Corona Kavach Policy, Royal Sundaram General Insurance Co. Limited Proposal Form

Proposal Form No:

For Office Use Only

Branch Name: Branch Code:

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

Intermediaries Name: Intermediary Code:

Intermediary contact number Intermediary Address

Intermediary Aadhar number (if possible) Intermediary PAN Number(if possible)

Proposal Received On:

Processed By Date DD MM YYYY Approved By 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. 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, non-description 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.

Please fill up this form in CAPITAL LETTERS for yourself and each proposed Insured Person.

Proposer Details:

First Name (Mr./Mrs.)_____Middle Name _____Last Name _____

Address_____

_____

City_____District_____

State_____Pin Code_____

Gender : Male / Female and 3rd Gender

Date of Birth(DD/MM/YYYY) _____

Phone No.STD Code_____Landline No_____ Mobile No._____ (Mandatory)

Email ID_____ (Mandatory field)

PAN No._____(Mandatory)

Aadhar No. _____

Marital Status Single Married **Nationality**_____

Education Qualification **---** Lesser than matriculation --- Matriculation --- Graduate
--- Post Graduate --- Professional Course

Occupation --- Salaried --- Self employed --- Student --- House wife --- Others

If salaried, specify designation_____

If self employed, specify business/occupation_____

Annual Gross Income (in Rs.)- tick the applicable option

-- 3 to 5 lakhs --- 5 to 10 lakhs -- 10 lakhs and above

Coverage Selection:

1. **Plan details**

Policy Type---------- Individual --------Family Floater

If Family Floater*, number of persons to be covered ------ Adults --- Children
(* - Maximum 6 Adults)

Note: Proposer has to be mandatorily covered in the policy. In case of Proposer aged above 65 yrs can only propose for insured.

2. **Proposed Policy term** **---- $3^{1/2}$ months** ___**$6^{1/2}$ months** _____**$9^{1/2}$ months**

3. **Sum Insured**

__50000-- 1 lakh—1.5 lakhs -- 2 lakhs **–** 2.5 lakhs – 3 lakhs – 3.5 lakhs –- 4 lakhs – 4.5 lakhs – 5 lakhs

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.

S. No.	Insured Name (First, Middle, Last)	Gender (M/F/others)	Date of Birth (DD/MM/YYYY)	Relationship with Proposer	Height (cm)	Weight (Kg)	Occupation
1.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others
2.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others
3.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others
4.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others
5.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others
6.		---M ---F --3rd Gender		---Self ---Spouse ---Son ---Daughter ---Father ---Mother ---Father-in-law ---Mother-in-law			---Salaried ---Self Employed ---Housewife ---Student ---Unemployed ---Others

7.		**---M** **---F** **--3rd Gender**		**---Self** **---Spouse** **---Son** **---Daughter** **---Father** **---Mother** **---Father-in-law** **---Mother-in-law**			**---Salaried** **---Self Employed** **---Housewife** **---Student** **---Unemployed** **---Others**
8.		**---M** **---F** **--3rd Gender**		**---Self** **---Spouse** **---Son** **---Daughter** **---Father** **---Mother** **---Father-in-law** **---Mother-in-law**			**---Salaried** **---Self Employed** **---Housewife** **---Student** **---Unemployed** **---Others**
9.		**---M** **---F** **--3rd Gender**		**---Self** **---Spouse** **---Son** **---Daughter** **---Father** **---Mother** **---Father-in-law** **---Mother-in-law**			**---Salaried** **---Self Employed** **---Housewife** **---Student** **---Unemployed** **---Others**

Note: A 5% discount in premium is allowed for Health care workers subject to providing valid ID proof of the same. Health care worker for the purpose of this policy shall mean doctors, nurses, midwives, dental practitioners and other health professionals including laboratory assistants, pharmacists, physiotherapists, technicians and people working in hospitals.

Optional Benefit

Hospital Cash Benefit – Do you want to apply for Hospital Cash Benefit?

Yes **No**

Nomination

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form. The receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Following section to be filled by the proposer:

Nominee Name	Relationship with the proposer	Address and contact details of Nominee
First Name ---------- Middle Name ---------- Last Name ---------		Address Phone number

Electronic Insurance Account number

If yes, please mention account number_____

4. Medical questions

Please answer the below mentioned questions accurately to the best your knowledge in respect of each person proposed to be insured. If the answer to any of these questions is Yes, please provide the complete details in the table for additional medical information (Important – You must answer these questions truthfully.)

Please ensure that you are fully informed about the standard waiting periods and permanent exclusions that apply to the Corona Kavach Policy, Royal Sundaram General Insurance Co. Limited.

Questions (please answer Yes/No)	Proposed Insured Name(s)									
	1	2	3	4	5	6	7	8	9	10
1.Has person proposed to be insured been suffered or have been suffering from fever, common cold, cough, shortness of breath, headache, fatigue or any other flu like symptoms etc, within last 1 month?										
2.Has the person proposed to be insured has undertaken any major surgery recently in the last 2 years like Heart Surgery, Kidney transplant, Liver transplant, Joint Replacement etc.?										
3.Has the person proposed to be insured is currently suffering from and on a continuous treatment for from any of the following- Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder; HIV or AIDS; Ischemic Heart Disease, Stroke, Paralysis, Kidney Failure Cancer, Tuberculosis, HIV, COPD, Asthma?										
4.Within the last 2 years has the person proposed to be insured undergone for any detailed investigation (e.g. X-ray, CT Scan, biopsy, MRI, Sonography, etc) (other than Preventive Health										

Check-up or Pre-Employment Health Check-up)										
5.Within the last 5 years has the person proposed to be insured been to a hospital for an operation/ medical treatment?										
6.Does the person proposed to be insured take tablets, medicines or drugs on a regular basis?										
7.Within the last 3 months the person proposed to be insured experienced any health problems or medical conditions which you have not seen a doctor for?										

Non- Medical Questions (please answer Yes/No)	Proposed Insured Name(s)									
	1	2	3	4	5	6	7	8	9	10
1.Has the person proposed to be insured travelled abroad in last 21days										
2.Has any of family members, of the person proposed to be insured, been diagnosed Covid-19 in last 1 month?										

Note; In addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment

Lifestyle questions:
Does any person proposed to be insured consume any of the following:

Substance		**Insured #1**	**Insured #2**	**Insured #3**	**Insured #4**	**Insured #5**	**Insured #6**	**Insured #7**	**Insured #8**	**Insured #9**	**Insured #10**
Alcohol	**Yes/No**										
	Quantity$										
	No of Years										
Smoking	**Yes/No**										
	Quantity (no/day)										
	No of										

	Years										
Any other substance like Tobacco/Guthka/Pan/Pan Masala, etc	**Yes/No**										
	Quantity (pouch/ day)										
	No of Years										
Narcotics	**Yes/No**										
	Quantity										
	No of Years										

($: Beer – No of Pints per week, Wine & Spirit – ml/week)

If any of these habits has been in the past please mention the year of stopping it & the reason for doing the same -- Habit -

_____

_____

5. Additional Medical Information:

If you have answered yes to any of the questions in section 5, please give full details here. If you need more space, please use extra sheets. If you are unsure whether any details are relevant, please include them.

Name of Insured	**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**	**Insured 6**	**Insured 7**	**Insured 8**	**Insured 9**	**Insured 10**
Name of illness/injury suffering from or suffered in the past										
Date of first diagnosis (Month & Year)										
Treatment/medication received/receiving										
Treatment outcome (fully cured/ partially cured/ongoing, etc)										

Note:

Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the Policy Period State Date including all subsequent renewals with the company.

Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

General Information:

1. Family Physician details:

Family Physicians name_____

Contact Number _____

2. Existing Insurance Details

Is the proposer or any of the persons proposed to be insured already insured under or proposed for a health insurance policy with Royal Sundaram General Insurance Co. Limited or any other insurance company. ---- Yes --- No

If yes, please indicate below the Policy/Application number(s). (Please mention application number in case of pending proposal)

Since when have you been continuously insured DD MM YYYY

Insured Name	Insurer Name	Policy No./ Application No.	Period of Insurance		Sum Insured (Rs.)	Claims details if any
			From (DD/MM/YYYY)	To (DD/MM/YYYY)		

If you want to avail the portability benefit from your existing insurance policy, please also submit to Us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above

3. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If

therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

4. **Authorization for electronic policy fulfillment and service communications** (Please read carefully and put a check mark against each before signing)

 I hereby consent that the policy documents may be sent to me by email at _____ (*Please provide us your e-mail id)*

 I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time. (including social media like whats app)

Dated DD MM YYYY Signature of the Proposer_____

Place_____ Name of Proposer_____

5. **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 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_____

6. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name_____

Relationship with proposer _____

Signature of declarant_____ Signature of applicant in vernacular_____

7. Payment Details

Premium Amount_____ (in Words _____)

Payment Option ---Cheque ---Demand Draft ---Credit/Debit Card ---Cash*

(Pan Number is mandatory)

Payment options: . ___One time

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

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

b) For Credit/Debit Cad

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

Name on the Card _____

Opt for Auto Renewal ___Yes ___No (If yes, please fill the ECS Mandate Form)

8. 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 out 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 (in line with mode of payment opted by you) and in time or is not realized. I 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) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore, if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

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.

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: RSAHLIP21094V012021