



DOCUMENT CODE: 001AHCF01

For office use only

Issuing branch: \_\_\_\_\_

Agent reference: \_\_\_\_\_

Policy number: \_\_\_\_\_

Payment Rs. \_\_\_\_\_ Payment type  
and Ref No. \_\_\_\_\_

Urban / Rural (Delete as appropriate)

ROYAL SUNDARAM GENERAL INSURANCE CO. LTD

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

### PROPOSAL FORM - HOSPITAL CASH INSURANCE

#### PERSONAL DETAILS

Name of Insured	:	Mr./Mrs./Miss
Address of Insured	:	
Telephone number	:	Day Time _____ Evening Time _____
Date of Birth (dd/mm/yy)	:	
Married	:	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### TYPE OF COVER

Please  the relevant cover

SILVER	<input type="checkbox"/>
GOLD	<input type="checkbox"/>

#### DETAILS OF OTHER PERSONS TO BE INSURED

Spouse's Full Name (if included in the plan)	:	
Spouse's Date of Birth	:	
If Children to be Insured	:	
Full Name	:	
Date of Birth	:	

If Parents are covered	:
Name of the Father	:
Date of Birth	:
Name of the Mother	:
Date of Birth	:

TYPE OF COVER	NO. OF PERSONS COVERED	RATE OF PREMIUM	PREMIUM CHARGED
SILVER			
GOLD			

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

Have you in the past ever suffered from any Diseases / illness/ or sustained any accident or undergone any surgery? . : YES/NO

If yes, give details

Nature illness/disease/ injury and treatment received	Date first treated	Name of attending medical practitioner surgeon with his address and Telephone Number	Whether fully cured
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- 1.
- 2.
- 3.
- 4.

Please give details of any knowledge of any positive existence or presence of any ailment, sickness or injury which may require medical attention:

- 1.
- 2.
- 3.
- 4.

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

**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.

**PLACE:**

**DATE :**

**SIGNATURE OR THUMB IMPRESSION OF THE PROPOSER**

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 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 Insurers.
2. If any person fails to comply with regulation he shall be liable to payment of a fine which may extend to ten lacs rupees.

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Royal Sundaram General Insurance Co. Limited  
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- 600097  
Registered Office: No. 21, Patullos Road, Chennai - 600002  
[www.royalsundaram.in](http://www.royalsundaram.in)

Insurance is a subject matter of solicitation

UIN: IRDA/NL-HLT/RSAL/P-H/V.I/182/13-14