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
Product Liability

UIN: IRDAN102CP0026V01100001

Liability of the Company does not commence until the proposal has been accepted and the Premium paid.

Please ensure that all questions are answered fully and accurately.

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

No.	Proposer details	Details / Answer
1.	Name of the Proposer (in full) Names of the Subsidiaries & Associate Cos. (in full)	
2.	Registered Address of the Proposer	
3.	Business address of the Proposer	
4.	Location from where distribution is effected	
5.	Proposer type (please tick whichever is applicable)	MSME ☐ Non MSME ☐ NGO ☐ Registration N Darpan ID
6.	How long have you been in the business?	
7.	Do you manufacture the complete product? If not, what components/parts are purchased by you?	
8.	Can the date of manufacture of each product be identified by the factory number stamped on it?	
9.	Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (financial, technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association.	
10.	Are you affiliated in any manner with any of your suppliers and distributors?	

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11. Information for all goods:

YEAR	Description	Actual Turnover Last Three			Projected Turnover for Proposed Period of Insurance
(i)	Goods manufactured				
(ii)	Goods sold/supplied				
(iii)	Goods repaired, serviced, tested and processed				

(Please attach leaflets, brochures and/or any other Literature.)

12.A. Please furnish details of products to be considered for insurance which are manufactured and/or designed:

(a)	Name of the product	
(b)	Principal component	
(c)	Annual Units produced	
(d)	Annual turnover	
(e)	How long has it been in the market?	
(f)	Expected life of use	
(g)	Intended customer/ultimate user	
(h)	Warranties as to use	
(i)	Technical know-how/collaboration	

12.B. Additional information for goods to be covered under insurance:

Year	Description	Actual Turnover for Last Three Years			Projected Turnover for the Proposed Period of Insurance
(i)	Goods manufactured				
(ii)	Goods sold/supplied				

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Year	Description	Actual Turnover for Last Three Years			Projected Turnover for the Proposed Period of Insurance
(iii)	Goods repaired, serviced, tested and processed				

(Please attach leaflets, brochures and/or any other Literature).

No.	Proposer details	Details / Answer
13.	Do you have Research & Development Dept.?	
14.	Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.	
15.	Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.	
16.	Please furnish particulars of new products to be marketed during the next 12 months.	
17.	Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.	
18.	Please elaborate complaints, incident/accident reporting system in your organisation.	
19.	Please give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.	
20.	Do your products comply with standards like ISI or any other standards?	
21.	Have your products ever been subject to any enquiry or investigation by any Government agency	
22.	What is the failure rate of each product after hand over?	
23.	Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?	
24.	Particulars regarding directions for use:	
	(a) Is it by printing on container or product?	

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No.	Proposer details	Details / Answer	
	(b) Is it by separate leaflet or brochure?		
	(c) Is the hazard warning clearly shown?		
25.	Please furnish claims history for the last three years in the following format:		
	(a) Year		
	(b) No. of claims		
	(c) Total of claims: Bodily Injury (Rs.), Property Damage (Rs.), Cost of defence action (Rs.) Total amount of pending claims: Bodily Injury (Rs.), Property Damage (Rs.), Cost of defence action (Rs.)		
26.	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?		
27.	Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer?		
	If so, please give particulars:		
28.	Please indicate the limit of indemnity required for domestic sales.		
	(i) Any one accident		
	(ii) Aggregate during the policy period		
29.	Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.	**USA / Canada**	**All Other Countries Including India**
30.	Please quantify sales turnover product wise for the last 3 years as under:		
	(a) Domestic		
	(b) USA/Canada		
	(c) OECD countries (to list)		
	(d) Other countries including Non-OECD countries		

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No.	Proposer details	Details / Answer
31.	How long have you been exporting to the following countries and do you require cover for exports to these countries?	
	(a) USA/Canada	
	(b) OECD countries	
	(c) Other countries including non-OECD countries	
	(Cover for exports will be granted only if domestic turnover is covered)	
32.	Do you require "Limited Vendor's Endorsement"?	
	(Please enclose a copy of the contract with the Vendor/s and give the names to each product of export to such countries)	
33.	Do you comply with USA / Canadian State/Federal Laws/Standards applicable to each product of export to such countries?	
34.	Please give details of any power of attorney on Assets in USA/Canada.	
35.	POLICY PERIOD:	
	From 12.00 midnight of	
	To 12.00 midnight of	

No.	Declaration		
I/We desire to effect an Insurance in terms of the Product Liability of the Royal Sundaram Alliance Insurance Company Limited against the limits of indemnity specified above and I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the company and be incorporated therein.			
Place:		Date:	
Signature of Proposer			

PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date	

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	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 (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))	

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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)	

ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Product Liability' Policy in Physical format.	YES / NO
I would like to have ` Product Liability' 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.

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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:

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 ☐ Non-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.

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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)_____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.

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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.

An Addendum to Liability Proposal Form

"All the answers to our questions are material facts and provided you have answered them to the best of your knowledge and belief, we consider that you have fulfilled your requirement to disclose material facts. If you are not sure whether to report any change, or if any of these details are incorrect or change, you must tell us immediately.

We may reassess your cover, terms and premiums when we are told about changes in your circumstances. If you do not tell us about any changes, or supply information that is not true to the best of your knowledge or fail to disclose material facts, this may result in your policy being invalid, you may not be covered in the event of a claim or your cover may be affected."

Particulars	Details
Place	
Date	
Signature of the Insured	