



- Are there any additional facts affecting the proposed insurance which should be disclosed to the insurer? : \_\_\_\_\_
- Are you and/or proposed persons at present or were at any time in the past. Covered under any other Insurance type other insurance type (PA. Cancer Insurance, Hospitalisation Insurance or other Medical Insurance). :  YES  NO  
If Yes, so give details of the following?

Name of the insurer	<input type="text"/>	Policy number	<input type="text"/>
Period of insurance	<input type="text"/>	Claim amount received/ receivable	<input type="text"/>

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 be covered under the policy from 4th year onwards only if I continuously renew the policy. I understand that the premium if paid by cash will not be eligible for deduction under Section 80D of the Income Tax Act, 1961.

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. The insurers have my consent to seek any more information. 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 hereby agree to enroll myself and/or my dependants to the Master Product - Total Health Plus Policy.

I understand that acceptance of the proposal is purely within the discretion of Royal Sundaram and the proposal can be declined without assigning any reasons.

**PAYMENT DETAILS: Please tick (✓) payment option**

**Cheque / Demand Draft Payment Option:**

Cheque / DD Number: : _____	Amount (₹) : _____
Cheque / DD Date: : _____	Bank : _____

**Credit Card Payment option:** Charge the premium to my Credit Card  
(Credit Card payment option is valid only if physical card is present)

Visa / Master Card No. : _____	Card Expiry Date : _____
--------------------------------	--------------------------

**Please tick (✓) if you 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.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature or thumb impression of the Proposer

Please undergo medical tests wherever applicable. Acceptance of the proposal is purely at the discretion of the Insurer and the proposal can be rejected without assigning any reasons.

**For Office Use Only**

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

**PROHIBITION OF REBATES SECTION-41 OF INSURANCE ACT 1938 (4 of 1938)**

- 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 five hundred.



**Royal Sundaram Alliance Insurance Company Limited**  
Corporate Office: Sundaram Towers, 45 & 46, Whites Road, Chennai-600 014.  
Registered Office: 21, Patullos Road, Chennai - 600 002.