

# PERSONAL ACCIDENT CARE PLATINUM INSURANCE



For you & your family

Campaign code - C102 (1 Year) / C103 (2 Years)

To ensure priority processing, please complete all sections in CAPITAL letters. Please tick  in the relevant boxes.

PLEASE TICK  IN THE RELEVANT BOXES :  One Year (C102)  Two Years (C103)

## PLEASE TELL US ABOUT YOURSELF (APPLICANT DETAILS)

Title  Mr.  Ms.  Others (Please Specify)  Name     
First Name Middle Name Last Name

Postal Address

City  State  Pincode

Landmark

Date of Birth         Married  Yes  No E-mail  PAN No.\*

Telephone(Office)  (Area Code - Phone Number) (Residence)  (Area Code - Phone Number) Mobile Number  (Area Code - Phone Number)

Nominee Name : \_\_\_\_\_ Nominee Relationship to Applicant : \_\_\_\_\_

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

\* Mandatory if premium under this application is Rs. 50,000 or more

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 MEMBERS TO BE COVERED

Sl.No.	Name	Sex	Relationship with the Proposer	Date of Birth (DD/MM/YYYY)	Sum Insured	Annual Income	Occupation	Nominee		Premium Amount
								Name	Relationship with the Insured Person	
1.			Self	DD/MM/YYYY						
2.				DD/MM/YYYY						
3.				DD/MM/YYYY						
4.				DD/MM/YYYY						
5.				DD/MM/YYYY						
6.				DD/MM/YYYY						

What does the policy cover?

The table given below illustrates the coverage

PERSONAL ACCIDENT CARE PLATINUM INSURANCE (₹)		
Coverage	Sum Insured	
Death	10,00,000	25,00,000
Permanent Total Disablement*	10,00,000	25,00,000
Monthly Income Benefit	1,000 per month	2,500 per month
Education Grant	5,000	5,000
Medical Expenses	5,000	5,000
Transportation of mortal remains	5,000	5,000
One Year Premium**	1,143	2,287
Two Years Premium**	2,021	4,045

\*\*The above rates are inclusive of 12% Service Tax & 3% Education Cess on Service Tax. The service tax and applicable education cess are subject to change as and when there is an amendment passed by the government.

\*PTD stands for Permanent Total Disablement and coverage will be as given below.  
 • 100% of chosen sum insured, for Loss of 2 limbs (Hand/foot), Loss of 2 eyes or Loss of 1 eye and 1 limb.  
 • 50% of chosen sum insured, for Loss of 1 limb or Loss of 1 eye.

## 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/how being taken/surgery done	Name of the attending medical practitioner with phone number
1					
2					
3					
4					

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

Continued Overleaf

## Declaration

I declare that persons proposed include my family members and they are not engaged in high - risk occupation. I also declare that I have explicitly given information of any pre - existing disease that they have and understand that such pre - existing medical conditions will not be covered under the policy (as per policy conditions). 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/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/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.

This proposal shall form the basis of contract of Insurance. If any statements, answers, particulars are untrue or incorrect, the insurer shall incur no liability under this insurance. I hereby agree to enroll myself and / or my family members to the Personal Accident Care Platinum Insurance offered by Royal Sundaram General Insurance Co. Limited., I understand that to enroll myself and / my family members I must currently be a Citibank customer. I am also aware that the entire amount of the initial premium needs to be paid for the insurance policy to come into force and the renewal premia is subject to change as per the relevant age band and service tax rates, amended by Govt. of India, Ministry of Finance. I hereby authorize the bank to debit my bank account / credit card and pass on the proceeds to the insurance company. This debit authority will stay in force till such time that I make a written representation to cancel the said instruction.

I understand that Citibank N.A. will earn 15% as commission on this policy in their capacity as the licensed Corporate Agent of Royal Sundaram General Insurance Co. Limited.

Please note that suppression of information about pre existing disease at the time of application will make the contract void from inception

I confirm that I have understood all the terms, conditions, coverages, and exclusions (related to pre - existing diseases and other permanent exclusions) and I accept them.

I understand that the company may terminate the policy immediately, from inception, on grounds of misrepresentation, false representation of a matter of fact or non-disclosure of material fact by the applicant / Insured and in such case the Company shall not refund any portion of the premium to the applicant.

All insurance applications are subject to the Insurance Company's under writing and acceptance.

**Tax benefits are subject to changes in the tax laws.**

**Disclaimer:** Citibank N.A is a licensed Corporate Agent of Royal Sundaram General Insurance Co. Limited under the composite license number 1137144.

This policy is underwritten by Royal Sundaram General Insurance Co. Limited with its registered office at No. 21, Patullos Road, Chennai 600 002. For more details on risk factors, please read the policy terms and conditions, which can be made available on request, before concluding the sale.

**Section 41 of the 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 on 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 published prospectus or tables of the Insurer. 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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

Date:

For detailed terms and conditions, please refer insurance policy document.

## FOR INTERNAL USE

Citibank RM Name \_\_\_\_\_ Citibank RM Employee ID \_\_\_\_\_

Citibank RM Branch \_\_\_\_\_ SP Code \_\_\_\_\_ Citibank RM Signature \_\_\_\_\_



**Royal Sundaram**  
General Insurance

**Royal Sundaram General Insurance Co. Limited.**

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

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

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