URN-AH/2026-27/PAGP-12

FOR OFFICE USE ONLY	
Intermediary Name	_____
Intermediary Code	_____
Branch Name	_____
Branch Code	_____
Policy number	_____

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/her 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-fulfilment of pre-policy medical check-up of insured persons, if needed.

A policyholder or prospect who is a person with disability and requires assistance in completing the proposal form, may duly authorize a representative to give declaration on his/her behalf.

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

A. CUSTOMER INFORMATION

Proposer's Full Name:

_____

Type of Entity**:** ☐ Bank ☐ Financial Institution ☐ NBFC ☐ Others , Please specify_____

Communication Address with Pin code:

_____

_____

Premises Address of the Proposer / Policyholder with Pin code:

_____

_____

Contact Number: _____

Email ID: _____

GST No.: _____

Insurance required: From: ____AM/PM on DD/MM/YYYY to: midnight on DD/MM/YYYY

PAN No.: _____

Details of SPOC

Name of Single Point of Contact Person:

_____

Designation: _____

Contact No.: _____

E-Mail ID: _____

Electronic Insurance Account Number

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

☐ Yes ☐ No

If you already have an Electronic Insurance Account, please share the details below

Account Number:

_____

Account Name:

_____

Insurance Repository Name:

_____

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

☐ Yes ☐ No

If Yes, please share ABHA number

_____

**For generating ABHA no. please visit ABHA number (abdm.gov.in). Post generation of the ABHA no. please share the same with us.*

I want Group Accident Shield Policy and related information in:

☐ Physical Format ☐ e-Format (electronic); as & when applicable.

B. DETAILS OF PERSONS TO BE INSURED:

Number of members proposed to be covered (including families/dependents) wherever covered:

_____

Type of Coverage: ☐ Obligatory ☐ Voluntary

Details of the Persons to be Insured (Details require at the time of Certificate of Insurance issuance)

Member Name	Date of Birth	Relationship with Primary Insured Member	Gender	Nominee	ABHA No. (If available)	PEP* (Yes/No)
	(DD/MM/YYYY)					
	(DD/MM/YYYY)					
	(DD/MM/YYYY)					

**Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of a state owned corporations or important political party officials.*

Occupation

Category	Occupation/Nature of Activity	Number of Persons
1.		
2.		
3.		

The above information can be shared in separate annexure by proposer, if required.

Nominee Details

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Member Name		
Nominee Name	Nominee 1	Nominee 2
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)
Relationship		
Present Address of the Nominee		
Permanent Address of the Nominee		
Mobile		
Email ID		
Percentage Share for Claim Amount Payable		
Bank Details of the Nominee		
Name of the account holder		
Name of the bank		

Account no.		
Bank IFSC code		
Account Type	☐ Saving Bank Account ☐ Current Account ☐ Others (please specify)	☐ Saving Bank Account ☐ Current Account ☐ Others (please specify)

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Details of Appointee (Details to be filled only if nominee is a minor)

Appointee Name	Relationship	Address of the Appointee

The above information can be shared in separate annexure by proposer, if required.

Name of Previous Insurer (*if any*):

_____

Expiry date of previous Group Policy: ☐☐/☐☐/☐☐☐☐

Claims experience with expiring insurer

Year	Premium Excluding TPA & GST	Incurred claims (Paid + O/S)	No of lives at inception	No of lives at expiry	Premium Including TPA & GST
Current Year (N)					
Previous Year (N-1)					
Previous Year (N-2)					

The above information can be shared in separate annexure by proposer, if required.

C. COVERAGE DETAILS

Insurance required (Policy Period):

From: ☐☐:☐☐ AM/PM on ☐☐/☐☐/☐☐☐☐ To: midnight on ☐☐/☐☐/☐☐☐☐

Policy Tenure: _____Year

Policy Type: ☐ Individual

Sum Insured Options: ☐ ₹ 4,00,000 ☐ ₹ 5,00,000 ☐ ₹ 6,00,000 ☐ ₹ 7,50,000

☐ ₹ 8,00,000 ☐ ₹ 10,00,000 ☐ ₹ 15,00,000 ☐ ₹ 20,00,000

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

S. No.	Name of Benefit	Benefit Details	Whether Benefit Opted? (Yes/No)
1.	**Death**	100% of Sum Insured	
2.	**Permanent Total Disablement**	a. Total and irrecoverable loss of two eyes or two limbs or one eye and one limb - 100% of Sum Insured. b. Loss of one eye or one limb - 50% of Sum Insured. c. Injury resulting in disabling the Insured from engaging in any employment or occupation of any kind - 100% of Sum Insured.	
3.	**Recovery Benefit**	1% of Sum Insured per month payable for a period of 12 months	
4.	**Cumulative Bonus**	5% for each completed claim free year; Max up to 25% of Sum Insured.	

D. IMPORTANT CONDITIONS:

1. Caution:

You are obliged to make a complete 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 master policy documents may be sent to me by email at _____ (Please provide us your e-mail id).

☐ I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited ("Company") to make welcome calls, service calls, send policy certificate or any other communication (electronic or otherwise) to the insured member regarding this proposal with respect to the proposed or existing policy of Company from time to time.

Date: ☐☐/☐☐/☐☐☐☐

Signature of the Proposer: _____

Place: _____

Name of the 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/We 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 any time 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.

☐ I/we hereby give my/our consent to the Royal Sundaram General Insurance Co. Limited to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC.

☐I/We consent to the collection, processing and sharing of my/our personal data in accordance with the Digital Personal Data Protection Act, 2023 solely for underwriting, policy servicing and claims purpose.

☐I/We further confirm that I/we have read and understood the contents of this proposal form, including the terms, conditions, and disclosures provided by the insurer. I/We have been given an opportunity to seek clarifications, and I/We am/are fully aware of the implications of the coverage, premium payments, and policy terms.

Date: ☐☐/☐☐/☐☐☐☐

Signature of the Proposer: _____

Place: _____

Name of the Proposer: _____

Vernacular Declaration:

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

☐ I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the personal accident 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.

Declarant Name:
_____

Relationship with Proposer:
_____

Signature of Declarant:
_____

Date: ☐☐/☐☐/☐☐☐☐

Place: _____

Signature of Proposer in vernacular/ Thumb Impression of Proposer:

_____

4. Payment Details:

Premium Amount: _____ (in ₹)

Premium Amount: _____ (in Words)

Payment Option: ☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card

For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Limited)

Instrument No: _____

Instrument Date: ☐☐/☐☐/☐☐☐☐

Instrument Amount (₹): _____

Bank Name: _____

a. For Credit/Debit Card

Card No.: _____ Expiry Date: ☐☐/☐☐

Card Type: ☐ Visa ☐ Mastercard ☐ Amex

Name on the Card:

_____

Opt for Auto Renewal (*If yes, please fill the ECS Mandate Form*)
☐ Yes ☐ No

5. 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:

_____

I agree and undertake to intimate in writing to Royal Sundaram General Insurance Co. Limited about any change in bank account details.

I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

DISCLAIMER: Royal Sundaram General Insurance Co. Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation - failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder

Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. Royal Sundaram General Insurance Co. Limited shall be indemnified against any loss/damage/claims caused to Royal Sundaram General Insurance Co. Limited in carrying out your aforesaid NEFT instructions.

Date: ☐☐/☐☐/☐☐☐☐

Signature of the Proposer: _____

E. Intermediary Declaration:

Agent/Intermediaries Contact No.: _____

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: ☐☐/☐☐/☐☐☐☐
Signature of the Intermediary: _____

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938

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 Lakhs Rupees.

Note: Proposal form shall be used for group policy and it shall be customized as per the coverage and benefits offered under the product for the group as per their requirement

Insurance is a subject matter of the solicitation. For more details on benefits, exclusions, risk factors, terms and conditions, please read the policy documents carefully, before concluding a sale.

Acknowledgment

Proposal Form No.: _____

Date: ☐☐/☐☐/☐☐☐☐

We acknowledge with thanks the receipt of your proposal and amount by 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 decision is and always shall be in out sole and absolute discretion. If we accept the proposal, the premium amount will be debited, and the policy will be issued subject to its terms and conditions. We shall have no liability whatsoever if we do not accept the proposal and if the premium is not received by us in full and in time or is not realized.

Signature of the receiver and office seal:

_____