ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

PROPOSAL FORM
Clinical Trial Liability
UIN: IRDAN102CP0001V01201112

Intermediary Details:

Policy sourced through (Select One)
☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number

PROPOSER DETAILS

1. Name of Sponsor / Pharmaceutical Company:

   _____

2. Registered Address:

   _____

3. Contact Person:

   _____

4. Telephone:

   _____

5. Email:

   _____

6. Nature of Business:

   _____

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7. Proposer type (please tick whichever is applicable):

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

CLINICAL TRIAL DETAILS:

1. Title of Study:

_____

2. Protocol Number:

_____

3. Phase of Clinical Trial: ☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV ☐ Other _____
4. Investigational Product / Drug Name:

_____

5. Therapeutic Area:

_____

6. Purpose of Trial:

_____

7. Trial Period:

   Start Date: _____

   End Date: _____

8. Expected Duration: _____ Months

REGULATORY APPROVALS:

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1. Has approval been obtained from the relevant Regulatory Authority?

   ☐ Yes ☐ No

   If Yes, provide details:

2. Has approval been obtained from Ethics Committee?

   ☐ Yes ☐ No

   Name of Ethics Committee:

3. Attach copies of:

   ☐ Ethics Committee Approval

   ☐ Regulatory Approval

   ☐ Protocol

   ☐ Informed Consent Form

TEST CENTRES / STUDY SITES:

Name of Site	Address	Principal Investigator

RESEARCH SUBJECTS:

1. Proposed Number of Research Subjects:

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2. Age Group:

   ☐ Healthy Volunteers

   ☐ Adults

   ☐ Elderly

   ☐ Pediatric

3. Inclusion / Exclusion Criteria Summary:

   _____

INVESTIGATORS:

1. Name of Principal Investigator:

   _____

2. Qualifications:

   _____

3. Experience in Clinical Research:

   _____

4. Will any Contract Research Organization (CRO) be involved?

   ☐ Yes ☐ No

If Yes, provide details:

COMPENSATION ARRANGEMENTS:

1. Are compensation guidelines agreed between Sponsor and research subjects?

   ☐ Yes ☐ No

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2. Does the informed consent document include compensation provisions?

   ☐ Yes ☐ No

1. Describe compensation arrangements in the event of trial-related injury:

   _____

LIMIT OF LIABILITY REQUIRED:

1. Compensation Limit Per Subject (INR):

   _____

2. Aggregate Limit for Entire Study (INR):

   _____

3. Deductible / Excess Requested (INR):

   _____

PRIOR INSURANCE:

1. Have you previously purchased Clinical Trials Liability Insurance?

   ☐ Yes ☐ No

If Yes:

Insurer	Policy No.	Period	Limit

CLAIMS HISTORY:

1. Have any claims, lawsuits, regulatory investigations, or compensation demands arisen from any clinical trial conducted by the proposer during the last five years?

   ☐ Yes ☐ No

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If Yes, provide full details:

Date	Nature of Claim	Amount Paid/Reserved	Status

CIRCUMSTANCES:

Are you aware of any fact, circumstance, adverse event, or occurrence that may give rise to a claim under this insurance?

☐ Yes ☐ No

If Yes, provide details:

_____

_____

DECLARATION:

I/We declare that the statements and particulars contained in this Proposal Form are true and complete and that no material information has been withheld. I/We agree that this Proposal Form and any information supplied in connection with it shall form the basis of any insurance contract issued by the Company.

Place: _____

Date: _____

Name of Authorized Signatory: _____

Designation:

Signature & Company Seal:

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DOCUMENTS TO BE ATTACHED

☐ Study Protocol

☐ Investigator Brochure

☐ Ethics Committee Approval

☐ Regulatory Approval

☐ Patient Information Sheet

☐ Informed Consent Form

☐ Investigator CVs

☐ Claims Experience Details

☐ Compensation Policy / Guidelines

☐ CRO Agreement (if applicable)

PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code	
	Amount in (₹)	
	Date of Payment (DD/MM/YY)	
	PAN (If premium is 1 Lac and Above.)	
	GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE:

	Name of bank account holder	

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	(mention specifically, if different from name of policyholder)	
	Bank Name & Branch	
	Bank Account Number IFSC Code	

NOMINEE DETAILS:

Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as Present Address))	

Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

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ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Professional Indemnity' Policy in Physical format.	YES / NO
I would like to have ` Professional Indemnity' Policy in Electronic format only	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 ☐ CAMS Repository Services Limited ☐
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.	

DECLARATION BY INSURED:

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, misrepresented or mis-stated any material fact. I also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be intimated to the insurer immediately. I hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its Expert(s) / incidence response provider for providing claims services related to this insurance.

I / We hereby agree that this declaration shall form the basis of the contract between me and Royal Sundaram General Insurance Co. Limited.

Signature of the Proposer Place:

Name: Date:

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AML GUIDELINES: (Premium Payment Shall Be Made By The Policyholder Of The Policy)

ANTI - MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AMLguidelines/rules.

I 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 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 found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ on-Indian ☐ Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

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.

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).

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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)_____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:

AGENT'S 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 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 Agent

Date:

Place:

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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.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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 in the policy; nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or table 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.