

Kshema Samriddhi

UIN: IRDAN162RPCR0004V01202425

Kshema Samriddhi										
Proposal Form										
Reference No.		mail ID: stomer.support@kshema.co					Website: www.kshema.co			
DISTRIBUTION DETAILS										
Channel Name:			Direct/ Agent/ Broker/Bank				Channel Code			
POSP Name:			POSP CODE:							
PROPOSER DETA	ILS									
Proposer's Name: Mr./Mrs./Ms.:										
Address:				Contact No:				No:		
INSURED DETAILS	S									
Insured's Name: Mr./Mrs./Ms.										
Address:	Aadh Numb				D:			E mai		
Proposer category	Sector Sector Econ Vulne Back	progranized Proposal belongs to Rural / Urban Proposal belongs to								
Is Your Farm Irrigated / Rainfed Land? Source of Irrigation (If irrigated):										
Relation with the Farm: Owner / Tenant In the case			se of Tenant (Provide Owner Name)							
NOMINEE DETAILS										
Name of the Nominee: Relation Insured:		c p			of pr gu	Age: *(In case of Minor provide guardian Details)		Guard Details		
SUBJECT MATTER DETAILS										
Name of the Crop		Crop Duration in days				Date of Sowing			ured eage	



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Location of Farm	District	District			Village		
Is the insured farm/property	Survey No. of the proposed farm with acreage:						
geotagged? Yes / No	Survey		Acreage)			
Provide lat-log of the farm							
Lat: Log:							
Crop Season Kharif /Rabi / Summer							
Documents attached: (Photocopies)	Total						
Land record / Aadhar Card / PAN Card / Passport Photo / Bank Passbook /Tenant Certificate /Sowing Certificate/ Any other specify.							
payment: No./ Details payment payment					Date of payment:		
UPI/Net Banking/Paytm/Debit Card /Credit Card Period of Insurance:							
INSURANCE HISTORY							
Any reasons for Decline/Rejection/Loa ding:							
Name of the Insurance Company	Period	d of Insurance	Insurance		ny	Amount of Claim Receive d	



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Bank Details for any payme Insured:	ents to be made to You/			
Bank Name	Bank Branch	IFSC Code	Account Number	
Financial Interest:				
Name of Banker/financer	Address of Financi	Address of Financier:		
DECLARATION				
/explained by to me in detail that the particulars furnished crop mentioned in this Propo company if there is a change becomes payable, I agree to proposal covering the above-during the Year and season in	visions of the scheme have be before completing the Proposa above are true and correct. It is all Form. Further, I undertake in crop and if there is any different pay the same. I have not submentioned crop grown in the amentioned in this proposal unclassification.	al Form. I hereby further have sown/intend to so to inform the insurance erence in premium whi mitted any other crop in above-mentioned Polyeler any other Scheme	er declare ow the e ch nsurance gon ID either	
Signature/ Thumb Impression of Proposer/Insured.	Date:	Place:		
Office Purpose Only				
Reference No.	Distribution Details:	Channel Name: Direct/ Agent/ Broker/Bank/ POSP	Channel Code	
Name:	Designation:	Employee ID	Location:	
Verification Date:	Signature of Officer:			
	s not proof of insurance unl	ess the premium is r	ealized by US	

& Policy is issued.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

The following is the copy of Section 41 of the Insurance Act, 1938

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 on the policy, nor shall any person taking out or renewing 3 [or



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continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

