

# PROPOSAL FORM

## For Standard Chartered Bank Customers



**Royal Sundaram**  
General Insurance

Proposal No. \_\_\_\_\_

**PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED IN CAPITAL LETTERS. PLEASE TICK  IN THE RELEVANT BOXES. ALL DETAILS ARE MANDATORY.**

Sum Insured option:  Individual  Floater Tenure Opted:  1 Year  2 Years

Please select your suitable products

- Home Protector (E054)  Home Contents Protector For Standard Chartered Bank Customers (E054)
- Hospital Cash Plan For Standard Chartered Bank Customers (E110 / E111)
- Individual Personal Accident Policy (Accidental Death & Disablement only) (E092)
- Top Up Insurance - Health XS Policy (E097)  Top Up Insurance - Super Health XS Policy (E098)

### CUSTOMER INFORMATION

Mr.  Mrs.  Miss  Others \_\_\_\_\_ Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 PAN Number# 

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Name of the Proposer 

First Name	Middle Name	Last Name
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Marital Status  Married  Single

Annual Income (₹)  < 50,000  50,000 - 150,000  150,001 - 300,000  300,001 - 500,000  > 500,000

Address for Correspondence \_\_\_\_\_

City 

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 State 

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Landmark \_\_\_\_\_

Pincode# 

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 Telephone 

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Mobile 

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 E-mail 

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Nominee Name \_\_\_\_\_ Nominee Relationship to Proposer \_\_\_\_\_

Is your nominee also proposed for cover in this policy  Yes  No

**PLEASE TICK  AGAINST THE APPLICABLE DESCRIPTION, IF YOU FALL UNDER ANY OF THE BELOW LISTED CATEGORIES. IF YOU FALL UNDER MORE THAN ONE OF THE LISTED TITLES BELOW, PLEASE TICK AGAINST ALL THE APPLICABLE HEADS.**

- Head of State or of Government  Senior Politician  Senior Government/Judicial/Military Officer
- Senior Executive of State-Owned Corporation  Important Political Party Official

### DETAILS OF PERSONS TO BE COVERED (NOT APPLICABLE FOR HOME INSURANCE)

		Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name of the insured person							
Occupation							
DOB							
Gender							
Relation to Proposer							
Sum Insured ₹	Top Up Insurance - Health XS Policy						
	Top Up Insurance - Super Health XS Policy						
	Hospital Cash Plan For Standard Chartered Bank Customers						
	Individual Personal Accident Policy (Accidental Death & Disablement only)						

\*Mandatory if premium under this proposal is ₹ 50,000 or more

**DETAILS OF PERSONS TO BE COVERED (NOT APPLICABLE FOR HOME INSURANCE)**

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Nominee Name						
Nominee Relationship to the insured						
Individual Premium ₹	Top Up Insurance - Health XS Policy					
	Top Up Insurance - Super Health XS Policy					
	Hospital Cash Plan For Standard Chartered Bank Customers					
	Individual Personal Accident Policy (Accidental Death & Disablement only)					

Total Premium ₹ \_\_\_\_\_ (net of family discount, if applicable)

**MEDICAL HISTORY – DETAILS**

Have you or other family members proposed, ever suffered or suffering from any symptom of physical or mental diseases/illnesses/infirmity or medical conditions or any congenital anomalies or developmental anomalies or any other medical complaints or sustained any accident and / or diagnosed with any disease / illness or have received any treatment or undergone any surgery for any diseases / illness?  YES  NO

If yes, give details for each person proposed

Sl. No	Name of the Proposed Person	Nature of illness/disease/injury	Date first diagnosed	Treatment taken/now being taken/surgery done	Name of the attending medical practitioner with phone number
1					
2					
3					
4					
5					
6					

Are there any additional facts affecting the proposed Insurance which should be disclosed to Insurers?: .....

Have you ever suffered from or currently suffering from or under treatment for the following?

Details	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
High blood sugar / Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blood Pressure (Hypertension ) / Stroke	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic Obstructive Pulmonary disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any type of Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any type of Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Seizure disorder/epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Kidney / Liver problems / Any type of Hepatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have any other Health Insurance / Medclaim / Personal Accident Insurance Policies under any other schemes including credit cards, employee schemes etc. (from Royal Sundaram or any other company)

YES  NO

If Yes, please give the following details

Health / Medclaim/ PA	Name of the Person covered	Name of the Company	Policy Number	Period of Insurance	Sum Insured

**HOME BUILDING INSURANCE (ALL DETAILS ARE MANDATORY)**  
**HOME PROTECTOR**

Location of the insured property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Landmark \_\_\_\_\_ Pincode\* \_\_\_\_\_

Sum insured for Building\*: ₹ \_\_\_\_\_ Sum Insured for Compound Wall\*: ₹ \_\_\_\_\_ Total Sum Insured : ₹ \_\_\_\_\_

**Tenure**  5 Years  10 Years  15 Years  20 Years

Financier Name ( If any ) : \_\_\_\_\_ Total Sq Ft area : \_\_\_\_\_

\*Value declared to include value of plinth and foundation and exclude cost of land and should represent the present day cost of construction. Building should be used for residential purpose only. The property or any portion thereof shall not be kutchha construction having walls and/or roofs of wooden planks/thatched leaves and / or grass / hay of any kind/bamboo/plastic cloth /canvas / tarpaulin and the like.

**HOME CONTENTS INSURANCE (ALL DETAILS ARE MANDATORY)**  
**HOME CONTENTS PROTECTOR FOR STANDARD CHARTERED BANK CUSTOMERS**

Place where contents are housed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Landmark \_\_\_\_\_ Pincode\* \_\_\_\_\_

**Plan (Sum Insured)**  ₹ 5 Lacs  ₹10 Lacs  ₹15 Lacs  ₹20 Lacs

Any change in the place where contents are housed should be intimated to Royal Sundaram immediately .

Building where Home contents are kept should be used for residential purpose only. The Building where the Home contents are kept or any portion thereof shall not be kutchha construction having walls and/or roofs of wooden planks/thatched leaves and / or grass / hay of any kind/bamboo/plastic cloth /canvas / tarpaulin and the like.

**Declaration - Applicable to all Products:** 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 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 agree that the insurance benefit available to me shall become voidable by Royal Sundaram General Insurance Co. Limited in the event of any untrue or incorrect statement or misrepresentation or non disclosure of any particulars in this form or in the event of withholding any material information to obtain the insurance benefit. I wish to enrol for this \_\_\_\_\_ Insurance Plan from Royal Sundaram General Insurance Co. Limited. I have voluntarily participated in this Insurance plan from Royal Sundaram. I am aware that I have an option of taking the collateral Insurance cover from any other Insurance Company other than Royal Sundaram. I have read the terms & conditions of the Insurance scheme as detailed in the brochure etc and the same has been explained to me by SCB in detail and understood by me. In case of any queries/clarifications I will call Royal Sundaram customer Services at 1860 425 0000 (Mon - Sat 8am to 9pm and on Sun 8am to 5 pm) or write to [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) I understand that acceptance of proposal is subject to the underwriting guidelines of the company. I understand that the Bank as a Corporate Agent of Royal Sundaram General Insurance Co. Limited, receives commission for Home Building cover up to 10% and for Health cover up to 15 % (or such other maximum percentage as may be fixed by IRDAI from time to time) of the premium amount, for sale of its insurance products. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

**Declaration - Applicable for Top Up Insurance - Health XS Policy, Top Up Insurance - Super Health XS Policy & Hospital Cash Plan For Standard Chartered Bank Customers**

I declare that persons proposed are my family members and that they are not engaged in high risk occupations. I/We further declare that I/we 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. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I declare that person/s proposed for Insurance do not suffer from any pre - existing conditions and that I have given explicit information of such instances of diseases. I understand that such pre - existing condition will be covered after 4 continuous years of Insurance under Top Up Insurance - Health XS Policy & Top Up Insurance - Super Health XS Policy. I also understand that such pre - existing conditions are permanently excluded from Hospital Cash Plan For Standard Chartered Bank Customers. I authorize the nominated Third Party Administrator of Royal Sundaram to process claims and receive reimbursements.

**Disclaimer**

Top Up Insurance – Health XS & Super Health XS Policy, Hospital Cash Plan For Standard Chartered Bank Customers, Individual Personal Accident Policy ( Accidental Death & Disablement Only), Home Protector and Home Contents Protector For Standard Chartered Bank Customers products are underwritten and issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. Limited as per the respective terms and conditions of each of the policy. This brochure is not a contract of Insurance. For more details on risk factors, terms and conditions, please refer to the policy document of the respective insurance plan and specific details applicable to each insurance plan. Your participation in these insurance products is purely on a voluntary basis. We advise you to take your own professional advice before you participate. Top Up Insurance – Health XS & Super Health XS Policy, Hospital Cash Plan For Standard Chartered Bank Customers, Individual Personal Accident Policy ( Accidental Death & Disablement Only), Home Protector and Home Contents Protector For Standard Chartered Bank Customers products of Royal Sundaram are approved by IRDAI. Standard Chartered bank does not accept any responsibility nor gives any warranty express or implied, as to the accuracy, reliability and completeness of any statement made in or omission of any provisions of the contract of Insurance from this Proposal and the Bank does not accept any liability for loss or damage of whatsoever nature, which may be attributable to your application, its receipt, payment of claims under it or the contract of Insurance. In case the Insurance is approved, you will be receiving the policy within 15 working days from the date of your premium being received by Royal Sundaram.

Payment Details: Please tick (✓) payment option

Total Premium Amount (₹) :

Total Premium Amount (in Words) : \_\_\_\_\_

**Cheque / Demand Draft Payment Option :**

Cheque / DD Number : \_\_\_\_\_

Cheque / DD Date : \_\_\_\_\_ Bank : \_\_\_\_\_

**Credit Card Payment option :** Charge the premium to my Credit Card

Visa / Master Card No. : \_\_\_\_\_ Card Expiry Date : \_\_\_\_\_

American Express Card No. : \_\_\_\_\_ Card Expiry Date : \_\_\_\_\_

**Account debit option** Account No. : \_\_\_\_\_

**Please Charge my Renewal Premium to ( To be filled only if the payment above has been made by a cheque or DD)**

My SCB A/C No.

Credit Card No.  Card Expiring on

I hereby authorize Royal Sundaram General Insurance Co. Limited to charge the annual premium to my above mentioned Standard Chartered Bank Account. I understand that my cover will attach from the date of premium remittance being received by Royal Sundaram from my Bank or the date of inception mentioned above whichever is later.

Sign Here

X \_\_\_\_\_ Place : \_\_\_\_\_ Date :

Signature of Account Holder (Applicant)

Please attach medical reports wherever applicable. Acceptance of proposal is subject to the underwriting guidelines of the company.

**Bank Details\***

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

IFSC Code  Account Number

\*All payments due to the Insured relating to this policy shall be routed through the above bank account through electronic transfer. In case of any change in your bank account details at a later date, you are requested to inform us immediately to update our records.

Date :  Place : \_\_\_\_\_ Signature or thumb impression of the Proposer: \_\_\_\_\_

**For Office Use Only**

Customer ID : \_\_\_\_\_ Policy No. : \_\_\_\_\_

Issuing Office : \_\_\_\_\_

Channel Name : \_\_\_\_\_ Branch Name : \_\_\_\_\_ Branch Code : \_\_\_\_\_

Customer Relationship ID : \_\_\_\_\_ Referral PWID  RM PWID

License No : \_\_\_\_\_ RM Signature : \_\_\_\_\_

Insurance Specialist PWID  Insurance Specialist Signature : \_\_\_\_\_

**SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES**

- 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.
- 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**  
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)  
Corporate Office: 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  
Standard Chartered Bank IRDAI License No.1096736

☎ 1860 425 0000 | ✉ customer.services@royalsundaram.in | 🌐 www.royalsundaram.in

Proposal No. \_\_\_\_\_

 Date 

## PREMIUM ACKNOWLEDGEMENT SLIP

### BANK COPY

Application Number	Type of Instrument	Bank Name (if applicable)	Cheque number (if applicable)	Amount
	<b>Cheque / Direct Debit Instruction</b>			

I/We hereby confirm receipt of the Premium Acknowledgement slip issued to me by Standard Chartered Bank towards submission of payment instrument for my Insurance application.

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

Proposer Signature: \_\_\_\_\_



Proposal No. \_\_\_\_\_

 Date 

## PREMIUM ACKNOWLEDGEMENT SLIP

### CUSTOMER COPY

Application Number	Type of Instrument	Bank Name (if applicable)	Cheque number (if applicable)	Amount
	<b>Cheque / Direct Debit Instruction</b>			

- Disclaimer:**
1. This is an Acknowledgement and does not in any way communicate acceptance or commencement of risk under the proposal submitted by you or renewal/ revival of your policy. As this is only an Acknowledgement, it should not be used for Income Tax purpose.
  2. The policy will be issued / renewed subject to: (a) Receipt and clearance of the first premium / renewal premium deposit by Insurance Service Provider (b) Receipt and verification of KYC documents and any other document/clarification as requested by the Insurance Service Provider.
  3. Insurance Service Provider do not accept cash at any of its branches except at authorised collection centres. Handing over cash to any unauthorized persons is solely at your own risk and the Insurance Service Provider shall in no way be held responsible for any loss in this regard.
  4. Kindly preserve this acknowledgment till you receive the original policy document and receipt/renewal receipt from the Insurance Service Provider.
  5. Any refund of premium or claim shall be paid directly to the policy holder/Insured/Nominee as mentioned in the proposal form or as per Insurance Service Provider Company's records.
  6. Insurance is the subject matter of solicitation. For complete details on coverage, Terms & conditions & exclusions, please refer to the product brochure available on the Insurance Service Provider website ([www.royalsundaram.in](http://www.royalsundaram.in)) or your policy document.

#### Sourcing Person's Details

Name: \_\_\_\_\_

Bank Id: \_\_\_\_\_

Signature: \_\_\_\_\_



**Royal Sundaram**

General Insurance

**Royal Sundaram General Insurance Co. Limited**

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

**Corporate Office:** 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:U167200TN2000PLC045611

Standard Chartered Bank IRDAI License No.1096736

☎ 1860 425 0000 | ✉ [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) | 🌐 [www.royalsundaram.in](http://www.royalsundaram.in)