Royal Sundaram

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED
"Sundram Towers" 45 & 46, Whites Road, Chennai-600 014.
Telephone : 044-2851 7387 Fax: 044-2851 7384
E-mail : customer.services@in.royalsun.com
Toll free: 1800 345 8899 or Mobile: 94444 48899

HEALTH SHIELD STANDARD INSURANCE PROPOSAL FORM

Please fill the form in CAPITAL LETTERS and ensure completeness in all respects

CUSTOMER DETAILS

Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Others _____ (please specify)

Name (First Name / Middle Name / Last Name)

Communication Address

City

State Pincode

Daytime Phone(s) (STD CODE) – / /

Mobile Number / Pager

E-mail

Period of insurance From: D D M M Y Y To: D D M M Y Y

Name and address of your family physician

Phone

Please give below the name of the persons you wish to cover

Sl. No.	Name (First, Middle, Last)	Date of birth	Sex	Relation	Please specify any existing illness	Sum Insured (Rs.)
1.		D D M M Y Y				
2.		D D M M Y Y				
3.		D D M M Y Y				
4.		D D M M Y Y				
5.		D D M M Y Y				
6.		D D M M Y Y				

Please also answer the following questions. If the answer to any of the questions is yes, please give details in the space given below. Alternatively attach a separate sheet of paper.

a. Do you or any of your dependants suffer from any heart related ailment? ☐ Yes ☐ No

b. Do you or any of your dependants suffer from high/low blood pressure/hypertension? ☐ Yes ☐ No

c. Do you or any of your dependants suffer from diabetes? ☐ Yes ☐ No

d. Do you or any of your dependants suffer from any other disease/ailment? ☐ Yes ☐ No

e. Do you or any of your dependants been admitted in hospital for treatment/surgery? ☐ Yes ☐ No

If answer to any of the above is yes, Please elaborate:

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.

All information given in this proposal form on behalf of myself and my family members are correct and true to the best of my knowledge and belief. I consent the Insurers to seek information from any hospital. I understand and note that this proposal form shall form the basis of contract and any statement, answer, particulars which are incorrect or untrue shall entitle the Insurers to deny any liability under the Policy. I also agree to provide photographs of all persons enrolled in the prescribed form.

I hereby agree to enroll myself and/or my dependants to Royal Sundaram Alliance Insurance Health Insurance Policy. I authorize the nominated Third Party Administrator of Royal Sundaram to process claims and receive reimbursement proceeds from Royal Sundaram Alliance Insurance Company Ltd.

Existing Health Insurance Policy details (Please attach a copy of the Policy with the renewal notice along with this proposal.)

Policy No. ______ Expiring on D D M M Y Y

Issued By ______

PAYMENT DETAILS : Please tick (✔) payment option

☐ Cheque /Demand Draft Payment Option :

Cheque/DD Number ______ Amount (Rs.) ______

Cheque/DD Date D D M M Y Y Bank ______

☐ Credit Card Payment Option : Charge the premium to my Credit Card

☐ Visa / Master Card No. ______ Card Expiry Date M M Y Y

I hereby authorise Royal Sundaram Alliance Insurance Company Limited to charge premium for me and my family members policy to my above mentioned Visa/Master 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 being received by Royal Sundaram from the bank.

Place :

Date : Signature or Thumb Impression of the Proposer

FOR OFFICE USE ONLY

Sl. No.	Name	Cumulative Bonus earned (%)	Cumulative Bonus carried over to Health Shield Standard (Amount in Rs.)
1			
2			
3			
4			
5			
6			

Issuing Branch ______ Agent Reference ______ Policy number ______

Payment Rs. ______ Urban/Rural (Delete as appropriate)

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 sub-regulation (1) above he shall be liable to payment of a fine which may extend to Rupees Five Hundred.

HL/W/PF/PT60016/APR06