voluntary
10. If compulsory, whether all members are covered or not : Yes/No

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11. Opportunity for Members to answer Health questions in case of voluntary coverage: Yes/No

12. Group size-No of employees/customers :

13. No of employees/customers and number proposed for coverage Designation wise Location wise sum insured wise:

S.No.	Location	Designation	Approx. Annual Income	No of members	No proposed	Sum insured	Age
							a) 21-65 yrs b) 66 & above

14. In case of Employer -Employee, approximate number of people working from home :

15. Has any employee/customer been detected for covid. If so, how many Designation-wise and what is their current status?

S.No.	Name	Location	Designation	Detected From	Treatment till	Current status

16. Please provide details of measures taken to safeguard employees from Covid:
    a) Temperature screening :
    b) Sanitation measures :
    c) Social distancing measures :
    d) Wearing of masks :
    e) Work from home provision :

17. Period of Insurance : From : To :

Coverage Selection:

This Policy is offered on an Individual basis.

1. Waiting Period : 30 days

2. Whether 50% SI restriction for home quarantine required:

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__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 any time 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 insured/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.

_____I/We undertake that the loadings applicable have been informed and understood by me.

Dated DD MM YYYY Signature of the Proposer_____

Place_____ Name of Proposer_____

1. Vernacular Declaration

In case the proposer is illiterate and cannot understand the language mentioned in the proposal form. I hereby declare that I have fully explained the contents of the proposal form and declaration by the proposer that he has clearly understood.

Declarants Name_____ Relationship with proposer _____

Signature of declarant_____ Signature of applicant in vernacular_____

2. Payment Details

Premium Amount_____ (in Words _____)

Payment Option ---Cheque ---Credit/Debit Card (Pan Number is mandatory)

a) For Cheque (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

b) For Credit/Debit Card

Card No _____ Expiry Date _____ Card Type: Visa/Master/Amex

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Name on the Card _____

3. Bank Account Details

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Account Number: _____

IFSC/MICR Code: _____

Name of the Bank: _____

Account Holder Name: _____

Acknowledgment

Proposal form No. Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others---------- of amount of Rs.----------dated ----------drawn on----------.

Neither the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

Intermediary Declaration

I, _____(Full Name), _____ License No./ID in my capacity as an Insurance Intermediary has explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer. The information furnished in the proposal is true to the best of my knowledge.

Date DD MM YYYY Signature of the Insurance Advisor

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938
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 Lakhs Rupees.

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Insurance is a subject matter of solicitation

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