

Proposal Form- **EMI Protection Plus**

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

<u>FOR OFFICE USE ONLY</u>	
Issuing branch	_____
Agent reference	_____
Policy number	_____
Urban / Rural	_____

EMI PROTECTION PLUS - PROPOSAL FORM

Guidelines for Completion of the Form (To be filled by Proposer)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, nondescription or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized or non-fulfillment of pre-policy medical check-up.

Please fill up this form in CAPITAL LETTERS for yourself and each proposed Insured Person

Proposer's Full Name : M/s.

Type of Entity	:	Employer-Employee	Non-Employer Employee
		Bank <input type="checkbox"/>	Bank <input type="checkbox"/>
		NBFC <input type="checkbox"/>	NBFC <input type="checkbox"/>
		Financial Institution <input type="checkbox"/>	Financial Institutions <input type="checkbox"/>
		Others, <input type="checkbox"/>	Others, <input type="checkbox"/>
		Please specify _____	Please specify _____

EMI PROTECTION PLUS

Proposal Form

Communication Address with Pin code :

Policy Holder/ Proposer Premises Address :
with Pin code

Telephone Number :

GST No. :

Email ID :

Insurance required : From: ___am/pm on (DD/MM/YY)

To : ___midnight on (DD/MM/YY)

Policy Tenure : _____ Years

PAN Number :

Details of SPOC

Name of Single Point of Contact Person :

Designation :

Contact No. :

E-Mail ID :

Details of Persons to be insured:

- a. No of members proposed to be covered :
- b. Type of Coverage: : Obligatory / Voluntary
- c. Credit Linked or non-credit linked :
- d. Occupation

Category	Occupation/Nature of Activity	Number of Persons
1		
2		
3		
4		

e. Customer Segment

S. No	Customer Segment	Expected Number of Persons	Plans Opted	Sum Insured Opted
1	Home Loan Customers			Up to _____ /EMI
2	Personal Loan Customers			Up to _____ /EMI
3	Gold Loan Customers			Up to _____ /EMI
4	Auto Loan Customers			Up to _____ /EMI
5	Education Loan Customers			Up to _____ /EMI
6	Others, please specify			

- f. Salary vs. Self employed :
- g. Gender (it may be provided in the form of percentage of males vs. females etc.)

(The above information can be shared in separate annexure by proposer, if required)

EMI Protection Plus - Please tick the Plan you wish to opt for:

S.No.	Plan	Description	Selection
1	A*	(i) If continuous hospitalization duration is 4-7 Days – 1 EMI will be paid; and (ii) If continuous hospitalization duration is 8-11 Days – 2 EMIs will be paid; and (iii) If continuous hospitalization duration is 12 or more Days – 3 EMIs will be paid	<input type="checkbox"/>
2	B*	(i) If continuous hospitalization duration is 8-11 Days – 1 EMI will be paid; and (ii) If continuous hospitalization duration is 12 or more Days – 2 EMIs will be paid.	<input type="checkbox"/>
3	C*	(i) If continuous hospitalization duration is 4-11 Days – 1 EMI will be paid; and (ii) If continuous hospitalization duration is 12 or more Days – 2 EMIs will be paid	<input type="checkbox"/>
4	D*	(i) If continuous hospitalization duration is 12 or more Days – 1 EMI will be paid.	<input type="checkbox"/>

*Note: This benefit is payable only once during each Policy Year. Only single hospitalization will be considered during each Policy Year. Cover ceases to exist once the benefit paid for that policy year.

Waiting Period	
Initial Waiting Period	30 days (Not applicable in accident cases)

Note: Waiting Period applicable only in case of sickness related hospitalization.

Important Conditions:
1. Caution:

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached, then may render any policy issued void.

- Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

I hereby consent that the policy documents may be sent to me by email at _____ (Please provide us your e-mail id).

I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited (“Company”) to make welcome calls, service calls or any other communication (electronic or otherwise) regarding this proposal with respect to the proposed or existing policy of Company from time to time.

Yes

No

Dated DD MM YYYY

Signature of the Proposer _____

Place _____

Name of Proposer _____

3. 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: DD/ MM/ YYYY

Signature of the Proposer _____

Place _____

Name of Proposer _____

Note: In case if the above proposal is not sufficient, please attach separate sheets with all details thereof duly signed which forms part of this.

4. Vernacular Declaration:

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarant Name _____

Relationship with proposer _____

Signature of declarant _____ Signature of applicant in vernacular _____

5. Payment Details:

Premium Amount _____ (in Words _____)

Payment Option ---Cheque ---Demand Draft ---Credit/Debit Card ---Cash*

(* For Cash Payment of Rs.50,000 and above, Pan Number is mandatory)

a) For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

b) For Credit/Debit Card

Card No _____ Expiry Date _____ Card Type: Visa/Master/Amex

Name on the Card _____

Opt for Auto Renewal ___ Yes ___ No (If yes, please fill the ECS Mandate Form)

6. Bank Account Details:

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Account Number: _____

IFSC/MICR Code: _____

Name of the Bank: _____

Account Holder Name: _____

Acknowledgment

Proposal form No.

Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others--
----- of amount of Rs.-----dated -----drawn on-----
-----.

Neither the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

7. Intermediary Declaration:

I, _____(Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore, if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date DD MM YYYY

Signature of the Insurance Advisor

8. STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938
I. PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under section 41 of the Insurance Act, 1938

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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Ten Lakh Rupees.

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai

600097

Registered Office: No. 21, Patullos Road, Chennai - 600002

www.royalsundaram.in

Insurance is a subject matter of solicitation