

INDIVIDUAL PERSONAL ACCIDENT POLICY (Accidental Death & Disablement only)



Royal Sundaram
General Insurance

Proposal No. _____

Agent Code: _____ Branch Name: _____ Branch Code: _____

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

CUSTOMER INFORMATION

Mr. Mrs. Miss Others _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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 PAN Number# _____

Name of the Proposer _____
 First Name _____ Middle Name _____ Last Name _____
 Marital Status Married Single
 Address for Correspondence _____

 City _____ State _____
 Landmark _____
 Pincode _____ Telephone _____ - _____
 Mobile _____ E-mail _____

Annual Income (₹) (please submit necessary proof if you opt for Sum Insured above ₹10 lakhs)
 < 50,000 50,000 - 150,000 150,001 - 300,000 300,001 - 500,000 > 500,000

SUM INSURED OPTED - PLEASE TICK
 ₹5 lakhs ₹10 lakhs ₹15 lakhs ₹20 lakhs ₹25 lakhs ₹40 lakhs ₹50 lakhs ₹75 lakhs

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

Insurance required: From:

D	D	M	M	Y	Y	Y	Y
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 To:

D	D	M	M	Y	Y	Y	Y
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Nominee Name _____ Nominee's 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:

(Please check eligible persons who can be covered before filling the information)

Sl. No	Name (First, Middle, Last)	Date of birth	Gender	Relation to proposer	Profession/ trade/ occupation	Nominee Name	Relation to Insured Person					
1.		<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y				
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D	D	M	M	Y	Y							

Family Plan is applicable only for sum insured option from ₹5 lakhs to ₹25 lakhs.
 Income documents are needed for any sum insured chosen from ₹15 lakhs to ₹75 lakhs

Have you or other family members proposed, ever suffered or suffering from any symptom of physical or mental diseases/illnesses/infirmary 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?:

Do you have any other Health Insurance / Mediciclaim / 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 / Mediciclaim/ PA	Name of the Person covered	Name of the Company	Policy Number	Period of Insurance	Sum Insured

I declare that persons proposed include my family members only and they are not engaged in any high risk occupation. I have given explicit information of instances of pre-existing diseases and understand that such pre-existing medical conditions will not be covered under the policy.

I understand that Individual Personal Accident Policy (Accidental Death & Disablement only) is offered to me upto 8 times of my current annual income. I shall produce the proof for income even at the time of renewal, if asked for. I understand that at the time of claim if annual income is inadequate to meet the criteria then only 75% of admissible claim shall be paid.

I understand that my cover shall start from the time the proposal is accepted and premium is received by Royal Sundaram.

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.

Date: _____

Signature or thumb impression of the Proposer

Note: Please attach necessary income proof if you opt for sum insured above ₹10 lakhs

Acceptance of proposal is subject to the underwriting guidelines of the company.

Payment Details: Please tick (✓) payment option Premium Amount (₹)

Cash

Cheque /Demand Draft Payment Option: Cheque/DD Number

Cheque/DD Date Bank

Card Payment Option :

Charge the premium to my Credit Card Debit Card Date of Expiry

Visa / Master Card No.

Name of the Bank

I hereby authorize Royal Sundaram Alliance Insurance Company Limited to charge applicable premium for me and my family members policy to my above mentioned Visa/Master Card.

Please provide your bank account details to enable us to make a direct refund of premium in to your account, in the event of you opting for policy cancellation. Refund of premium will be as per the applicable short period rates, mentioned in your policy wordings.

Name of Bank Branch City

IFSC Code Account Number

Please tick (✓) if you want to opt for Auto Renewal

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

Sign Here
X _____ Place : _____ Date :

Signature of Account Holder (Applicant)

For Office Use Only

Customer ID : _____ Policy No. : _____
Issuing Office : _____

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.

UIN: IRDAI/NL-HLT/RSAI/P-H/VI/215/13-14



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

Insurance is the subject matter of solicitation.

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