



Royal Sundaram

FOR OFFICE USE ONLY

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

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

PERSONAL ACCIDENT CARE GOLD INSURANCE

PROPOSAL FORM

*PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED.
 PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING AN INK PEN*

Proposer's Full Name : Mr./Mrs./Miss

Date of Birth : DD/MM/YY

Marital Status : Married Single

Address with Pincode :

Daytime Telephone Number : STD CODE :

Evening Telephone Number : STD CODE :

Email ID :

Insurance required : From: ___am/pm on DD/MM/YY
 To : midnight on DD/MM/YY

Details of individual to be covered:

S.No.	Name	Occupation	Annual Income	Age	Gender	Relation to proposer	Sum Insured**	Nominee	Nominee relationship
1									

(**Sum insured options- Rs. /10/20 lacs.)

Have you ever suffered or suffering from any symptom of physical or mental diseases/illnesses/infirmity or medical conditions or any congenital anomalies or developmental anomalies or any other medical complaints or

sustained any accident and / or diagnosed with any disease / illness or have received any treatment or undergone any surgery for any diseases / illness? Yes No

If yes, give details

S.No.	Name of Proposed person	Nature of illness/disease/injury	Date first diagnosed	Treatment taken/nor being taken/surgery done	Name of the attending medical practitioner with phone number

Are there any additional facts affecting the proposed Insurance which should be disclosed to Insurers? :

Do you have any other Health Insurance / Medclaim /Personal Accident (PA) Policies under any other schemes including credit cards, employee schemes etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If Yes, please give the following details					
Name of the Person covered	Health / Medclaim/ PA	Name of the Company	Policy Number	Period of Insurance	Sum Insured

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 :

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 ten lacs 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: IRDA/NL-HLT/RSAL/P-P/V.I/188/13-14