ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

FOR OFFICE USE ONLY
Issuing branch _____
Agent reference _____
Policy number _____
Urban / Rural _____

ROYAL SUNDARAM GENERAL INSURANCE COMPANY LIMITED
Registered office: No. 21, Patullos Road, Chennai- 600 002 Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

SMART PROTECT - PROPOSAL FORM

URN No: AH/2026-27/MS-02

Guidelines for Completion of the Form (To be filled by Proposer/Representative)
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 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.
- 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.

PROPOSER DETAILS

☐Mr. ☐ Ms ☐Others _____
Gender ☐Male ☐Female ☐Third Gender

NAME OF THE PROPOSER -
First Name _____ Middle Name _____ Last Name _____
Permanent Address (As per address proof) -
_____
_____
City _____ State _____
Landmark _____
Pin code _____

CURRENT ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)
☐Same as permanent address
_____
_____
City _____ State _____
Landmark _____
Pin code _____
Proposer's Contact Details:
Mobile Number: _____
Alternate Mobile Number: _____
Email ID: _____
PAN Number: _____

Insurance required : From : ___am/pm on

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To : midnight on

EIA NUMBER (ELECTRONIC INSURANCE ACCOUNT NUMBER)

Would you like to open an Electronic Insurance Account with any Insurance Repository?
____YES ___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.
(For EIA facilitation, please refer to our website https://www.royalsundaram.in/ for further details)
If you already have an Electronic Insurance Account, please share the below details
Account Number _____
Account Name _____
Insurance Repository Name _____
_____

2. KNOW YOUR CUSTOMER DETAILS

Please provide your Central Know Your Customer (CKYC) registration number below:
CKYC Number _____
Marital Status: □Single □Married □Widow/Widower □Divorced
Nationality: o **Indian** o **Foreign National**
Occupation: □ Salaried □ Self Employed □ Others: _____
Are you an existing Royal Sundaram customer? * □ YES □NO
***If yes, please provide**:

EXISTING POLICY NO.: _____

CUSTOMER ID NO.: _____

DETAILS OF PERSONS TO BE COVERED

S. No.	Insured Name	Gender (Male / Female / Third Gender)	ABHA No.	Date of Birth (DD/MM/ YYYY)	Relationship with Proposer	Height (cm)	Weight (Kg)	Occupation	Annual Income (if applicable)
1.		---Male ---Female --Third Gender			---Self ---Spouse ---Son ---Daughter ---Others ------			---Salaried ---Self Employed ---Homemaker ---Student ---Others	
2.		---Male ---Female -- Third Gender			---Self ---Spouse ---Son ---Daughter ---Others ------			---Salaried ---Self Employed --- Homemaker ---Student ---Others	
3		---Male ---Female -- Third Gender			---Self ---Spouse ---Son ---Daughter ---Others ------			---Salaried ---Self Employed --- Homemaker ---Student ---Others	
4		---Male ---Female -- Third Gender			---Self ---Spouse ---Son ---Daughter ---Others ------			---Salaried ---Self Employed --- Homemaker ---Student ---Others	

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Details of Card to be insured:

COVERAGE SELECTION

Coverage & Sum Insured				
Benefit	**Plan/s**	**Section**	**Description**	**Sum Insured Opted**
A	Card Protection	1	Lost Card Liability	
		2	Card Liability due to fraudulent internet based transactions and / or misuse of PIN.	
		3	Card Liability due to unauthorised usage/skimming/counterfeit/phishing/compromised cards.	
B	Identity Theft	1	Identity theft	
C	Purchase Protection	1	Purchase Protection	
D	Personal Travelling Protection	1	Personal Trip Effect coverage	
		2	Home Protection while you are away	
E	Wallet Protection	1	Lost Wallet Coverage	
		2	ATM Assault and Robbery	

Do you have any other insurance of the same type Yes ☐ No ☐

If Yes, please give following details.

Name of the Insurer

Policy number

Period of Insurance

Claim amount received / receivable

Do you have a default payment history Yes ☐ No ☐
If Yes, please give details.

Name of the Bank

Period

Reasons for default

Have you been criminally charged in the past for any financial irregularity ☐ ☐

If Yes, please give details. ☐

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 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 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 company. 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 travel 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:

_____

Payment Details: Please tick (√) payment option

Premium Amount: _____ (in ₹)

Premium Amount: _____ (in Words)

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

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

Instrument No: _____Instrument Date: ☐☐/☐☐/☐☐☐☐

Instrument Amount (₹*):* _____Bank Name: _____

b. **For Credit/Debit Card**

Card No.: _____ Expiry Date: ☐☐/☐☐

Card Type: ☐ Visa ☐ Mastercard ☐ Amex

Name on the Card: _____

I hereby authorize Royal Sundaram General Insurance Company Limited to charge applicable premium for the policy to my above mentioned Card and renew the policy (subject to Conditions) every year till further written notification and so long as my Card is valid. I understand that my cover would start on remittance of appropriate premium/ renewal premium being received by Royal Sundaram from the Bank.

Date :

Place :

Signature or thumb impression of the Proposer

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:
Bank IFSC Code:
Account Number:
Account Holder Name:
Account Type: o Saving / o Current / o Others

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: _____

A. Intermediary Declaration:

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.

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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: _____

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Registered Office: 21, Patullos Road, Chennai - 600 002. | IRDAI Registration No.102
Contact: 1860 425 0000 | Email: care@royalsundaram.in | Website: www.royalsundaram.in

UIN: IRDAN102P0001V01200809