

Payment Details:

Mode - Cheque/DD/Credit Card Amount _____

Cheque/DD Number _____ Date _____

Bank _____

Charge the premium to my credit card.

Credit Card Number*

Card Expiry Date

M

M

Y

Y

Bank Details:

In the event of cancellation and direct premium refund in to your account.

Name of the bank.....

Branch.....City.....

IFSC Code..... A/c Number.....

I declare that persons proposed include my family members only and they are not engaged in any high risk occupation.

I understand that my cover shall start from the time the proposal is accepted and premium is received by Royal Sundaram.

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 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 Governmental and/or Regulatory authority.

Acceptance of proposal is subject to the underwriting guidelines of the company.

Signature _____ Date: _____

*Only valid Master/visa in proposer's own name.

UIN: IRDAI/NL-HLT/RSAP/P-H/V.I/214/13-14

Section 41 of the Insurance Act, 1938 - Prohibition 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 a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.



ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: 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

FREELOOK / REFUND DETAILS

This plan, at inception, has a free look period of 15 days from the date of receipt of policy. On review of the policy terms and conditions, If you are not satisfied with this plan, then you can cancel your plan within this 15 days free-look period. You shall be eligible for a refund of premium, after deducting applicable risk premium, less the cost of medical examination incurred by the Company and stamp duty charges, where applicable, provided your intimation of cancellation reach us within the free look period.

In case you cancel your coverage after the free-look period, refund of premium shall be as per the short period rates mentioned in the Policy.

RENEWAL DISCLOSURES

Premium will be charged based on the premium table and is subject to a maximum increase of 25%. Any further increase is subject to IRDAI's approval.

Any change in terms of cover during renewal shall be subject to IRDAI's approval & a notice of 90 days before expiry of the policy shall be given.

UIN: IRDAI/NL-HLT/RSAP/P-H/V.I/214/13-14

Disclaimer

Accident Shield Classic product is underwritten and issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. Limited as per the terms and conditions of the policy. This brochure is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. Your participation in this insurance product is purely on a voluntary basis. We advise you to take your own professional advice before you participate. The Accident Shield Classic product of Royal Sundaram is approved by IRDAI.

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WE INSURE



REACH US



Call: 1860 425 0000



Email: customer.services@royalsundaram.in



Log on to: www.royalsundaram.in



Follow us on Facebook/Twitter

PLEASE CONTACT:



ROYAL SUNDARAM INSURANCE
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ROYAL SUNDARAM INSURANCE
Sundaram Finance Group



O005

ACCIDENT SHIELD CLASSIC

Protect yourself, protect your family's future



COMPREHENSIVE PERSONAL ACCIDENT INSURANCE

Royal Sundaram brings you Accidentshield Classic, an Insurance package designed to take care of you and your family in the unfortunate event of a accident resulting in death or permanent disability.

Accidental Death benefit

In the unfortunate event of a fatal accident, a cash amount of up to ₹10 lacs will be paid to the Insured’s nominee.

Accidental Disability

In the unfortunate event of an accident resulting in permanent Disablement, the Insured will receive a cash amount of up to ₹10 lacs

Monthly Income benefit on Permanent Total Disablement

This plan provides you a monthly income benefit of up to ₹20,000 for 12 months from the date of Permanent Total Disablement caused by an accident.

Medical Expenses due to Accident Hospitalisation

We will reimburse you Medical Expenses up to ₹20,000 on hospitalisation following an accident. This Cover would commence after 7 days from the inception of the Policy.

BENEFITS

Benefits for insured and spouse (Amount in ₹)			
Coverage	Silver	Gold	Platinum
Death	2,50,000	5,00,000	10,00,000
Permanent Total Disablement (PTD)	2,50,000	5,00,000	10,00,000
Monthly Income benefit on PTD	5,000	10,000	20,000
Permanent Partial Disablement (as a %)	2,50,000	5,00,000	10,00,000
Medical Expenses due to Accident	5,000	10,000	20,000
Annual Premium* (Insured Only)	417	764	1,387
Annual Premium* (Insured + Spouse)	740	1,364	2,497

Benefits for Children (Amount in ₹)			
Coverage	Silver	Gold	Platinum
Death	50,000	1,00,000	2,00,000
Permanent Total Disablement (PTD)	50,000	1,00,000	2,00,000
Monthly Income benefit on PTD	5,000	10,000	20,000
Permanent Partial Disablement (as a %)	50,000	1,00,000	2,00,000
Medical Expenses due to Accident	5,000	10,000	20,000
Annual Premium* (Per child)	162	255	370

**The above premium is exclusive of 18% Goods and Services Tax. The GST rate is subject to change, as and when there is an amendment passed by the Government. For age bracket of 71 and above, rates as approved by IRDAI will be charged.*

Eligibility : This insurance is available to persons between the age of 18 and 70 years. Children aged between 5 years and 18 years can be enrolled under Accidentshield Classic.

SPECIAL FREE BENEFITS

Free education grant for one child - ₹10,000 (up to maximum of 2 children in the event of Accidental Death or PTD of either Parents insured)

Transportation expenses of mortal remains - ₹5000 (in case of Accidental Death of Persons Insured)

No Claim Bonus: Upon renewal of policy without break, the sum insured for accidental Death and Permanent total disablement will be increased by 5% at no additional cost to you. This benefit will apply for each consecutive claim free year, up to 5 years.

SPECIAL FEATURES

World wide Cover

Accident protection for 24 hours, 365 days a year.

Acceptance is Guaranteed

Enrolment in to the scheme is guaranteed for persons aged between 18 and 70 years and permanently residing in India

No Medical Check up

No medical checkup is required to enrol for Accident shield classic, no questions asked.

Assured Claims service

Clams will be settled within 10days of receipt of documents.

Easy Payment Option

You have an option of payment through credit card with automatic renewal facility.

Life long Renewal : This product offers you renewal for life long.

IMPORTANT EXCLUSIONS**

Royal Sundaram shall not be liable in the following cases:

- a. Intentional self injury, suicide or attempted suicide
- b. Death, injury or disablement while under the influence of alcohol
- c. Death, injury or disablement while engaged in defined hazardous occupations or sports
- d. Death, injury or disablement as a direct consequence of pregnancy
- e. Death, injury or disablement as a direct consequence of war and allied perils and nuclear perils.

*** Above lists of exclusions are illustrative only and are not exhaustive. For a detailed list refer to the policy wordings which will be made available on request.*



PROPOSAL FORM

☐ **Yes**, I wish to enrol for Accidentshield Classic

Insured	Silver ☐ 493	Gold ☐ 902	Platinum ☐ 1,637
Insured+Spouse	☐ 875	☐ 1,610	☐ 2,947
Per Child	☐ 192	☐ 300	☐ 436

My Personal Details:

Name _____

Address _____

_____ Pin:

Tel(O)_____Tel(R) _____

Mobile _____

Email _____

Nominee Name: _____

Nominee's relationship to proposer: _____

Is your nominee also proposed for cover in this policy ☐ Yes ☐ No

Please Tick ☒ Against The Applicable Description, If You Fall Under Any Of The Below Listed Categories. If You Fall Under More Than One Of The Listed Titles Below, Please Tick Against All The Applicable Heads.

- ☐ Head of State or of Government
- ☐ Senior Executive of State-Owned Corporation
- ☐ Senior Politician
- ☐ Important Political Party Official
- ☐ Senior Government/Judicial/Military Officer

Details of Persons insured		
	Name	Date of Birth
Self		
Spouse		
Child 1		
Child 2		

Occupation(Self)_____ (Spouse)_____

Nomination Details (Self)
I nominate _____ my _____
(relationship) to receive monies from Royal Sundaram in the unfortunate event of my death.

Signature

Nomination Details (Spouse)
I nominate _____ my _____
(relationship) to receive monies from Royal Sundaram in the unfortunate event of my death.

Signature

Continued Overleaf