

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 ₹	Secure All					
	Family Good Health Insurance					
	Double Protect					
	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)

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 kutchra 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)

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 kutchra 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 Alliance Insurance Company 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 Alliance Insurance Co. Ltd. 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 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 Alliance Insurance Company Ltd , 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 Secure All, Family Good Health Insurance, Double Protect, 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 Secure All, Family Good Health Insurance, Double Protect, 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

The Policies for Standard Chartered Bank customers is issued by Royal Sundaram Alliance Insurance Company Limited. Claims will be settled by Royal Sundaram Alliance Insurance Company limited as per the terms and conditions of the Policy. Please refer to policy document for exact terms and conditions and specific details applicable to this Insurance. 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. Your participation in this Insurance product is purely on a voluntary basis. We advise you to take your own professional advise before you participate. 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 Alliance Insurance Company 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: _____

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

Date : Place : _____ Signature or thumb impression of the Proposer: _____

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

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 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 Number - 102 | CIN-U67200TN2000PLC045611

SCB IRDAI License No.1096736

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