

Kshema Samriddhi

UIN: IRDAN162RPCR0022V01202526

Kshema Samriddhi**Proposal Form**

Proposal No.	Email ID: customer.support@kshema.co	Website: www.kshema.co	
<u>DISTRIBUTION DETAILS</u>			
Channel Name:	Direct/ Agent/ Broker / Bank	Channel Code	
POSP Name:	POSP CODE:		
<u>PROPOSER DETAILS</u>			
Proposer's Name: Mr./Mrs./Ms.:			
Address:		Contact No:	
<u>INSURED DETAILS</u>			
Insured's Name: Mr./Mrs./Ms.			
Complete Farm Address:	Aadhaar Number:	Contact No:	Email ID of farmer :
Proposer category	Unorganized Sector/Informal Sector/ Economically Vulnerable/ Backward Classes/SC/ST	Proposal belongs to:	Rural / Urban
Is Your Proposed Farm Irrigated or Rainfed Land?		Source of Irrigation (If irrigated):	
Relation with the Farm: Owner / Tenant		In the case of Tenant (Provide Owner Name)	
<u>NOMINEE DETAILS</u>		<u>GUARDIAN DETAILS</u>	
Name of the Nominee: Relation with Insured Farmer: Age: *(In case of Minor provide Guardian Details)		Name of the Guardian: Relation with Nominee: Age:	

Percentage of share																														
<u>SUBJECT MATTER DETAILS</u>																														
Complete Name of the Crop	Crop Duration (in days)	Date of Sowing	Total Insured Acreage																											
Location of Farm	District	Tehsil	Village																											
Cultivation Type: Crop-Organic type / Inorganic type / Not specified	Policy Sum Insured	Indemnity percentage	Any Special practices of crop																											
Polygon Id / Farm Lat-Lon		Variety	Tenant Certificate/Any other specify:																											
Perils Covered: Named Cyclone, Earthquake, Flood, Inundation (not applicable to Hydrophilic crops), Landslide, Fire due to lightning																														
Is the insured farm/property geotagged? Yes / No	Survey No/s. of the proposed farm with acreage:																													
Crop Season Kharif / Rabi / Summer	<table border="1"> <thead> <tr> <th>Survey Number/s</th> <th>Sub Survey Number/s</th> <th>Acreage</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr> <td colspan="2">Total Farm Acreage</td> <td></td> </tr> </tbody> </table>			Survey Number/s	Sub Survey Number/s	Acreage																						Total Farm Acreage		
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Documents attached: (Photocopies) Land record / Aadhar Card / PAN Card / Passport Photo / Bank Passbook / Tenant Certificate / Sowing Certificate/ If any other, then specify.																														
Premium Payment Mode: Please tick the mode of payment:		Transaction No./ Details of the payment	Date of payment:																											

UPI / Net Banking / Paytm / Debit Card / Credit Card			
Period of Insurance:			
<u>INSURANCE HISTORY</u>			
Name of the Insurance Company and policy number	Period of Insurance	Have you received any claim/s :	Amount of Claim/s Received (₹), if any
Any reasons for Decline/Rejection/Loading:			
<u>Bank Details for any payments to be made to You/ Insured:</u>			
Bank Name:	Bank Branch:	IFSC Code:	Account Number:
<u>FINANCIAL INTEREST:</u>			
Name of Banker/ Financer:		Address of Bank/ Financier:	
<u>DECLARATION</u>			
I hereby declare that the provisions of the scheme have been read and understood /explained by to me in detail before completing the Proposal Form. I hereby further declare that the particulars furnished above are true and correct. I have sown/intend to sow the crop mentioned in this Proposal Form. Further, I undertake to inform the insurance company if there is a change in crop and if there is any difference in premium which becomes payable, I agree to pay the same. I have not submitted any other crop insurance proposal covering the above-mentioned crop grown in the above-mentioned Polygon ID during the Year and season mentioned in this proposal under any other Scheme either through Directly or PACS or Insurance intermediary or any other Bank branch or any other Scheme or with any other Insurance Company.			
Signature / Left Thumb Impression of Proposer / Insured.		Date:	Place:
<u>OFFICE USE PURPOSE ONLY</u>			
Proposal Number:			
Name:	Designation:	Employee ID:	Location:

Verification Date:	Verification Time:
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NOTE: This Proposal Form is not to be taken as proof of insurance unless the premium is realized by US & Kshema Samriddhi Insurance Policy is issued thereagainst.

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 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.

