# INDIVIDUAL PERSONAL ACCIDENT POLICY (Accidental Death & Disablement only)



Proposal No.

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Intermediaries Name:_	-			_	_	-																						
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Customer ID:																												
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Education Qualification
Occupation
If salaried, specify designation
If self employed, specify business/occupation
Annual Gross Income (₹)  ☐ Up to 5 lakhs ☐ 5 to 10 Lakhs ☐ 10 to 25 Lakhs ☐ 26 to 50 lakhs ☐ 50 Lakhs to 1 Crore ☐ Above 1 Crore
E-mail*
Ayushman Bharat Health Account (ABHA)
$*Please\ provide\ ABHA\ number\ (Ayushman\ Bharat\ Health\ Account\ number)\ for\ all\ the\ proposed\ Insured\ Persons.\ In\ case\ the\ ABHA\ number\ is\ not\ available\ for\ any\ Insured\ Person,\ you\ may\ request\ to\ create\ an\ ABHA\ number\ by\ visiting\ the\ web\ link:\ https://abha.abdm.gov.in/abha/v3/register$
e-IA Number (Electronic Insurance Account Number)
Would you like to open an Electronic Insurance Account with any Insurance Repository? $\square$ YES $\square$ 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
Please specify if you fall under any of the listed categories. (please tick and give details where ever required)  1.   Non Resident Indian (NRI)
2.
3. Politically Exposed Person (PEP): Senior Politician Senior Government Judicial Military Officer
☐ Senior Executive of State Owned Corporation ☐ Important Political Party Official
☐ Head of State or of Government.
☐ Head of State or of Government.  KNOW YOUR CUSTOMER (KYC) DETAILS
Head of State or of Government.  KNOW YOUR CUSTOMER (KYC) DETAILS  Please provide your Central Know Your Customer registration number below.
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Head of State or of Government.    KNOW YOUR CUSTOMER (KYC) DETAILS   Please provide your Central Know Your Customer registration number below.   CKYC Number

OF PERSONS TO	

Sl. No	Insured Name (First, Middle, Last)	Gender: Male (M)/Female (F)/ Others (O)	ABHA No.	Date of birth (DD/MM/YYYY)	Relationship with proposer	Height (cm)	Weight (kg)	Occupation	Annual Income (if applicable)
1.		M F O							
2.		M F O							
3.		M F O							
4.		M F O							
5.		M F O							
6.		M F O							

Note: Please enter the details of additional members in excess of 6 in the additional sheet attached at the end of this form.

		COVERAGE SELECTION
1. Plan details	Policy Ty	pe:   Individual   Family
2. Proposed policy	term [	Policy Tenure: 1 Year 2 Years 3 Years
3. Sum Insured		

Please provide coverage details in below table (Please do not fill anything in Premium Computation Column):

S. No	Insured Name (First, Last)	Individual Sum	Insured Option	Premium Computation	Final Premium
5. NO	msured Name (First, Last)	Plan	Sum Insured	Computation (for office use only)	(inclusive of GST*)

<sup>\*</sup> Note: The premiums for respective Zones will be based on Proposer's residence/ pin code/ zone. Please note the Cities/ Towns that fall under respective Zones shall be identified as per the updated/ latest Jurisdiction defined.

Cover	Details	Please select
Accidental Death	100% of Sum Insured	
Permanent Total Disablement	Up to 100% of Sum Insured	
Permanent Partial Disablement	% as per Schedule	
Temporary Total Disablement	Temporary Total Disablement 1% of CSI up to 100 weeks with weekly benefit of maximum of 3000/-	
Medical Expenses	Actuals or 40% of Claim Amount or 10%, of sum insured whichever is less	

### POLICY DOCUMENTS DELIVERY PREFERENCE (Please select your preferred mode of receiving the policy documents):

		Electronic Copy only (	via registered email	/ mobile number)
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☐ Both Electronic & Physical Copies\*

#### **NOMINATION**

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form. The receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Nomination can be changed at any time during the term of the policy. Following section to be filled by the Proposer/Representative:

Nominee Name** (First, Last)	Relationship with the proposer	Address and contact details of Nominee	% of Sum Insured	Bank Account details of the Nominee
		Present Address		1. Account No.
		Permanent Address		2. IFSC Code
		Phone Number		3. Bank Name 4. Branch Name
		Email ID		5. Branch Code



<sup>\*</sup>Please choose the relationship with proposer from this list - Spouse as long as he or she continues to be married to you, Son, Daughter-in-law, Daughter, Father, Mother, Father-in-law as long as your spouse continues to be married to you, Grandfather, Grandson, Granddaughter, Sonin-law, Brother, Sister-in-law, Brother-in-law, Nephew and Niece.

<sup>#</sup> Please choose the occupation from this list - Salaried, Self Employed, Housewife, Student, Others.

<sup>\*</sup> Note: If you select both electronic and physical copies, the physical copy will be dispatched to your registered mailing address.

N	ominee Name** (First, Last)			Address and contact details of Nomine		% of Sum Insured	Nominee				
				Present Address			1. Account No	).			
				Permanent Address			2. IFSC Code				
				Phone Number			3. Bank Name				
				Email ID			4. Branch Nar  5. Branch Coo				
				Present Address			1. Account No				
				Permanent Address			2. IFSC Code				
							3. Bank Name	2			
				Phone Number			4. Branch Nai				
				Email ID			5. Branch Coo				
				Present Address			1. Account No 2. IFSC Code				
				Permanent Address			3. Bank Name	2			
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	lame of the Appointee		Name and	l address of the Appointee	Relationsh	ip with the No	minee	Age	Contac	ct Number	
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Address and contact

% of Sum

Nominee Name\*\*

Relationship with

## OTHER ONGOING HEALTH INSURANCE / PERSONAL ACCIDENT / CRITICAL ILLNESS POLICY INFORMATION (including those obtained from Royal Sundaram General Insurance Co., Limited)

Sun	ıdaram General Iı	nsurance Co. Lim	ited)	,			•	· ·	,
Sl.		Name and Address of insurance company	Policy No.	Period of Insurance first inception date	Period of	Insurance	Sum Insured (₹)	Claim details, claim amount received or receivable (in ₹)	Are any persons to be insured opting for portability or migration from
		Company			From	То		receivable (III V)	an existing cover?
1.					DDMMYYYY	DDMMYYYY			YES NO
2.					DDMMYYYY	DDMMYYYY			YES NO
AU1	e: In case of Portability/ FHORIZATION FO					NICATIONS (Plea	ase read carefully	and put a check r	nark against each
	I hereby consent WhatsApp at		-	· ·	ail				
	I hereby consent communication (		-					e calls, service ca	alls or any other
Date	e: DDMM	YYYY		Signati	ure of the Propos	er / Representativ	e:		
Plac	:e:			Name	of Proposer :				
1.	CLARATION  I hereby declare, or  and complete in a	•	_		to be insured, that authorized to pro				ven by me are true
	I understand that the insurer and that the						ct to the Board a	pproved underwri	ting policy of the
	I further declare t been submitted b					general health of t	he life to be insu	red/proposer after	the proposal has
		or from any past mation from any	or present emplo insurer to whor	yer concerning ar	ything which affe	ects the physical o	r mental health o	ne has attended or f the person to be r has been made f	insured/proposer
	I authorize the counderwriting the							d/proposer for th	e sole purpose of
	proceeds of crime reserves the right	related to any Of to call for docur ct unilaterally and	fence under the P	revention of Mon- nation to establis	ey Laundering Act h the source of fu	, 2002 and rules fr inds, as also the	amed thereunde right to reject the	urces of my incon r. I understand tha e said proposal or on list/happen to	to terminate the
	I confirm that the in my bank accou		en paid by		, who has a	an insurable inter	est in my policy a	nd refund, if any, s	shall be processed
8.	I am (please tick a	ll that are applica	ble): 🗌 HNI 🛛	NRI Politic	ally Exposed Perso	on 🗌 Jeweller	☐ NGO ☐ Fil	m Actor Prod	ucer 🗌 Others.
	will be used to ve	(ABHA No) for th rify/share relevan	ne proposed Insu nt information pr	red Persons, with ovided herein on	Royal Sundaram,	for the sole purpo within its Group	se of accessing n	ly sharing Ayushm ny records of medi rty agencies in con	cal history, which
	my/proposer's KY records. I, also, c address. It is, also	C records as part consent to receive confirmed that t	of this proposal. I information from the KYC records av	I understand that a m the Central KY vailable in the CKY	acceptable official C Registry throug /C Registry are cur	ly valid documen h SMS/email on t rent and valid, as c	ts shall be relied u the above-mention the date of this	stry, in relation to upon for the said v oned mobile pho s proposal, and car ing the CKYC Regi	ne number/email n be used by Royal
	I further confirm have been given a			_	-	_		lisclosures provide ments, and policy	-
Date	e:  D D M M	YYYY		S	Signature of the P	roposer/Represen	tative :		



Name of Proposer : \_\_\_\_\_

Place : \_\_\_\_\_

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proposer:) to complete this propo information provided is accurate and given with my full consent.													sal fo	orm	on n	ny be	hal	f, as I	requ	uire	ass	ista	nce	due	e to	my	disa	abil	ity. I	coi	ıfirr	n th	at a
nformation provided	is accura	ate an	d give	n wi	ith m	y full	l cor	ısen	ıt.																								
Contact Number of A	uthorize	ed Rep	resen	tativ	ve: _											Sign	atuı	re of	Auth	ori	zed	Rej	ores	enta	ativ	e: _							
Date: DDMM	YY	YY																															
Declaration by Repres	sentativ	e																															
confirm that I have co	•									•	•	er t	o the	best	of m	y abi	lity	and a	ıs pe	r th	eiri	nsti	uct	ions	S.								
/ERNACULAR DECLA The terms, conditions,	, and be	nefits				_				_			_			_					-	_			_						_		
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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
$In surance \ between \ the \ Company \ and \ the \ Proposer, if this \ Proposal \ is \ accepted \ by \ the \ Company \ for \ is suance \ of \ the \ Policy. \ I \ have \ further \ explained \ that \ if \ any \ untrue \ for \ is \ $
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 is sued 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 for feited to the Policy may be for f
the Company.
License No./ID:
(Advisor/Corporate Agent/Broker/Relationship Officer)
Date : DDDMMYYYYY  Signature of the Insurance Advisor :

#### 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 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 sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.



#### 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

( ) 1860 425 0000 |  $\boxtimes$  care@royalsundaram.in |  $\checkmark$  www.royalsundaram.in



INTERMEDIARY DECLARATION

# INDIVIDUAL PERSONAL ACCIDENT POLICY (Accidental Death & Disablement only)



Proposal No.

### ACKNOWLEDGEMENT

Date | D | D | M | M | Y | Y | Y | Y |

We acknowledge with thanks the receipt of your insurance proposal. Please note that under the ASBA facility, an amount of Rs.							
has been blocked in the ASBA account on as per the details provided. The mere submission of this proposal or							
blocking of funds does not obligate us 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 premium is not received							
by us in full and in time or is not realized. I 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							
<b>sf</b>							
ROYAL SUNDARAM INSURANCE —— Sundaram Finance Group ——							
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							
↑ 1860 425 0000							



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