



PORTABILITY FORM

Name of Insured: _____ Date of Birth / Age _____

Address of policyholder /insured _____

Details of existing insurer

Name of the product	Sum Insured	Cumulative Bonus	Add ons/Riders taken	Policy Number

Details of the proposed insurance:

- i. Name of the product proposed/intended to take: _____
- ii. Sum insured proposed: _____
- iii. Whether Cumulative Bonus to be converted to an enhanced sum insured _____

Reason (s) of portability _____

No of family member to be included in the policy to be ported _____

Name of Insured	DOB dd/mm/yyyy	Previous Policy No.	Sum Insured	Cumulative Bonus	Period of Insurance		Claim Details if any (Yes/ No)
					From dd/mm/yyyy	To dd/mm/yyyy	

In view of previous claim kindly mention all details of claim as per bellow table.

Name of Claimant	Diagnosis	Period of hospitalisation(DOA - DOD)	Claim Details			Follow Up Treatment
			Paid/Un paid	Paid Amount	Reason if declined	

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than existing policy Yes / No

2. If yes, please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) isdays/years more than the previous policy terms, I hereby agree to observe the additional waiting period for the following diseases (s)/ treatments (s)

Signature of Proposer: _____

Date: _____

Thank you

Head Office address-

Royal Sundaram Alliance Insurance Co. Ltd
Vishranti Melaram Towers, No. 2/319,
Rajiv Gandhi Salai (OMR) , Karapakkam, Chennai-600097