FOR OFFICE USE ONLY
Issuing branch _____
Agent reference _____
Policy number _____
Urban / Rural _____

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

VISHRANTHI MELARAM TOWERS, NO.2/319, RAJIV GANDHI SALAI (OMR), KARAPAKKAM, CHENNAI 600 097.

SECURE WALLET - PROPOSAL FORM

PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED **IN CAPITAL LETTERS**

Proposer's Full Name	:	M/s.
Type of Entity	:	Bank/Financial Institution/ Card Protection Companies/ Others
Classification	:	For Example, in case of Bank classify whether Nationalised/ Foreign/Private/Co-operative/Scheduled/ Payment Bank/Others
Communication Address with Pincode	:	
Insured Premises Address with Pincode	:	
Telephone Number	:	STD CODE :
Email ID	:	
Insurance required	:	DD/MM/YY
		To : midnight on DD/MM/YY

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Details of Persons to be insured:
In case of Card Protection Company-Name of partner/s :
Type of Coverage: Compulsory / Voluntary:
How long you have been in card business :
How long you have partners been in card business :
How long associated with partners:
Any new partners in the anvil:
RBI approval since :
Number of customers partner-wise:
Expected monthly enrollment:
Expected Annual Enrolment:
Claims experience for last 5 years:
IT Security features :
Security features in addition to RBI prescribed norms:
Geographies Covered:
Are you taking cover for the first time:
-If No, details of coverage and claims experience for last three years
Has there been any violation of RBI norms in the past. Please detail:

Details of Cards to be insured:	
ATM card	☐
Credit card	☐
Charge card	☐
Prepaid card	☐
Debit card	☐
Virtual Card	☐
Digital Wallet	☐
Vouchers	☐

Optional covers:

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1. Option to exclude Tele-phishing under Section 3 of Benefit A

   Yes ☐ No ☐

2. Option to exclude Tele-phishing under Section 2 of Benefit F

   Yes ☐ No ☐

3. Option for waiver of maximum instances payable under Tele-phishing and waiver of condition of minimum 2 hours duration under Tele-phishing under Section 3 of Benefit A

   Yes ☐ No ☐

4. Option for waiver of maximum instances payable and waiver of condition of minimum 2 hours duration under Tele-phishing under Section 2 of Benefit F

   Yes ☐ No ☐

5. Option to include post notification loss cover under Benefit A

   Yes ☐ No ☐

   If yes, please tick the period of cover

   15 days ☐ 30 days ☐

6. Option to include post notification loss cover under Benefit A

   Yes ☐ No ☐

   If yes, please tick the period of cover

   15 days ☐ 30 days ☐

Payment Mode:

Monthly ☐ **Quarterly** ☐ **Half-yearly** ☐ **Annually** ☐

Coverage & Sum Insured				
Benefit	**Plan/s**	**Section**	**Description**	**Sum Insured Opted**
A#	Card Protection	1	Lost Card Liability	
		2	Card Liability due to fraudulent internet based transactions and / or misuse of PIN.	
		3	Card Liability due to unauthorised usage/skimming/counterfeit/phishing (including tele-phishing)* /compromised cards.	
		4	Misuse of card	
B	Identity Theft	1	Identity theft	
C	Purchase Protection	1	Purchase Protection	
D		1	Personal Trip Effect coverage	

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	Personal Travelling Protection	2	Home Protection while Insured person is away	
E	Wallet Protection	1	Lost Wallet Coverage	
		2	ATM Assault and Robbery	
		3	ATM Fraud	
F#	Virtual & Digital Card/Wallet Protection	1	Card Liability due to fraudulent internet based transactions and / or misuse of PIN under virtual & digital card/wallet.	
		2	Card Liability due to unauthorised usage/skimming/counterfeit/phishing (including tele-phishing*)/compromised Virtual & Digital Card/Wallet.	
		3	Misuse of Card	

*1. Customer has an option to exclude Tele-phishing from Section 3 of Benefit A and Section 2 of Benefit F.

2. Customer has an option to opt for waiver of maximum number of instances payable under Tele-phishing and waiver of condition of minimum 2 hours duration between 2 incidents. If customer doesnot opt for this option, loss occurred under Tele-phishing will be payable only for first two instances and condition of minimum 2 hours duration between 2 incidents of Tele-phishing shall apply.

Customer has an option to include post notification loss coverage within 15 days or 30 days (based on the plan opted). This is applicable for Benefit A and Benefit F.

Note: Under this Product, Any combinations of sections/benefits can be availed for a Sum Insured starting from a minimum of Rs. 1000 to a maximum of Rs. 10 Lakhs subject to sub-limits where specified.

Do you have any other insurance of the same type Yes ☐ No ☐

Enrollment Details: Please fill up details of Insured Persons in the Annexure A enclosed herewith.

If Yes, please give following details.

Name of the Insurer

Policy number

Period of Insurance

Claim amount received / receivable

Do you have a default payment history Yes ☐ No ☐

If Yes, please give details.

Name of the Bank

Period

Reasons for default

Have you been criminally charged in the past for ☐ ☐

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any financial irregularity Yes No

If Yes, please give details.

All information given in this proposal form are correct and true to the best of my knowledge and belief. I understand and note that this proposal form shall form the basis of contract and any statement, answer, particulars which are incorrect or untrue shall entitle the Insurers to deny any liability under the Policy. I hereby agree to enroll to Secure Wallet Insurance Policy.

Payment Details: Please tick (√) payment option

☐ Cheque / Demand Draft Payment option:

Cheque / DD Number:_____ Amount (Rs.)_____

Cheque / DD Date: _____ Bank _____

Date :

Place :

Signature or thumb impression of the Proposer

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 Rupees ten lacs.

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Annexure A

Particulars	
Name of Insured Person	
Date of Birth	
Gender	
Type of Card	
Card Credit Limit/Withdrawal Limit	
Sum Insured	
Date of Enrollment	
Past defaults if any	

Note: Proposer is requested to provide details of each and every Insured Person. Please attach a separate sheet for large number of Insured Persons to be covered under the same Policy.

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