

Kshema Prakriti

Policy Schedule

IRDAI Registration Number: 162

CIN No: U66000TG2018PLC125484

HSN/SAC Number: 997139

Policy No: Transaction No:

Policy Issuing Office Address: Kshema General Insurance Ltd. #413, 4th Floor, My Home Tycoon, Block A, Kundan Bagh, Begumpet, Hyd - 500016

Office Code: 11000

Email ID: customer.support@kshema.co

Website: www.kshema.co

DISTRIBUTION DETAILS

Channel Name: Channel Code: Mobile No:
Channel Email ID:
POSP Name: POSP Code: Mobile No:
Claim Contact: Through **Kshema App**: ☐ Toll Free Number: **18005723013**

Policy Risk Coverages:

Named Cyclone: ☐ Earthquake including Tsunami: ☐ Fire due to lightning: ☐ Flood: ☐ Inundation: ☐
(Not applicable to Hydrophilic crops)
Landslide: ☐ Storm: ☐ Animal Attack by a) Elephant / b) Wild Boar: ☐

Excess : Rs.500/- or 5% of claim assessed amount whichever is higher.

Waiting period : Lower of first 21 days or 15% days of the crop duration as declared by You.

Exclusions/not covered : As mentioned under Section IV of the attached Policy wordings.

INSURED DETAILS

Insured Full Name:
Customer ID: Contact No: Owner/Tenant:
Email ID: Address:

If Tenant, name of the owner:

POLICY DETAILS

Period of Cover: From Time: To Time: Season:

SUBJECT MATTER DETAILS

Name of the Crop: Variety: Date of Sowing: Rainfed/Irrigated:
Cultivation Type: Any Special Practices of Crop:
Insured Acreage: Village/District: Insured Polygon ID /Farm lat long:
Indemnity Percentage:
Survey No/No's: Sub-Survey Number's: Policy Sum Insured: INR.
List of Animal (In case of Animal Attack Coverage)
Warranties Opted for Nilgai Attack:

Note: The Sum Insured under animal attack coverage is restricted for a maximum Sum Insured of 25% of the policy Sum Insured.

Premium: INR SGST: INR CGST: INR IGST: INR Total Amount: INR

Mode of Payment: Payment Transaction ID: Receipt No: Date:

NOMINEE DETAILS

Name of the Nominee	Relation with Insured Farmer	Age	Percentage of Share

GUARDIAN DETAILS (In case of Minor provide guardian Details)

Name of the Guardian	Relation with Nominee	Age

Tax Invoice No:

GSTIN Issuing Office: Hyderabad

Name of Financier/Hypothecation to:

Disclaimer:

- This Policy shall be void from inception if the premium in full is not realized by the Company.
- In the event of misrepresentation, fraud, or disclosure of material fact, the Company reserves the right to cancel the Policy.
- Policy wordings are attached along with this policy schedule.

Relevant stamp duty has been paid: Yes: ☐No: ☐

Date:

Place:

Date:

Authorized Signatory: _____