Proposal Form- Suraksha Kawach
URN: AH/2026-27/HLGP-20

ROYAL SUNDARAM GENERAL INSURANCE CO. LTD
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

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

SURAKSHA KAWACH - PROPOSAL FORM

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 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.

Type of Entity**:** ☐ 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.: _____ 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: _____

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

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 Suraksha Kawach Policy and related information in:

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

DETAILS OF PERSONS TO BE INSURED:

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

_____

Details of Persons to be insured:

No of members proposed to be covered:

Type of Coverage: ☐ Obligatory ☐ Voluntary

☐Credit Linked ☐ Non-credit Linked

Health and wellness Initiatives

Occupation

Category	Occupation/Nature of Activity	Number of Person
1.		
2.		
3.		
4.		
5.		

Salary vs. Self-employed

Geographies Covered:

Gender (it may be provided in the form of percentage of males vs. females etc.)

Claims experience for last 3 years:

Are you taking cover for the first time:

-If No, details of coverage and claims experience for last three years

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

Sr. No.	Name of Insured	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 ₹)
					From (DD/MM/YYYY)	To (DD/MM/YYYY)		

If space available to fill details is insufficient, please attach an extra sheet duly signed. If the disclosure obligations are breached, this may render any policy issued void.

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

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

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

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:

Sr. No.	Nominee Name**	Relationship with the proposer	Address and contact details of the Nominee	% of Sum Insured	Bank Account details of the Nominee
1.			Present Address Permanent Address Phone number		1. Name of Bank: 2. Bank IFSC Code: 3. Account Number: 4. Account Holder Name: 5. Account Type: o Saving /

			Email ID		o Current / o Others
2.			Present Address Permanent Address Phone number Email ID		1. Name of Bank: 2. Bank IFSC Code: 3. Account Number: 4. Account Holder Name: 5. Account Type: o Saving / o Current / o Others
3.			Present Address Permanent Address Phone number Email ID		1. Name of Bank: 2. Bank IFSC Code: 3. Account Number: 4. Account Holder Name: 5. Account Type: o Saving / o Current / o Others
4.			Present Address Permanent Address Phone number Email ID		1. Name of Bank: 2. Bank IFSC Code: 3. Account Number: 4. Account Holder Name: 5. Account Type: o Saving / o Current / o Others

**Nominee for Primary insured/ Proposer may to be among the following mentioned relations:

Father, Mother, Son, Daughter or Spouse

In case the nominee is a minor then please provide the name and address of the Appointee –

Name of the Appointee	Name and address of the Appointee	Relationship with the Nominee	Age	Contact Number

Coverage Details:

Please tick the section you wish to opt for:

Section	Type of cover	Please tick relevant section
1	**Critical Illness**	**( )**
2	**Personal accident**	**( )**
3	**Equated Monthly Installment Protection**	**( )**
4	**Hospital Cash**	**( )**

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

Section 1 (Critical Illness)

Section	Benefit	Sum Insured (in Rs.)
I	Critical Illness	Rs. _____
Waiting Periods		
	Pre-existing Disease Waiting Period	0 months [ ]/ 12 months [ ]/36 months [ ]/48 months [ ]/Not covered [ ]
	Initial Waiting Period	0 days [ ]/ 30 days [ ]/ 60 days [ ]/90 days [ ]/120 days [ ]
	Survival Period	0 days [ ] / 30 days [ ]
Optional Benefits		
II	Second Medical Opinion for Critical Illness	Yes [ ] No [ ]

Note: On the basis of information provided by the Proposer/insured Person, the Underwriter may ask the Insured Person to answer medical underwriting questions.

Section 2 (Personal Accident)

Section	Benefit	Coverage	
I	Base Covers	Sum Insured Rs. _____	
i.	Accidental Death	100% of Base Cover Sum Insured	Yes [ ] No [ ]
ii	Permanent Total Disablement	Percentage as specified in Policy Terms & Conditions	Yes [ ] No [ ]

iii	Permanent Partial Disablement	Percentage as specified in Policy Terms & Conditions	Yes [ ] No [ ]
iv.	Air accident Coverage- Death only	Sum Insured Rs. _____	Yes [ ] No [ ]
II	Optional Benefits		
i	Temporary Total Disablement	1% of Base Cover Sum Insured subject to a maximum of Rs.10000/- for 26 [ ] /52 [ ]/78 [ ]/104 [ ] weeks, every policy year	Yes [ ] No [ ]
ii	Monthly Income Benefit on Death or PTD	Monthly Sum Insured: Rs. _____ for the period of 12 months [ ]/ 24 months [ ] / 36 months [ ], every policy year upto a maximum of 50,000 per month	Yes [ ] No [ ]
iii.	Medical Expenses due to accident	Actual amount or 40% of compensation payable or 10% of Base Cover Sum Insured whichever is less	Yes [ ] No [ ]
iv.	Carriage of dead body	2% of Base Cover Sum Insured or Rs.10000/- whichever less	Yes [ ] No [ ]
v.	Educational Grant for up to two Dependent children	1% to 10% of Base Cover Sum Insured subject to a maximum of Rs.1 lac	Yes [ ] No [ ]
vi.	Emergency Domestic Evacuation	Rs. 1 lacs/Rs. 2 lacs/Rs. 3 lacs	Yes [ ] No [ ]
vii.	Home alteration and vehicle modification	20% of SI or Rs.1 lac or actuals whichever lower	Yes [ ] No [ ]

Note: If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person the total sum insured across all certificates shall be restricted to a maximum of 5 crore and we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited

Section 3 (Equated Monthly Installments Protection)

Sum Insured per policy year: Rs. _____

Please select the one or both of the following benefits:

	Benefits	
I	**EMI Protection Coverage in case of Accident**	Yes [ ] No [ ]
II	**EMI Protection Coverage in case of Sickness**	Yes [ ] No [ ]

Waiting Periods

1	Pre-existing Disease Waiting Period	0 months [ ]/ 12 months [ ]/36 months [ ] /Not covered [ ]
2	Initial Waiting Period	0 days [ ]/ 30 days [ ]/ 60 days [ ]/90 days [ ]/120 days [ ]

Note: Waiting Period applicable only in case of EMI Protection Coverage in case of Sickness.

Section 4 (Hospital Cash)

Sum Insured per day: Rs. _____

Benefit period in days (Please select from options provided below): 30 days [ ] /45 days [ ] /60 days [ ] /90 days [ ] /180 days day [ ] per policy year

	Base Covers
I	**Coverage for Hospitalization**
Ii	**ICU Hospitalization Coverage**

Waiting Periods		
	Pre-existing Disease Waiting Period	0 months [ ]/ 12 months [ ]/36 months [ ]/ /Not covered [ ]
	Initial Waiting Period	0 days [ ]/ 30 days [ ]/ 60 days [ ]/90 days [ ]/120 days [ ]
	First year exclusion for 17 specific disease	Yes [ ] No [ ]

List of 17 Specific disease: Cataract, Stones in biliary and urinary systems, Hernia / Hydrocele, Hysterectomy for any benign disorder, Lumps / cysts / nodules / polyps / internal tumours, Gastric and Duodenal Ulcers, Surgery on tonsils / adenoids, Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral
Disc Prolapse, Fissure / Fistula / Haemorrhoid, Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative
Otitis Media, Benign Prostatic Hypertrophy, Knee/Hip Joint replacement, Dilatation and Curettage, Varicose veins, Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis, Diabetes and related complications, Chronic Renal Failure or end stage Renal Failure.

Note: On the basis of information provided by the Proposer/insured Person, the Underwriter may ask the Insured Person to answer medical underwriting questions.

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.

AUTHORIZATION FOR ELECTRONIC POLICY FULFILMENT AND SERVICE COMUNICATIONS

(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), WhatsApp at _____.

☐ 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:_____

10. **DECLARATION**

1. I 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 am authorized to propose on behalf of these other persons.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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. 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any Offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that Royal Sundaram reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

7. I confirm that the premium has been paid by _____, who has an insurable interest in my policy and refund, if any, shall be processed in my bank account.

8. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Royal Sundaram, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.

9. I consent to the fact that Royal Sundaram may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the above-mentioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by Royal Sundaram hereafter. In case of any modification, the applicable information will be provided to Royal Sundaram for updating the CKYC Registry Records.

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

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

Dated DD MM YYYY Signature of the Proposer/Representative_____

Place_____ Name of Proposer _____

11. **AUTHORIZATION FOR REPRESENTATIVE (FOR PERSONS WITH DISABILITY REQUIRING ASSISTANCE)**

I, _____, hereby authorize _____ (my relationship to proposer: _____) to complete this proposal form on my behalf, as I require assistance due to my disability. I confirm that all information provided is accurate and given with my full consent.

Declaration by Representative:

I confirm that I have completed this proposal form on behalf of the proposer to the best of my ability and as per their instructions.

Note: The insurer may request identification proof of the authorized representative if required.

Contact Number of Authorized Representative: _____

Signature of Authorized Representative: _____
Date: _____

12. **VERNACULAR DECLARATION**

The terms, conditions, and benefits of the insurance product, its scope of coverage, exclusions, premium details, my rights, obligation and duties was explained to me in my preferred language(dialect) by the persons. Additionally, I was also provided with an opportunity to ask question and seek clarification in my preferred language(dialect) before authenticating this proposal
Dated DD MM YYYY
Signature of the Proposer/Representative _____ Place_____
Name of Proposer _____

Witness Name:	Intermediary / Agent Name:
Witness Signature:	Intermediary / Agent Signature:
POSP Name:	POSP Code:
POSP PAN No.:	Date and place:

13. **PAYMENT DETAILS**

A. ASBA Bank Account Details

(For blocking the premium amount under BIMA ASBA facility)
ASBA Bank Name
_____
ASBA Bank A/c. No.
_____
IFSC/MICR Code
_____
ASBA A/c. Holder Name_____ (in case Applicant is different from ASBA A/c. Holder) OR UPI ID (Maximum 45 characters)
_____
_____
Type of Account (Savings/Current):
_____

B. ASBA Declaration

I hereby give my consent and authorize _____ Bank to block the premium amount payable and debit the same from my account under BIMA ASBA facility upon acceptance of my proposal for Insurance by Royal Sundaram General Insurance Company.
If the ASBA bank account is held by a person other than the Proposer, I confirm that I have obtained the consent of the account holder for the blocking and debiting of the premium amount as per the terms of the BIMA ASBA facility.
Signature of the Proposer/Representative: _____
Signature of the Account Holder (if different from Proposer):_____

Dated (DD/MM/YYYY): _____

14. **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 DD MM YYYY 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

Acknowledgment

Proposal form No. Date DD MM YYYY

We acknowledge with thanks the receipt of your insurance proposal. Please note that under the ASBA facility, an amount of ₹_____ 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 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

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. | IRDAI Registration No.102
Contact: 1860 425 0000 | Email: care@royalsundaram.in | Website: www.royalsundaram.in
UIN - RSAHLGP19010V011819

Insurance is the 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.