Proposal No.

SARAL SURAKSHA BIMA, ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED. PROPOSAL FORM



Intermediary Name:	Intermediary Code:							
Branch Name:	Branch Code:							
Proposal received on:	Processed By: D D M M Y Y Y Y Approved By:							
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 (in line with mode of payment opted by you) and in time, or is not realized or non-fulfilment of pre-policy medical check-up. Please fill up this form in CAPITAL LETTERS for yourself and each proposed Insured Person.								
	DETAILS ABOUT PROPOSER AND POLICY PERIOD							
Mr. Mrs. Miss	Others Gender Male Female 3 rd Gender PAN Number							
Name of the Proposer First N								
Address for								
Correspondence								
City								
City								
Landmark								
Telephone	Telephone Mobile* /							
Date of Birth DDMM	Y Y Y Y Marital Status: Married Single Nationality: Indian NRI Foreigner							
Education Qualification Occupation	□ Lesser than matriculation □ Matriculation □ Graduate □ Professional Course □ Salaried □ Self employed □ Student □ House wife □ Others							
If salaried, specify designatio	n							
If self employed, specify busi	ness/occupation							
Annual Gross Income (₹)								
E-mail*								
Please specify if you fall und	der any of the listed categories. (please tick and give details where ever required)							
1. Non Resident Indian								
 Member of any Trust: Politically Exposed Person 								
3. Politically Exposed Pe	Senior Executive of State Owned Corporation							
	☐ Head of State or of Government.							
	KNOW YOUR CUSTOMER (KYC) DETAILS							
Please provide vour Central I	Know Your Customer registration number below.							
CKYC Number								
If CKYC Number is not avail	able, please confirm below on the documents being shared by you (proposer) to comply with KYC guidelines. (Please tick)							
1. PAN Card Copy (com	apulsory) 2.							
3. Address Proof Drivi	ing License 🔲 Voter's Identity Card 🔲 Passport Copy 🔲 NREGA Card							
☐ Any other officially valid document (please specify)								
_ , , ,	those submitting Form 60)							
•	alid document (please specify)							

COVERAGE SELECTION

Details of Persons to be covered. Please repeat and share below for each proposed person for cover.

Sl No.	Name (Proposed Person)	Date of Birth	Gender	Relationship to Proposer	Occupation	Nominee Name	Relationship of Nominee to insured Person	*Any existing Personal Accident policy with Royal Sundaram	#Optional covers
1			☐ Male ☐ Female ☐ 3 ^{sd} Gender	Self Spouse Son Daughter Father Mother Stather-in-law					□ TTD □ HosExp □ EduGra
2			☐ Male ☐ Female ☐ 3 rd Gender	Self Spouse Son Daughter Father Mother Stather-in-law					□ TTD □ HosExp □ EduGra
3			☐ Male ☐ Female ☐ 3 nd Gender	Self Spouse Son Daughter Father Mother Father-in-law					□ TTD □ HosExp □ EduGra
4			☐ Male ☐ Female ☐ 3 rd Gender	☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Father-in-law ☐ Mother-in-law					□ TTD □ HosExp □ EduGra

Sl No.	Name (Proposed Person)	Date of Birth	Gender	Relationship to Proposer	Occupation	Nominee Name	Relationship of Nominee to insured Person	*Any existing Personal Accident policy with Royal Sundaram	#Optional covers
5			☐ Male ☐ Female ☐ 3 rd Gender	Self Spouse Son Daughter Father Mother Stather-in-law					□ TTD □ HosExp □ EduGra
6			☐ Male ☐ Female ☐ 3 nd Gender	Self Spouse Son Daughter Father Mother Father-in-law					□ TTD □ HosExp □ EduGra

 $^{{\}tt\#Optional\ Covers\ - Temporary\ total\ disablement/Hospitalisation\ Expenses\ due\ to\ Accident/\ Education\ grant}$

Please select Risk Class for each Insured Person (please tick the option relevant to you)

Risk Class	Please tick the option applicable to you.
RISK CLASS I - skilled white collar class with no exposure to occupational hazard Few indicative examples - Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons engaged in administrative functions, house wife or any person not going out for work etc.	Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 And so on
RISK CLASS II - skilled white collar class with minimal exposure to occupational hazard Few indicative examples - Builders, Contractors and Engineers engaged in superintending functions only etc.	Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 And so on
RISK CLASS III - skilled/semi-skilled class with moderate exposure to occupational hazard Few indicative examples - Delivery boys, Diploma engineers working on shop floor etc.	Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 And so on
RISK CLASS IV - unskilled class having high exposure to occupational hazard. Few indicative examples - Loaders, Mining workers etc.	Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 And so on



^{*}If yes please mention policy no _____

Ele	ctronic Insurance A/c Number										
If y	es, please mention account number										
				CAUTIO	N						
wo unt info	uld influence our decision to issue policy of til the policy is issued and does not end wit formation comes to light before the policy i	r the terms on w th the submissic is issued, then y	hich it is is n of this p ou must in	ssued and y roposal for nform us of	ou mrm. If	nust n there same	ot mis fore, t in wri	repre here ting v	n to you and every person proposed to be insured that esent any information to us. The obligation continues is any change in the information given herein or new without delay. If there is insufficient space to provide d. If the disclosure obligations are breached then may		
Aut	thorization for electronic policy fulfillmen	nt and service co	mmunicat	t ions (Plea	se rea	ıd care	fully	and p	out a check mark against each before signing)		
		l Sundaram Ge	neral Insur	rance Co.	Limit	ted ("	Comp	any"	(Please provide us your e-mail id)) to make welcome calls, service calls or any other mpany from time to time. (including social media		
Da	te: D D M M Y Y Y Y					Sig	natuı	e of	the Proposer		
Pla	ce:					Na	me o	f Pro	pposer		
			DI	ECLARAT	ION						
	I declare that persons proposed for policy information of instances of pre existing dis								ged in any high risk occupation. I have given explicit tions will not be covered under the policy.		
	I/We hereby declare, on my behalf and on l true and complete in all respects to the best	_							statements, answers and/or particulars given by me are ose on behalf of these other persons.		
	I understand that the information provide insurance company and that the policy wil								ject to the Board approved underwriting policy of the geable.		
	I/We further declare that I/We will notify proposal has been submitted but before co							gene	eral health of the life to be insured/proposer after the		
	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	le have been info	ormed and i	understoo	d by n	ne.					
Da	te: D D M M Y Y Y Y		Signature of the Proposer								
Pla	.ce:					Na	me o	f Pro	pposer		
		1	/ERNACU	ILAR DE	CLAI	RATIO	N				
Sui rep	ndaram General Insurance Co. Limited to t	the proposer in	the langua	ge underst	ood l	oy hin	n/her.	The	ncidental to availing the health insurance from Royal same have been fully understood by him/her and the n read out to fully understood and confirmed by the		
De	clarants Name				Relat	ionsh	ip wit	h pro	pposer		
Sig	nature of declarant				Signa	ature o	of app	lican	t in vernacular		
7.	Payment Details: Please tick ($\sqrt{\ }$) payment option Cash	on	Premium A	Amount (₹) [
	Cheque/NEFT/DD	Cł	neque/NEFT,	/DD Numbe	er _						
	Cheque/NEFT/DD Date $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Y Bank									
	Payment Options: Annual Month In case of installment payment options, ECS (A For Auto-debit facility, you are required to subror Cheque/DD (Payable in favour of 'Royal S	Auto-debit is must nit Auto-debit aut) horization f	-	ely.						



	Instrument No Instrument Date Instrument Amount									
	Bank									
	Card Payment Option :									
	Charge the premium to my Credit Card Debit Card Date of Expiry M M / Y Y									
	Visa / Master Card No.									
	Name of the Bank									
	I hereby authorize Royal Sundaram General Insurance Co. Limited to charge applicable premium for me and my family members policy to my above mentioned Visa/Master Card.									
8.	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)									
	Name of Bank Branch City									
	IFSC/MICR Code Account Number Account Number									
	Account Holder Name									
	Please tick (√) if you want to opt for Auto Renewal									
Sign	Here									
X	Place : Signature of Applicant									
	INTERMEDIARY DECLARATION									
I.	(Full Name) in my capacity as an Insurance									
Insu unt to b fact forf	conses(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 grance 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 grue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/se 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, 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 detected to the Company.									
Date	e: D D M M Y Y Y Y Y Signature of the Insurance Advisor									
For	r Office Use Only									
Cu	stomer ID:Policy No.:									
Issi	uing Office:									
SEC 1)	TION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES 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									

If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to rupees ten lakhs.



Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002. Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611





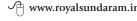




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Date DDMMYYYY	Υ
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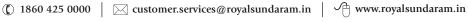
ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others	of
amount of ₹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 decisis 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 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. If we not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.	we
Signature of the receiver and office seal	

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