

Proposal Form- Suraksha Kawach URN-RS/Health/Group/SK/001

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	
Issuing branch	_____
Agent reference	_____
Policy number	_____
Urban / Rural	_____

SURAKSHA KAWACH - PROPOSAL FORM

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, 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.

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

Proposer's Full Name

:

M/s.

Type of Entity

:

Bank/Financial Institution/ Others

Communication Address with Pincode

:

Insured Premises Address with Pincode

:

Telephone Number

:

WITH STD CODE :

Email ID :

Insurance required

: From : ____am/pm on

To : midnight on

DD/MM/YY

DD/MM/YY

Details of Persons to be insured:

No of members proposed to be covered:

Type of Coverage: Obligatory
/ Voluntary:

Credit Linked or non-credit linked

Health and wellness Initiatives

Occupation

Category	Occupation/Nature of Activity	Number of Person
1		
2		
3		

Salary vs. Self-employed Geographies

Covered:

Gender (it may be provided in the form of percentage of males vs. females etc.) Claims

experience for last 3 years:

Are you taking cover for the first time:

-If No, details of coverage and claims experience for last three years

➤ **Electronic Insurance Account number**

If yes, please mention account number_____

Would you like to open an Electronic Insurance Account with any Insurance Repository?

___ YES ___ NO

If yes, please furnish the below details. *

Insurance Repository Name -

*Account will be opened with your Name / DOB / Address as mentioned in this proposal form. If you already have an Electronic Insurance Account, please share the below details

Account Number-

Account Name-

Insurance Repository Name-

➤ Do you have Ayushman Bharat Health Account (ABHA)?

___ YES ___ NO

If yes, please share ABHA number

Please tick the section you wish to opt for:

Section	Type of cover	Please tick relevant section
1	Critical Illness	()
2	Personal accident	()
3	Equated Monthly Installment Protection	()
4	Hospital Cash	()

Note: Please update the relevant details for the section opted by you.

Coverage Details:

(Please fill in details for each Section you opted above)

Section 1 (Critical Illness)

Section	Benefit	Sum Insured (in Rs.)
I	Critical Illness	Rs. _____
Waiting Periods		
	Pre-existing Disease Waiting Period	0 months [] / 12 months [] / 36 months [] / 48 months [] / Not covered []
	Initial Waiting Period	0 days [] / 30 days [] / 60 days [] / 90 days [] / 120 days []
	Survival Period	0 days [] / 30 days []
Optional Benefits		
II	Second Medical Opinion for Critical Illness	Yes [] No []

Note: On the basis of information provided by the Proposer/insured Person, the Underwriter may ask the Insured Person to answer medical underwriting questions.

Section 2 (Personal Accident)

Sec tion	Benefit	Coverage	
I	Base Covers	Sum Insured Rs. _____	
i.	Accidental Death	100% of Base Cover Sum Insured	Yes [] No []
ii	Permanent Total Disablement	Percentage as specified in Policy Terms & Conditions	Yes [] No []
iii	Permanent Partial Disablement	Percentage as specified in Policy Terms & Conditions	Yes [] No []
iv.	Air accident Coverage-Death only	Sum Insured Rs. _____	Yes [] No []
II Optional Benefits			
i	Temporary Total Disablement	1% of Base Cover Sum Insured subject to a maximum of Rs.10000/- for 26 []/52 []/78 []/104 [] weeks, every policy year	Yes [] No []
ii	Monthly Income Benefit on Death or PTD	Monthly Sum Insured: Rs. _____ for the period of 12 months []/ 24 months []/ 36 months [], every policy year upto a maximum of 50,000 per month	Yes [] No []
iii.	Medical Expenses due to accident	Actual amount or 40% of compensation payable or 10% of Base Cover Sum Insured whichever is less	Yes [] No []
iv.	Carriage of dead body	2% of Base Cover Sum Insured or Rs.10000/- whichever less	Yes [] No []
v.	Educational Grant for up to two Dependent children	1% to 10% of Base Cover Sum Insured subject to a maximum of Rs.1 lac	Yes [] No []
vi.	Emergency Domestic Evacuation	Rs. 1 lacs/Rs. 2 lacs/Rs. 3 lacs	Yes [] No []
vii.	Home alteration and vehicle modification	20% of SI or Rs.1 lac or actuals whichever lower	Yes [] No []

Note: If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person the total sum insured across all certificates shall be restricted to a maximum of 5 crore and we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited

Section 3 (Equated Monthly Installments Protection)

Sum Insured per policy year: Rs. _____

Please select the one or both of the following benefits:

	Benefits	
I	EMI Protection Coverage in case of Accident	Yes [] No []
II	EMI Protection Coverage in case of Sickness	Yes [] No []

Waiting Periods

	Pre-existing Disease Waiting Period	0 months []/ 12 months []/36 months []/48 months []/Not covered []
	Initial Waiting Period	0 days []/ 30 days []/ 60 days []/90 days []/120 days []

Note: Waiting Period applicable only in case of EMI Protection Coverage in case of Sickness.

Section 4 (Hospital Cash)

Sum Insured per day: Rs. _____

Benefit period in days (Please select from options provided below): 30 days []/45 days []/60 days []/90 days []/180 days day [] per policy year

	Base Covers
I	Coverage for Hospitalization
li	ICU Hospitalization Coverage

Waiting Periods		
	Pre-existing Disease Waiting Period	0 months []/ 12 months []/36 months []/ /Not covered []
	Initial Waiting Period	0 days []/ 30 days []/ 60 days []/90 days []/120 days []
	First year exclusion for 17 specific disease	Yes [] No []

List of 17 Specific disease: Cataract, Stones in biliary and urinary systems, Hernia / Hydrocele, Hysterectomy for any benign disorder, Lumps / cysts / nodules / polyps / internal tumours, Gastric and Duodenal Ulcers, Surgery on tonsils / adenoids, Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse, Fissure / Fistula / Haemorrhoid, Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media, Benign Prostatic Hypertrophy, Knee/Hip Joint replacement, Dilatation and Curettage, Varicose veins, Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis, Diabetes and related complications, Chronic Renal Failure or end stage Renal Failure.

Note: On the basis of information provided by the Proposer/insured Person, the Underwriter may ask the Insured Person to answer medical underwriting questions.

Important Conditions:

1. 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.

2. 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/We 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) regarding this proposal with respect to the proposed or existing policy of Company from time to time.

Yes ☐

No ☐

Dated DD MM YYYY

Signature of the Proposer _____

Place _____

Name of Proposer _____

3. 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/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/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 assured/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.

Date: DD/ MM/ YYYY

Signature of the Proposer _____

Place _____

Name of Proposer _____

4. 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 _____

5. Payment Details:

Premium Amount _____ (in Words _____)

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

(* For Cash Payment of Rs.50,000 and above, Pan Number is mandatory)

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 Card

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)

6. 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

7. 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

**8. STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938 I.
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 Lakh 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 - RSAHLGP19010V011819