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.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

PROPOSAL FORM

Professional Indemnity

UIN: IRDAN102RP0006V01200102

PROPOSAL FORM FOR MEDICAL ESTABLISHMENTS - ERRORS & OMISSIONS INSURANCES

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

Intermediary Details:

Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number

1) Name of the Proposer;
Address

2) Year in which established

3) Name & Address of Owners/directors/partners

4) Proposer type (please tick whichever is applicable)

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

5) a) Is the Establishment registered with the local competent authority? If no, why?

b) Have you complied with all statutory rules/regulations relating to your establishment?

6) i) Are the Doctors/Technicians working for you:

a) duly licensed in accordance with the Medical Acts or any other prevalent laws.

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b) Members of Medical Association/Council.

ii) Do you employ qualified Nurses?

7) State the number of employees and visiting doctors in each classification:

1. General Physicians

2. Specialists including surgeons

   a) Eye/ENT
   b) Pathologists
   c) Cardiologists
   d) Radiologists

3. Plastic Surgeons
4. Dentists
5. Pharmacists
6. Technicians
7. Nurses
8. Trainees
9. Other (Please specify)

8) a). Please specify all the facilities available like X-ray, Scanning, Pathology, etc.,

b). Whether persons operating these are qualified and well experienced

c). Do you wish to extend the Policy to cover the personnel who are not professionally qualified to operate the facility assigned to them?

If yes, please give names of the personal and the facility operated.

d) Is the establishment under care of qualified doctor round the clock?

e) Is a qualified nurse in attendance round the clock?

9) a) Please state the no. of beds including bassinets maintained

b) State no. of fully equipped operation theaters

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10) Do you have an out-patient's department? Please specify:

a) No. of patients actually treated in the previous year

b) No. of patients estimated to be treated in the proposed year

12) Please state the following particulars regarding the in-patients treated

Particulars	Proposed Year (Estimated)	Immediately Preceding Year (Actual)
General		
Medical		
Surgical		
Total		

13) Give details of radioactive treatment facility. Specify the materials used and precautions taken for such usage.

14) Whether food is supplied by you to patients? If yes, specify whether it is prepared by you or contractors. Please specify the measures taken for maintenance of kitchen and other supervisory measures.

15) State estimated annual income includes room charges, Operation Theatre, Rent, charges for X-ray facilities, doctors' fees, nursing charges, medicines, food, surcharge and any other income.

16) Details of any claims lodged against the proposer during the past 5 years on account of services rendered by your establishment.

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17) Have you ever insured against Liabilities in the past? If so, specify the name of the insurer, policy no. and period.

18) Has any insurer cancelled/declined/refused to renew your liability insurance or accepted your proposal subject to restrictions.

19) Details of any event likely to give rise to a liability claim against you at a future date.

20) State limits of indemnity required for any one year (AOY)

21) Period of Insurance required

From: To:

22) Voluntary Excess

I/We do hereby declare that the above statements and answers are true and that I/We have not withheld any information whatsoever regarding the proposal. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and ..... Co., Ltd., whose policy for the insurance proposed

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is acceptable to me/us. I/We undertake to exercise all ordinary reasonable precautions for safety of the property as if it were uninsured.

Place: _____

Date: _____

Signature of Proposer _____

PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code	
	Amount in (₹)	
	Date of Payment (DD/MM/YY)	
	PAN (If premium is 1 Lac and Above.)	
	GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE:

	Name of bank account holder (mention specifically, if different from name of policyholder)	
	Bank Name & Branch	
	Bank Account Number IFSC Code	

NOMINEE DETAILS:

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Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as Present Address))	

Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

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ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Professional Indemnity' Policy in Physical format.	YES / NO
I would like to have ` Professional Indemnity' Policy in Electronic format only	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management ☐ CSDL Insurance Repository Limited ☐ Karvy Insurance Repository Ltd CAMS Repository Services Ltd ☐ CAMS Repository Services Limited ☐
CKYC No (Central Know Your Customer Registry Number), (if available):	
I, _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

DECLARATION BY INSURED:

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, misrepresented or mis-stated any material fact. I also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be intimated to the insurer immediately. I hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its Expert(s) / incidence response provider for providing claims services related to this insurance.

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I / We hereby agree that this declaration shall form the basis of the contract between me and Royal Sundaram General Insurance Co. Limited.

Signature of the Proposer

Place:

Name:

Date:

AML GUIDELINES: (Premium Payment Shall Be Made By The Policyholder Of The Policy)

ANTI - MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AMLguidelines/rules.

I hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

DPDP ACT 2023 DECLARATION

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I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

VERNACULAR DECLARATION (Certification in case the Proposer has signed in Vernacular/Thumbprint):

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. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness_____ (Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) _____and residing at_____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured	Signature/Thumb impression of the Proposer

Date:
Place:

AGENT'S DECLARATION:

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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 response(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 further more 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 premiums paid under the Policy may be forfeited to the company.

License No.: Signature of Agent

Date:

Place:

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Section 41 of Insurance Act, 1938

Prohibition of Rebates

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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 in 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 prospectus or table 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 lakh rupees.