

Proposal No. \_\_\_\_\_



**Royal Sundaram**  
General Insurance

# TRAVEL SECURE PROPOSAL FORM

Agent Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

- a) Please i) furnish answers to all questions in this proposal in Capital Letters only), ii) tick in relevant boxes. Please note all details are mandatory
- b) This proposal shall form the basis of the insurance policy to be issued by us. Hence you are requested to disclose all facts pertaining to all the persons proposed for insurance with us, without omitting any particulars. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.
- c) Wherever space provided in this form is inadequate to fill in all the necessary particulars, kindly attach a separate sheet.
- d) The acceptance of this proposal shall be subject to the terms and conditions of this policy
- e) Payment of premium prior to commencement of risk is a pre-requisite and hence we will not be liable to make any payment under the Policy if premium is not received by us in full and in time, or is not realized (in case of cheque payment) or non-fulfillment of pre-policy checkup (as applicable)
- f) The insurance under this policy does not commence until this Proposal has been accepted by the Company and premium has been paid.

## CUSTOMER DETAILS

Mr.  Mrs.  Miss  Others \_\_\_\_\_  
(Please Specify)

Name of the Proposer: \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Marital Status:  Married  Single Gender:  Male  Female

Annual Income:  <5 Lakhs  5 Lakhs - 10 Lakhs  Above 10 Lakhs - Upto 25 Lakhs  Above 25 Lakhs - Upto 50 Lakhs  More than 50 Lakhs

Address for correspondence (same Address will be used for Home Content Insurance): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Landmark: \_\_\_\_\_

Pincode: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: [D][D][M][M][Y][Y][Y][Y] PAN Number: \_\_\_\_\_ Passport No: \_\_\_\_\_

Aadhaar Number: \_\_\_\_\_ PAN Number, Aadhaar Number, Mobile Number, Email and Passport Number are mandatory

Profession/Occupation:  Service  Business  Others \_\_\_\_\_

Purpose of visit:  Leisure  Study  Business  Others \_\_\_\_\_  
(Please Specify)

## PERIOD OF INSURANCE

### a. Leisure/Senior Citizen/Asia/Student

Date of Departure: [D][D][M][M][Y][Y][Y][Y] Date of arrival: [D][D][M][M][Y][Y][Y][Y] No. of days: [ ][ ]

### b. Multi Trip:

Date of Departure: [D][D][M][M][Y][Y][Y][Y] No. of days:  30 days  45 days  60 days  90 days

Countries to be visited: \_\_\_\_\_

Also planning to travel Schengen countries  Yes  No

## PLAN OPTED

Leisure  Including Americas  Excluding Americas  Multi trip  Including Americas  Excluding Americas  Asia

Senior Citizen  Including Americas  Excluding Americas  Student  Including Americas  Excluding Americas

## PLEASE CHOOSE SUM INSURED OPTED UNDER THE RESPECTIVE PLAN

**LEISURE** Classic  USD 50000  USD 1 Lakh  Supreme  USD 2 Lakh  USD 3 Lakh  USD 5 Lakh

Elite  USD 5 Lakh  USD 7.5 Lakh  USD 10 Lakh

**MULTI TRIP**  Gold USD 2.5 Lakh  Platinum USD 5 Lakh

**SENIOR CITIZEN**  USD 25000  USD 50000  USD 1 Lakh\*

**ASIA**  USD 50000

**STUDENTS**  Silver USD 50000  Gold USD 1 Lakh  Platinum USD 2.5 Lakh  Titanium USD 5 Lakh  Diamond USD 7.5 Lakh

\*Policy issuance will be subject to medical underwriting. Following shall be the medical examination reports to be submitted by the customer:  
CBC, ESR, URA, MER, FBS/HbA1C, S Cholesterol, ECG, SGPT, S Creatinine.

## DETAILS OF MEMBERS TO BE COVERED

Sl. No	Name (As it appears in the passport)	Date of birth	Gender	Passport No	Expiry Date	Nominee Name	Relationship with the insured	Premium Amount
1.		[D][D][M][M][Y][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F					
2.		[D][D][M][M][Y][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F					
3.		[D][D][M][M][Y][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F					
4.		[D][D][M][M][Y][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F					
<b>Total Premium</b>								

### MEDICAL HISTORY DETAILS.

Have you or any other member proposed, ever suffered or suffering from any Pre-existing medical conditions (such as Heart disease, High blood pressure, Diabetes, Congenital diseases or deformities, Cancer, Nervous or mental disorders, AIDS, Chronic respiratory disorders, Kidney Disease, Liver Disease, Thyroid etc.) or sustained any accident, physical defect or deformity or any other illness, impairment, disability or surgery for which you have taken treatment in the last 4 years.

If yes, give details for each insured person

Sl. No	Name of the Insured	Nature of Illness/disease/injury
1		
2		
3		
4		
5		

Any conditions disclosed above shall be recorded as Pre-Existing Conditions.

### ADDITIONAL INFORMATION TO BE FILLED BY THE PERSON OPTING FOR STUDENT PLAN

UNIVERSITY DETAILS						
Name of University	Course Name	University Address	City	State	Country	Tuition fee/ per annum

SPONSOR'S DETAILS				
Sponsor's Name	Relationship to Insured	Address With City State Country	Date of Birth	Contact number

### 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.

### Payment Details: Please tick (✓) payment option

Premium Amount

Cheque/DD 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 General Insurance Co. Limited to charge applicable premium for me and my family members policy to my above mentioned Visa/Master Card.

Name on the 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

Sign Here X  Place :  Date :

Signature of Applicant

### 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 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
- If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to rupees ten lakhs.

### 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

1860 425 0000 | customer.services@royalsundaram.in | www.royalsundaram.in