

Proposal Form- Naari Suraksha Cancer Cover URN-XXX

ROYAL SUNDARAM GENERAL INSURANCE CO. LTD

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

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

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

097

FOR OFFICE USE ONLY

Proposal Form number _____

Intermediary _____

Intermediary code _____

Naari Suraksha Cancer Cover -MASTER PROPOSAL FORM

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

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, nondescription or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized or non-fulfillment of pre-policy medical check-up of insured persons, if needed.

Please fill up this form in CAPITAL LETTERS by the Proposer / Group Administrator.

Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the question is not applicable

CUSTOMER INFORMATION

Name of the Proposer / Group Policy Holder:

.....

Type of Entity:

Bank/Financial Institution/ NBFC/Others

Relationship between Group Policy holder and Persons to be Insured (Basis of group formation):

.....

Communication Address of the Proposer / Group Policy Holder with Pincode:

.....

 **Contact**
Number: **Email ID:**

GST No.:

PAN No.:

INTERMEDIARY DETAILS

Agent/ Intermediary Name: **Agent/**

Intermediary Code:

Agent/Intermediaries Contact No.:

COVERAGE DETAILS

Insurance required (Policy Period): From : ____am/pm on

To: midnight on

Policy Tenure: Years

Policy Type: Individual ☐ Family Floater ☐

Sum insured Opted:

Please select your choice of TPA (Third Party Administrator) to service your cashless claims.

--TPA1

--TPA2

--TPA3

Note : The above is in compliance with F.No. IRDAI / Reg/15/166/2019. Insurance Regulatory and Development Authority of India (Third Party Administrators Health Services) (Amendment) Regulations, 2019.

Number of members proposed to be covered:

Type of Coverage: Obligatory / Voluntary

Credit Linked / Non-credit linked

INSURANCE HISTORY

Is this Fresh Proposal : Yes/No

Name of previous insurer :

Expiry date of previous Group Policy :

Claims experience with expiring insurer

Year	Premium Excl. TPA & GST	Incurred claims(Paid + O/s	No of lives opat inception	No of lives at expiry	Premium Excl. TPA & GST
Current Year (N)					
Previous Year (N-1)					
Previous Year (N-2)					

PREMIUM DETAILS

Please provide coverage details in below table (Please do not fill anything in Premium Computation Column):

Sr. No.	Insured Name (First, Last)	Individual Sum Insured Option	Premium Computation (for office use only)	Final Premium (inclusive of GST*)

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.

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: RSAHLGP25038V012526