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 425 000
E-mail: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM FOR ENTERPRISE SHIELD POLICY– LAGHU

UIN: IRDAN102CP0002V04202122

(The insurance for this proposal does not commence until the proposal is accepted and premium paid)

1. **PLEASE ANSWER ALL QUESTIONS FULLY**
2. **PLEASE WRITE IN BLOCK LETTERS**
3. **PLEASE TICK (✓) WHERE APPROPRIATE**

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
- Principal Officer's Email Address

PARTICULARS OF INSURED

Name of the Insured:																					
Correspondence Address																					
Email ID																					
Name & Address of Proposer (Group Manager)																					
									Postcode:												
Tel:	Office:								Mobile No:												
Proposer type (please tick whichever is applicable)	MSME	☐		Non MSME	☐		NGO	☐													
	Registration No.						Darpan ID														

Aadhaar Number:

Permanent Account Number

Period of Insurance required: From:
To:

Name of the Mortgagee/ Fin. Interest (If applicable)																											
Describe the Nature of Business/Profession																											

Registered Office: 21, Patullos Road, Chennai 600 002. | IRDA Registration Number – 102 | CIN-U67200TN2000PLC045611

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PARTICULARS OF PREMISES TO BE INSURED

Location of risk/business to be covered - full postal address with Pin Code

Premises Reference	Address of the Premises with Pin code	Floor Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor	Construction details (Kutcha/Pucca)			Occupied As	No of Floors
			Walls	Roof	Floors		
A							
B							
C							

(Please attach separate sheets if more locations are required to be covered)

Note:

Kutcha: *Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.*

Pucca: *Buildings other than Kutcha are treated as Pucca constructions.*

a. Basement Storage – Yes/No, If Yes, Value Stored SI: ₹_____

b. If used as warehouse/ godown (not located in a manufacturing unit), please give the list of goods stored.

c. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)

d. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?

e. Details of Fire Protection Devices installed

List out the various blocks and indicate the type of protection provided for each block.	**Please Tick Yes or No in the box below**
	Portable Extinguishers Yes/No
	Trailer Pumps /Fire Engines Yes/No
	Hydrant system Yes/No
	Sprinkler System Yes/No
	Foam systems Yes/No
	Fire alarm systems Yes/No
	Gas flooding systems Yes/No
	Fixed water spray system Yes/No
	Smoke & Heat Detection System Yes/No
Indicate whether annual maintenance contract for the appliances is in force	Yes/No

Age of the Building			
		Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	

f. Distance between the risk to be covered and nearest Fire Brigade

SECTION 1 –FIRE AND ALLIED PERILS – LAGHU

A. Sum Insured and Other details of Insured Property

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(Indicate Sum Insured on the following basis:

- *For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:* **Reinstatement Value;**
- *For raw material:* ***Landed Cost****;*
- *For stock in process:* ***Input cost****;*
- *For finished stock: Manufacturing cost of the finished stock or the Contract Price*of goods sold but not delivered, as applicable.*

** **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).*

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SL. No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Semi-finished stock	Stock in Process	Finished Stock	Other Content (Please Specify)	Total
									₹
									₹
									₹

*Please attach separate sheet, if space found inadequate.

B. Details for in-built cover for Floater

1	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin Code)	Sum Insured (in ₹)	
		i) Maximum value at any one location: ₹…….		
		ii)Whether stocks stored in open: Yes / No		

C. Endorsements (as applicable for Royal Sundaram Bharat Laghu Udyam Suraksha)

List of endorsements selected by the insured (to be listed)

SECTION 2- BURGLARY

Do you wish cover for Burglary Percentage of Sum Insured of Section I excluding building (If you wish to cover on First Loss Basis)	Yes { } No { }

SECTION 3 - BUSINESS INTERRUPTION (FIRE)

Indicate Indemnity Period required (in months)	
Net Profit	
Standing Charges	
Gross Profit	
Name and address of your professional accountants / auditors	
Do you wish to cover on (Please tick appropriate)	Turnover Basis Output basis

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SECTION 4 – MACHINERY BREAKDOWN

Describe items only, which are kept in the premises Attach separate sheets if space found inadequate

Description (Type, Model, Manufacturer, Serial Numbers, Year of manufacture)	Sum Insured in Rupees

SECTION 5 – ELECTRONIC EQUIPMENT

- Describe items only which are kept in the premises
- Please fill in only when you require an All Risk cover, else, fill in Section I alone

Attach separate sheets if space found inadequate

Description (Type, Manufacturer, Serial Numbers, Year of manufacture and model specifications)		Sum Insured in Rupees
Please attach separate sheet, if space found inadequate.		
Do you wish to cover against Reinstatement of Data	Yes { } No { }	
Please furnish Cost of Reinstatement of Data/ Programme with full details about Developing Agency]		
Do you wish to cover against Increased Cost of Working	Yes { } No { }	
Please indicate the Time Excess opted by You (in Hours >24 hours)		

SECTION 6 & 7 – PLATE GLASS & NEON SIGN

Description of Plain Glass/Neon Sign	Type and Dimensions	Sum Insured		
		Premises A	Premises B	Premises C
Fixed Glass in Window doors, fan, lights and skylights				
Sanitary ware				
Mirror, tabletops and other fixed glass on furniture etc				
Cost of lettering and decoration				
Illuminated Signs/Neon Signs				

SECTION 8 –PORTABLE ITEMS

Describe only those items, which are moveable

Description (Type, Manufacturer, Serial Numbers, Year of manufacture and model specifications)	Sum Insured in Rupees
*Attach separate sheets if space found inadequate	

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SECTION 9 –MONEY

To be completed if Money insurance is required

Sl. No	Premises Reference	Sum Insured in Rupees			
		Premises A	Premises B	Premises C	Total
1	Please state your requirements for				
	a) Max. amount of Money contained in locked safe/strong room when closed for business(pl. state make/model of safe also)				
	b) Max. amount of Money on the premises Not contained in a locked safe or strong room when closed for business				
	c) Max. amount of Money at any one time either in the premises whilst open for business, in transit or in a safe				
2	Value of Safe(s) if to be insured				
3.	Estimated amount of money in transit over the annual period of insurance				
4.	Proportion for Seasonal Increase				

SECTION 10 – EMPLOYEE DISHONESTY

*Attach separate sheets if space found inadequate

Number of employees you wish to cover and their designation Cadre wise	
Cover required per employee	
Cover required for total employees	
Please attach list (with name & designation)	

SECTION 11 –ACCIDENT TO EMPLOYEES

Do you wish to cover against a) Occupational Accidents { } b) 24 hour cover { }
How many number of employees could possibly travel together by any conveyance at any one point in time
Please indicate the maximum Sum Insured per location:
*Attach separate sheets when space found inadequate

Names	ID Number	Age	Occupation	Benefits Required	Physical Defect (if any)	Sum Insured

SECTION 12 – BAGGAGE

Estimated number of travel per month per employee
Maximum Duration per Trip
Proportion of Domestic: International:

In Rupees

State the estimated maximum value of official Property carried by an employee at any one time	
State the maximum value of coverage required for the next twelve months	

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*Attach separate sheets when space found inadequate

SECTION 13 –PUBLIC LIABILITY

What is the maximum number of persons likely to be present at any one time	
Annual Turnover of business in rupees	
Indicate the amount of indemnity required per Event in rupees	
Indicate the amount of indemnity required per Year in rupees	

SECTION 14 –WORKMEN'S COM PENSAT ION

	Number	**Annual wages**
Clerical Staff		
Other Staff working at the Premises		
Other staff working outside the Premises		

GENERAL INFORMATION

1. Are there any hazardous trades carried on or near the premises or any other circumstances which increase the risk you now wish to insure? If 'Yes', please give full particulars — Yes { } No { }
2. Do you keep a separate record of cash in locked safe/drawer/cabinet stocks and sales? — Yes{ } No{ }
3. Do you have Central Monitoring System(CMS), Closed Circuit Television (CCTV), Motion Sensors, Alarms Watchman and/or Guards Services at your premises? If 'Yes', please list them. — Yes{ } No { }
4. In respect of the risks you now wish to insure, have you ever sustained any losses during the past 4 years? If 'Yes' please give details. — Yes { } No { }

Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
		₹	₹
		₹	₹
		₹	₹
		₹	₹
	TOTAL	₹	₹

5. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)
6. Whether Insurance was declined by any other Company (Give details)

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SECTION 15 – ROYAL COMMERCIAL CYBER INSURANCE

1. Please state when was your Company (insured organization) established? _____

2. How many directors, officers, partners are there in the Company (insured organization)? _____
Please provide details as below:

Name	Years in position	Years' Experience	Qualifications

3. Please state the number of employees?	
4. How many customers do you have?	
5. What percentage of these are commercial customers?	
6. Do you have any risk management system against cyber risks in place? If yes, please provide details.	
7. Please provide below details for past three financial years	

	Last complete Financial Year	Estimate for current Financial Year	Estimate for next Financial Year
Domestic Turnover			
USA Turnover			
Other Territory Turnover			
Total Turnover			
Gross Profit			
Payroll			

Day of Financial Year ending _____

Please describe briefly nature of your business activities (If you have a brochure, or company literature, please attach to this form)

Please provide breakdown of your total turnover by activity: The total of all activities listed here should equal 100%

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Please detail which of the following data types you collect:

Credit or debit card details	YES ☐	NO ☐
Driving License Number	YES ☐	NO ☐
Medical/ Health Records	YES ☐	NO ☐
Customer Bank Records	YES ☐	NO ☐
Third Party Corporate Confidential Data	YES ☐	NO ☐
Individual Name and Address	YES ☐	NO ☐
Email Address	YES ☐	NO ☐
Employee Bank Records	YES ☐	NO ☐
Any other – please mention		

Please indicate which of the following activities you engage in (if any)

Print Advertising	YES ☐	NO ☐
Television or Radio Advertising	YES ☐	NO ☐
Online Advertising	YES ☐	NO ☐
Social Media Marketing	YES ☐	NO ☐
Print Publications	YES ☐	NO ☐
Event/ conference organizing	YES ☐	NO ☐
Bulk e-mail marketing	YES ☐	NO ☐
Client/ Supplier Remote Access	YES ☐	NO ☐
Re-Sale of private data	YES ☐	NO ☐
Any other activity – please mention		

Please indicate which of the following are managed internally (INT), which are outsourced to third party providers (OUT) and which do not exist (NONE)

Public Facing Web Servers:		Servers:	
Web/email content filtering:		Vulnerability Scanning:	
Intranet Web Services:		Desktop:	
Firewalls:		VoIP telephony:	
Virtual Private Networks:		IT Support/ helpdesk:	
E-mail services:		Internet Service provision:	
File Servers:		Payment Processing	
Penetration Testing:		Any other Activity – please mention	

Please provide detail in relation to your network size, where exact number are unknown please provide your best estimate:

Approximate no. of servers:	
Approximate no. of desktops:	
Approximate no. of portable devices:	
Number of server locations:	
Average daily web unique visits:	

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1. In the event of a system interruption (including web downtime), what is your maximum daily financial loss? Note: This figure will set the maximum limit for your Network Interruption cover.	
2. How quickly will you realise a financial loss in the event of a system outrage (most critical system)?	
3. How you got a fully documented and tested business continuity plan in place?	YES ☐ NO ☐
4. Have your systems been subject to a third party security audit?	YES ☐ NO ☐
5. If answer to the above question is yes, then have all high risk recommendations from your most recent security audit been implemented?	YES ☐ NO ☐
6. Have your systems been audited as being compliant with ISO or equivalent?	YES ☐ NO ☐

Do your internal IT systems comply with all minimum security requirements detailed below?

Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis
All external network gateways must be protected by a firewall
All critical data must be backed up on at least a weekly basis
All back-ups should be stored in a secure location offsite or in a fireproof safe ? The integrity of all back-ups should be verified on at least a monthly basis.

If No, then please explain _____

7. Do you have a Service Level Agreement in place with all outsourcing suppliers?	YES ☐ NO ☐
8. Do you have an Internet and Email Acceptable Usage Policy that is incorporated into the contract of employment with all your staff?	YES ☐ NO ☐
9. Does your Company sell or share personally identifiable data to/ with third party?	YES ☐ NO ☐
10. Do you ensure all sensitive data is encrypted while standing and during transmission?	YES ☐ NO ☐
11. Do you have a privacy policy on your website and has it been legally reviewed?	YES ☐ NO ☐
12. Do you outsource the handling of sensitive data to any third party?	YES ☐ NO ☐
13. 20.Do you employ specific individual(s) with responsibility for information security?	YES ☐ NO ☐
(please provide details if answer is yes)	

Coverage Details

Please indicate the cover that you require

Insuring clauses	**Limit of liability (Rs.)**	
A. Incident Response expenses		YES ☐ NO ☐
B. Restoration expenses		YES ☐ NO ☐
C. Extortion Cover		YES ☐ NO ☐
D. Business Interruption Cover		YES ☐ NO ☐

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E. Legal Liability		YES ☐ NO ☐
F. Regulatory expenses		YES ☐ NO ☐
G. Media Liability		YES ☐ NO ☐
H. PCI liability (Payment Card Industry Data Security Standards)		YES ☐ NO ☐
I. Loss of Funds		YES ☐ NO ☐

Retroactive Date: _____

Claims Experience and Insurance History

1. Please provide details of your current insurance policies

Type of Cover	Amount of Loss/ Damage	Expiry Date	Limit	Excess	Premium	Insurer

2. Are you aware of any loss or damage , whether insured or not, that has occurred to any of the Companies to be insured (or to any exiting or previous business of the partners or directors of any of the Companies to be insured) within last 5 years or	YES ☐ NO ☐
3. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or directors thereof or	YES ☐ NO ☐
4. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof or	YES ☐ NO ☐
5. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body?	YES ☐ NO ☐
6. Has there ever been an unforeseen outage of your website for more than three hours?	YES ☐ NO ☐
With reference to questions 1, 2, 3, 4 and 5 above	YES ☐ NO ☐

If answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/ claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/ or by Insurers, and the dates of all developments and payments.

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SECTION 16 – ROYAL PERSONAL CYBER INSURANCE - GROUP

Please provide the following details with respect to your proposed Policy

Please state the devices you commonly use	Mobile Phone ☐ Laptop ☐ Tablet ☐ Smart-watch ☐ Others (Please mention : _____
Do you have anti-virus software installed on your commonly used devices?	Mobile phone Yes ☐ No ☐ Laptop Yes ☐ No ☐ Tablet Yes ☐ No ☐ Smart Watch Yes ☐ No ☐
Please confirm if you maintain confidentiality and regularly change your passwords	Yes ☐ No ☐

COVERAGE AND SUM INSURED DETAILS

1. Sum Insured opted Rs_____ (Sum Insured can be in multiples of Rs.500 upto Rs.1,00,000 or Rs.1,25,000, Rs.1,50,000 or Rs.1,75,000 or Rs.2,00,000)

2. Coverages opted

Coverage	Insured Event	Please tick whichever is opted
Base	Theft of Fund (Mandatory cover)	✓
Ext-1	Identity Theft	
Ext-2	Data Restoration / Malware Decontamination/ Hardware Replacement	
Ext-3	Cyber Bullying, Cyber Stalking And Loss Of Reputation:	
Ext-4	Cyber Extortion	
Ext-5	Online Shopping	
Ext-6	Online Sales	
Ext-7	Social Media And Media Liability	
Ext-8	Network Security Liability	
Ext-9	Privacy Breach And Data Breach Liability	
Ext-10	Privacy Breach And Data Breach By Third Party	
Ext-11	Smart Home Cover	
Ext-12	Loss Of Professional Income	

3. Do you wish to extend the coverage opted above to your Family? Yes ☐ No ☐

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If yes, please mention the relationships of the eligible family members you wish to include:
(Eligible family members are: Spouse, children upto 18 years (maximum 2 children), parents or parents-in-law, residing in India)

Sl. No.	Name of the Family Members	Age in years	Relationship with the Insured
1			
2			
3			
4			
5			

SECURITY INCIDENTS AND LOSS HISTORY

Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for? Yes No

If yes, please provide details of the incidents.

ELECTRONIC INSURANCE ACCOUNT DETAILS

I would like `Enterprise Shield Policy – Laghu' document and related information in Physical format.	YES / NO
I would like `Enterprise Shield Policy – Laghu' 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 Limited ☐ 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.

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Declaration by insured

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.

I/ We hereby declare that the value of insurable assets is exceeding ₹5 Crores (Rupees Five Crores) but not exceeding ₹50 Crores (Rupees Fifty Crores only) and the statements made by me / Us in this Proposal Form are true to the best of my/Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and Royal Sundaram General Insurance Co. Limited.

If any additions or alterations are carried out in the risk prop osed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

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."

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.

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** ☐

Signature of the Proposer

Place
Date

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

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 425 000
E-mail: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM FOR ENTERPRISE SHIELD POLICY– LAGHU

UIN: IRDAN102CP0002V04202122

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:

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.: _____
Date:

Signature of Agent
Place:

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

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to ten lakh rupees.