



FOR OFFICE USE ONLY

Issuing branch	_____
Agent reference	_____
Policy number	_____
Urban / Rural	_____

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
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

MASTER PRODUCT – AMSURE MASTER HEALTH PLAN

PROPOSAL FORM

PLEASE ENSURE THAT ALL QUESTIONS IN THE FORM ARE ANSWERED IN CAPITAL LETTERS
ENSURE THAT THE DESIRED SUM INSURED IS SELECTED

Proposer's Full Name : Mr./Mrs./Miss

Date of Birth : DD/MM/YY

Marital Status : Married Single

Address with Pincode :

Daytime Telephone Number : STD CODE :

Evening Telephone Number : STD CODE :

Email ID :

Insurance required : From: ___ am/pm on DD/MM/YY
To : midnight on DD/MM/YY

Name and Address of your family physician :

Details of Persons to be covered:

	Member1	Member2	Member3	Member4	Member5	Member6
Name of the insured person						
DOB						

Gender						
Relation to Proposer						
Profession/trade/occupation						
Sum Insured						
Nominee Name						
Nominee Relationship						

Are you/ other family members proposed in good health
and free from physical and mental disease or infirmity or medical complaints : YES/NO

Have you/other family members proposed, in the past 48 months ever
suffered from any symptom of Diseases / illness/ or sustained any accident and/or
Diagnosed any disease/illness or have received any treatment for any diseases/illness : YES/NO

If yes, give details for each person proposed

Sl. No	Name of Proposed Person	Nature illness/disease/ injury and treatment received	Date first treated	Name of 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? :

If no information is given then it will be construed that there is no pre-existing disease

Are you and/or proposed persons at present or were
at any time in the past covered under any other Insurance type
(PA. Cancer Insurance, Hospitalisation Insurance or other Medical Insurance).
Yes No

If Yes, so give details of the following?

Name of the Insurer

Policy number

Period of Insurance

Claim amount received / receivable

Declaration

__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/We undertake that the loadings applicable have been informed and understood by me.

__ 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 Government and/or Regulatory authority.

Date :

Signature or thumb
impression of the Proposer

Place :

I have been explained the escalating premium structure of this policy in detail and I understand that this policy might require an increased premium on each renewal, such that the premium in the 2nd year will be __higher than 1st year, and the premium from renewal 5th onwards will be __ higher than the first year, in addition to the loading on account of claims if any. I confirm that I accept this premium structure.

Signature or thumb
impression of the Proposer

SECTION 41 OF THE INSURANCE ACT 1938 PHOHIBITION 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 the Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with regulation above he shall be liable to payment of fine which may extend to ten lacs rupees.

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www.royalsundaram.in

Insurance is a subject matter of solicitation