ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Regd Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",
2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 425 0000.
Email:customer.services@royalsundaram.in
Website:www.royalsundaram.in
IRDAI Regn. No. 102|CIN-U67200TN2000PLC045611

Proposal Form - Parametric Insurance Policy – Group Variant 1

UIN: IRDAN102RPMS0007V01202526

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Please use additional sheets wherever space is not sufficient to fill up the details.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid. The forgoing is only an indication of the cover offered. For details please refer to the Policy document.

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

1. Name of the Master Policyholder				
2. Address of the Master Policyholder				
	City		Pin code	
	Phone No.		State	
3. Name of the insured person				

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4. Date of Birth								
5. Address of the insured person								
6. Proposer type (please tick whichever is applicable)	MSME	☐	Non MSME	☐	NGO	☐		
	Registration No.				Darpan ID			
7. Proposer Trade / Business								
8. Risk covered								
9. Risk location								
10. Parameters opted for:=								
a. Weather Parameters	Rainfall ■		Temperature ■		Sunshine hours/Solar Irradiance ■			
	Relative humidity ■		Wind speed ■		Surface Pressure ■			
b. Remote Sensing indices	Normalized difference vegetation index (NDVI) ■		Normalized difference water index (NDWI) ■		Land surface water index (LSWI) ■		Fraction of absorbed photo synthetically active radiation (FAPAR) ■	
	Soil Adjusted Vegetation Index (SAVI) ■		Leaf Area Index (LAI) ■		Microwave Backscatter ■		Soil Moisture Content Index ■	
	Standard Precipitation Index ■		Red and Short-Wave Infrared (RSWIR) ■					
c. Occurrence of natural calamities	Flood ■		Drought ■		Cyclone ■		Earthquake ■	Thunderstorm ■
d. IoT device-based cover	**Weather-Related Parameters**							
	Temperature ■		Humidity ■		Rainfall ■		Wind speed and Direction ■	
	Solar irradiance ■		Barometric Pressure ■		Soil Moisture ■		Soil Temperature ■	
	Environmental Parameters		Air Quality ■		Water Quality ■			
	Agricultural Parameters							
	Leaf Wetness ■		Crop Growth ■		Chlorophyll Content ■		Evapotranspiration ■	
	Structural and Infrastructure Parameters							
	Vibration ■		Displacement ■		Strain and Stress ■		Corrosion ■	
	Disaster-Related Parameters							
	Flood levels ■		Seismic Activity ■		Landslide monitoring ■		Tsunami Detection ■	
	Energy Parameters		Energy Consumption ■		Energy Production ■			
e. Any additional IoT device-based parameter								
11. Sum Insured in Rs.								
12. Period of insurance	From ___:___ _____ To midnight of_____							

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13. Has any insurance company declined your proposal or refused to renew any of your policies?	Yes ■ No ■ If yes,	Previous insurer	Policy Number
14. Have you suffered any loss or damage due to Weather deviations in the past?	Yes ■ No ■	If yes, please provide the claims history for the preceding three years in format below:	

Particulars of Policy	**Nature of Loss**	**Amount of Loss**

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

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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)	

ELECTRONIC INSURANCE ACCOUNT DETAILS

I would like to have `Parametric Insurance Policy – Group Variant 1' Policy in Physical format.	YES / NO
I would like to have `Parametric Insurance Policy – Group Variant 1' 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 ☐

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I would like to have `Parametric Insurance Policy – Group Variant 1' Policy in Physical format.	YES / NO
I would like to have `Parametric Insurance Policy – Group Variant 1' 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

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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

Date

Name: _____

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 ☐ If 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 Proposer	Signature/Thumb impression of the

Date:

Place:

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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:

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.

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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.