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

Royal Trade Credit Insurance

UIN: IRDAN102CPTC0021V01202627

1. Details of the intermediary

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
- Principal Officer's Email Address

1. Proposer type (please tick whichever is applicable)

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

2. Identification of the prospective insured party

Company:
GSTIN: **PAN:** **CIN:**
Registered office:

- Address:
- No:
- Post code:
- Locality:
- Country:
- Phone:
- Fax:
- E mail:
- Website:

Contact:

- Name:
- Position:

Part of a group? ☐Yes **If so which 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
Royal Trade Credit Insurance
UIN: IRDAN102CPTC0021V01202627

☐No

Own commercial activities:

– Nature of the goods:
– Nature of the activity: ☐manufacturer ☐trader

If you are manufacturer, do you wish to have the cancellation risk covered (risk incurred before delivery)? ☐Yes ☐No
If so, what is the maximum duration? _____

Turnover evolution:

	Zone 1* and EU13**	Zone 2***
Year – 5		
Year – 4		
Year – 3		
Year – 2		
Year – 1		
Expected turnover		

3. Credit insurance

> Is your company a past or present policy holder with any other credit insurance company? ☐Yes ☐No
– Company name:

*Zone 1 comprises the following countries: Andorra, Australia, Austria, Azores (Portugal), Belgium, Canada, Canaries (Spain), Ceuta and Melilla (Spain), Channel Islands (Great-Britain), Denmark, Faroe Islands (Denmark), Finland, France, French Guiana (France), Germany, Gibraltar (Great Britain), Greece, Guadeloupe (France), Iceland, Ireland, Isle of Man (Great Britain), Italy, Japan, Liechtenstein, Luxemburg, Madera (Portugal), Martinique (France), Monaco, the Netherlands, New-Zealand, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom, United States, Vatican City.
**The EU13 comprises the following countries: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.
***Zone 2 comprises all countries which do not fall under zone 1 and the EU13.

Cancellation reason:

> Are any other members of the group past or present policy holders with any other credit insurance company? ☐Yes ☐No

4. Client's analysis

	Zone 1 and EU13	Zone 2

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

Royal Trade Credit Insurance

UIN: IRDAN102CPTC0021V01202627

Maximum amount at risk per client (INR)	Number of clients	Total of amounts at risk per band	Number of clients	Total of amounts at risk per band
From 0 to 10,00,000				
From 10,00,001 to 50,00,000				
From 50,00,001 to 2,00,00,000				
From 2,00,00,001 to 5,00,00,000				
From 5,00,00,001 to 10,00,00,000				
From 10,00,00,001 to 20,00,00,000				
> 20,00,00,000				
Total				

Principal debtors to assess				
Name	**Country**	**ID**	**Address**	**Maximum Outstanding amount**

5. Analysis of insurable turnover

Country	Client's trade sector	Number of clients	Turnover Year 1	Credit duration granted	Actual payment terms (DSO)	Expected turnover	Payment terms (O.A., ILC,…)

6. Claims (Enumeration of claims**** (only for countries to be covered))

	Zone 1 and EU13	Zone 2

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

Royal Trade Credit Insurance

UIN: IRDAN102CPTC0021V01202627

*Zone 1 comprises the following countries: Andorra, Australia, Austria, Azores (Portugal), Belgium, Canada, Canaries (Spain), Ceuta and Melilla (Spain), Channel Islands (Great-Britain), Denmark, Faroe Islands (Denmark), Finland, France, French Guiana (France), Germany, Gibraltar (Great Britain), Greece, Guadeloupe (France), Iceland, Ireland, Isle of Man (Great Britain), Italy, Japan, Liechtenstein, Luxemburg, Madera (Portugal), Martinique (France), Monaco, the Netherlands, New-Zealand, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom, United States, Vatican City.

**The EU13 comprises the following countries: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

***Zone 2 comprises all countries which do not fall under zone 1 and the EU13.

Year – 4						

****A claim is a payment due by a debtor who has become subject to a declaration of bankruptcy or a payment which remains due six months after the undisputed maturity date.

Year – 1						
Current year number of months:						

7. Declaration and signature of the applicant

1. **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-Indian ☐ if Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	**Governments** ☐	**Non-Governmental organizations** ☐	**Society** ☐	**Trust** ☐
International Organisation ☐		**Partnership** ☐	**Co-operatives** ☐	**Section 8 Companies** ☐

2. **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.

3. As the pricing and policy issuance will be based on the above statements, I certify the latter to be genuine and to fully correspond with the truth. Intentional concealment or purposefully wrong information deluding the insurer's risk assessment invalidate the insurance agreement. The information solely concerns the assessment of the proposed transaction and laying down the policy provisions. Signing this document does not entail an obligation.

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
Royal Trade Credit Insurance
UIN: IRDAN102CPTC0021V01202627

4. 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."
5. I/We expressly consent and authorise the Insurer to collect, store, process and share my/our personal data, business information and transaction related data, including information relating to buyers/debtors, invoices, receivables, credit exposure, payment behaviour, defaults and claims and recoveries, solely for the purpose of underwriting, policy administration, credit monitoring, risk assessment, claims management, recovery and regulatory compliance and audit.
6. I/We further consent to such data being shared, on a need-to-know basis, with the Insurer's outsourcing service providers (including but not limited to credit information agencies, surveyors, investigators, collection/recovery agents, analytics vendors, IT service providers and other professional advisors) and with the Insurer's reinsurers/retrocessionaires (located in India or overseas) for purposes connected with reinsurance, risk aggregation, portfolio monitoring, claims and recoveries, and regulatory or statutory authorities, in accordance with applicable laws and IRDAI regulations.

Done in _____ on _____
Please write your name in full and precede your signature by "Read and approved".

The exporter:
Name:

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
Date:

Signature/Thumb impression of the Proposer
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 Royal Sundaram and the Proposer, if this Proposal is accepted by Royal Sundaram 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, Royal Sundaram 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 Royal Sundaram as null and void and all premiums paid under the Policy may be forfeited to Royal Sundaram

License No.: _____
Date:

Signature of intermediary
Place:

ELECTRONIC INSURANCE ACCOUNT DETAILS:

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

Royal Trade Credit Insurance

UIN: IRDAN102CPTC0021V01202627

I would like Royal Trade Credit insurance Policy document and related information in Physical format.	YES / NO
I would like Royal Trade Credit insurance 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 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.	

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