ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Corporate Office: "Vishranthi Melaram Towers", 2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097. Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in
IRDAI Reg. No. 102| CIN-U67200TN2000PLC045611

PROPOSAL FORM

Corporate Shield Crime Liability

UIN: IRDAN102CPLB0012V01202526

Proposer Details:

1. Name of Proposer :
2. Phone/Mobile Number :
4. Email Id :
3. Address :

3. Date of Incorporation :
4. Nature of Operations:

5. Please list each region you operate in and show in the appropriate column:

(i) Annual Turnover (ii) Number of Locations (iii) Total Number of Employees

Region	(i) (As on 31 March, 2023) (INR in Mn)	(ii) (subsidiaries as on June 30, 2023)	(iii) (Number of employees as on July 31, 2023)		
			CCLG	WIN	Total

6. Current Market Value of all Pension and Employee Benefit Plans $

(confidential data)

7. (i) Please list all acquisitions and mergers you have made in the past 5 years and indicate the turnover for each acquisition:

(ii) Are all recommendations arising from the pre-acquisition due diligence process immediately implemented? …….. Yes ☐ No ☐

If "no", please provide details_____

Audit and Corporate Governance:

8. Do External Auditors audit all operations at least annually? Yes ☐ No ☐

9. (a) Have all recommendations by External Auditors regarding internal controls been complied with following your last audit? Yes ☐ No ☐

(b) If "no", please provide details

10. Is there an Audit Committee which monitors the effectiveness of internal controls and reports directly to the Board? Yes ☐ No ☐

11. (a) Do you comply with all provisions of the Combined Code of Corporate Governance relating to Financial Aspects of your business? Yes ☐ No ☐

(b) If "no", please briefly explain reasons for areas of non-compliance.

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12. (a) Do you have an Internal Audit Department? Yes ☐ No ☐

(b) Do they have an established audit cycle for all operations? Yes ☐ No ☐

13. (a) Do you have a Treasury Department? Yes ☐ No ☐

(b) Do they have a procedures manual specifying authority levels for each member of staff? Yes ☐ No ☐

14. Are monthly management reports examined for variances against budget forecasts and such variances investigated? Yes ☐ No ☐

Internal Financial Controls

15. Are wages/salaries independently checked against personnel records for unusual or excessive payments? Yes ☐ No ☐

16. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others;

(a) signing cheques or authorising payments (including capital expenditure) above XXXXX? Yes ☐ No ☐

(b) issuing funds transfer instructions? Yes ☐ No ☐

(c) amending funds transfer procedures? Yes ☐ No ☐

(d) opening new bank accounts or amending approved signatory details? Yes ☐ No ☐

(e) investment in and custody of securities and valuables (including blank cheques, travellers cheques, bills of exchange etc.)? Yes ☐ No ☐

(f) refund of monies or return of goods above XXXX? Yes ☐ No ☐

(g) disbursement of assets or funds of any Pension Plan? Yes ☐ No ☐

(h) appointing new suppliers or awarding contracts? Yes ☐ No ☐

(i) disbursement of loans (including loans to employees) or approving borrowings? Yes ☐ No ☐

17. Is all supporting documentation validated before signing cheques or authorising payments above XXXXX? Yes ☐ No ☐

18. Are statements of accounts sent to customers independently of employees receiving payment? Yes ☐ No ☐

19. Are bank statements independently reconciled by person's not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to customers, at least every 30 days? Yes ☐ No ☐

Recruitment Procedures

20. When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:

(a) obtain written references covering, at least, their previous 3 years' employment history? Yes ☐ No ☐

(b) undergo a process to ensure their suitability for the position? Yes ☐ No ☐

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Stock and Physical Security

21. Is there controlled access to all locations? Yes ☐ No ☐

22. Are all premises containing stock, money, securities, precious metals etc. connected to an intruder alarm which is connected to a central station or a police station and are such intruder alarms maintained in proper working order? Yes ☐ No ☐

23. Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken at least quarterly and is this count reconciled against stock records?

Yes ☐ No ☐

24. Is the transfer of money and securities valued above XXXXXX made by a security or professional cash carrying company?
Yes ☐ No ☐

25. What is the maximum value of money, securities, precious metals and/or jewellery at any one location:
(a) during business hours?
(b) outside business hours?

26. What is the maximum value of stock, work-in-progress and raw materials at any one location?

Third Parties

27. Do you maintain an approved suppliers list? Yes ☐ No ☐

28. Are suppliers and service providers:
(a) vetted for competency, financial stability and honesty before being approved? Yes ☐ No ☐
(b) appointed under written contract? ..... Yes ☐ No ☐

29. Are procedures in place to assess the suitability of trustees, fiduciaries, administrators or officers of all of your Pension Plans? Yes ☐ No ☐

30. (a) Do you outsource any normal administrative function to third party service providers?
Yes ☐ No ☐

(b) If "yes", please detail the services and estimated annual contract values.

31. Do you audit outsourcing companies during the term of their contract? Yes ☐ No ☐

32. If the outsourcing company operates on your premises are their employees under your daily management control?
Yes ☐ No ☐

Note: Losses caused by employees of organisations to whom normal administrative functions have been outsourced will only be covered if you have: vetted them for competency, financial stability and honesty; appointed them under written contract; and you retain the right to audit them. This applies to our Crime Manager Complete Coverage only.

Computer Systems / Internet E-Commerce

33. Are unique passwords used to give various levels of entry to the computer depending on the user's job functions?
Yes ☐ No ☐

34. Are passwords automatically withdrawn when people leave? Yes ☐ No ☐

35. Are all amendments to programmes approved independently of the persons making the amendments?
Yes ☐ No ☐

36. Are programmes protected to detect unauthorised changes? Yes ☐ No ☐

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37. Is your computer system protected by virus detection and repair software? Yes ☐ No ☐

38. Which business activities do you utilise the Internet for?

E-Mail ☐ Advertising ☐ Selling Products ☐

Hosting Services for Third Parties ☐ Other_____

39. What is the estimated value of e-business revenue in your business?

40. Please list your Website addresses

Fund Transfers

"Fund Transfers" means any instructions (other than cheques) given to a Financial Institution to pay or deliver funds.

41. What is the approximate total annual value of fund transfers?
(a) Intergroup Payments
(b) External Payments
42. Please specify which methods are utilised to send fund transfer instructions:

Type		Secured By	
Written	☐	Password	☐
Electronic	☐	Encryption	☐
Telephone	☐	Code word	☐
Facsimile	☐	Call back	☐
Other	☐	Other	☐

43. Are all fund transfer instructions subject to a verification and authentication process? Yes ☐ No ☐

44. Can payment instructions only be made to accounts which are pre-determined as an approved beneficiary? Yes ☐ No ☐

45. Is the financial institution required to authenticate the instruction in accordance with a specified mandate before payment is released? Yes ☐ No ☐

Plans and Policies

46. Do you maintain a written crisis management or contingency plan covering procedures following kidnapping or extortion? Yes ☐ No ☐

47. Do you maintain a written anti-fraud policy which is distributed throughout your organisation? Yes ☐ No ☐

48. Do you have a whistleblowing service accessible to all staff? Yes ☐ No ☐

49. Are special security precautions taken to protect against kidnapping of directors or employees who live in or travel to volatile countries? Yes ☐ No ☐

Loss History

51. (a) Please provide brief details of any losses (of a type covered by Crime Manager Complete) sustained during the past five (5) years and before application of any deductible, retention or excess whether insured or not. (Please include date discovered, location, nature of loss and amount).

(b) Please describe what corrective measures were taken to prevent similar losses.

(c) Have such corrective measures been implemented across all operations? Yes ☐ No ☐

If "no" please provide details

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Section 64 VB of the Insurance Act 1938
Commencement of risk cover under the policy is subject to receipt of premium by Royal Sundaram.

AML Guidelines: (Premium Payment shall be made by the Policyholder of the Policy)
I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-In☐n If Non-☐dian, Please Specify Country

Type of Organization

☐ Corporations ☐ Government ☐ Non-Government Organizations ☐ Society ☐ international organization
☐ Trust ☐ Partnership ☐ Cooperatives Section 25 Company ☐

PAN card number (10-character number):

Sources of funds: Please tick appropriate box

☐ salary ☐ Business ☐ Others (Please Specify)

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

DPDP Act 2023 Declaration
I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

Declaration
I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

I / we are not Politically Exposed Persons nor are their close relative's / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Signed:

Title
(to be signed by Partner/Director or Principal or equivalent)

Company:
Date: _____

Please enclose with this Proposal Form your current Annual Report & Accounts (or equivalent) for the Proposer.
Declaration:
The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer: _____

Name & Signature of agent/intermediary: _____Code:

Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).
I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____(Relation with the Proposer/Primary insured)

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adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured Signature/Thumb impression of the Proposer

Date: Place:

Intermediary's Declaration

I, _____ (Full name) 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 response(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 further more 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 premiums paid under the Policy may be forfeited to the company.

License No.: _____ **Signature of the Agent**
Date: **Place:**

Electronic Insurance Account Details:

I would like Corporate Shield Crime Liability document and related information in Physical format.	YES / NO
I would like Corporate Shield Crime Liability and related information in e-Format (electronic) as and when applicable.	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management CSDL Insurance Repository Limited Karvy Insurance Repository Ltd CAMS Repository Services Ltd
CKYC No (Central Know Your Customer Registry Number), (if available):	
I _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

INSURANCE ACT 1938 SECTION 41- 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES