ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Regd Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097. Ph: 91-44-7117 7117, 1860 425 0000.
Email:customer.services@royalsundaram.in
Website:www.royalsundaram.in
IRDA Regn. No. 102|CIN-U67200TN2000PLC045611

PROPOSAL FORM

Royal Personal Cyber Insurance UIN: IRDAN102RPLB0005V01202425

1. Before completing this proposal form, read the prospectus/policy wordings to understand the meaning of the terms used herein.
2. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.
3. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.
4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.
5. Person who has completed 18 years of age can only apply for insurance coverage.
6. This form shall be used to apply for Royal Personal Cyber Insurance Policy

FOR OFFICE USE ONLY

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

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
- Principal Officer's Email Address

PARTICULARS OF THE PROPOSER

Name of the Proposer / Policy holder	
Address for Communication	
Gender	Male ☐ Female ☐ Others ☐
Date of Birth and Age in years	
Marital status	Married ☐ Single ☐
E-mail id	
Mobile Number	
Occupation	
Proposer type (please tick whichever is applicable):	MSME ☐ Non MSME ☐ NGO ☐ Registration No. Darpan ID
Annual Income	

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POLICY DETAILS

Policy Period	From To

Please provide the following details with respect to your proposed Policy

Please state the devices you commonly use	Mobile Phone ☐ Laptop ☐ Tablet ☐ Smart-watch ☐ Others (Please mention : _____
Do you have anti-virus software installed on your commonly used devices?	Mobile phone Yes ☐ No ☐ Laptop Yes ☐ No ☐ Tablet Yes ☐ No ☐ Smart Watch Yes ☐ No ☐
Please confirm if you maintain confidentiality and regularly change your passwords	Yes ☐ No ☐

COVERAGE AND SUM INSURED DETAILS

1. Sum Insured opted Rs_____ (Sum Insured can be in multiples of Rs.500 upto Rs.1,00,000 or Rs.1,25,000, Rs.1,50,000 or Rs.1,75,000 or Rs.2,00,000)

2. Coverages opted

Coverage	Insured Event	Please tick whichever is opted
Base	Theft of Fund (Mandatory cover)	✓
Ext-1	Identity Theft	
Ext-2	Data Restoration / Malware Decontamination/ Hardware Replacement	
Ext-3	Cyber Bullying, Cyber Stalking And Loss Of Reputation:	
Ext-4	Cyber Extortion	
Ext-5	Online Shopping	
Ext-6	Online Sales	
Ext-7	Social Media And Media Liability	
Ext-8	Network Security Liability	
Ext-9	Privacy Breach And Data Breach Liability	
Ext-10	Privacy Breach And Data Breach By Third Party	
Ext-11	Smart Home Cover	
Ext-12	Loss Of Professional Income	

3. Do you wish to extend the coverage opted above to your Family? Yes ☐ No ☐
If yes, please mention the relationships of the eligible family members you wish to include:

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(Eligible family members are: Spouse, children upto 18 years (maximum 2 children), parents or parents-in-law, residing in India)

Sl. No.	Name of the Family Members	Age in years	Relationship with the Insured
1			
2			
3			
4			
5			
6			
7			

SECURITY INCIDENTS AND LOSS HISTORY

Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for?

Yes No

If yes, please provide details of the incidents.

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	

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IFSC Code	

NOMINEE DETAILS

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)	

ELECTRONIC INSURANCE ACCOUNT DETAILS

I would like to have `Royal Personal Cyber Insurance' Policy in Physical format.	YES / NO
I would like to have `Royal Personal Cyber Insurance' 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.

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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.

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

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Signature of the Proposer

Place
Date

Name: _____

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 ☐ If 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

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.

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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
Date:

Signature/Thumb impression of the Proposer
Place:

AGENT'S 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 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:

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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

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.