kshema General Insurance

Kshema General Insurance Limited

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Kshema Kisan Sathi Insurance Policy — Proposal Form

Proposal No. _____ **E-mail ID:** customer.support@kshema.co | **Website:** www.kshema.co

DISTRIBUTION DETAILS

Channel Name: Bank: _____ Channel Code: _____

SP Name: _____ SP Code: _____

INSURED DETAILS

Insured's Name: Mr./Mrs./Ms. _____ Insured DOB: _____

Contact No: _____ PAN No: _____ Email ID: _____

Farm Address: _____

_____

Insured Category: Unorganized Sector: ☐ Informal Sector: ☐ Economically Vulnerable: ☐ Backward Classes: ☐ SC/ST: ☐

Proposal Belongs to: Rural: ☐ Urban: ☐ Crop Loan Account Number: _____

Relation with the Farm: Owner: ☐ Tenant: ☐ In the case of Tenant (Provide Owner Name): _____

Bank Details for any payments to be made to You/ Insured:

Bank Name	Bank Branch	IFSC Code	Account Number

SUBJECT MATTER DETAILS

Name of the Crop: _____ Variety: _____ Type of crop grown: Seasonal/Plantation _____

Single picking/Multi picking: _____ Crop Duration (in days): _____ Date of Sowing: D D M M Y Y Y Y

Location of Farm: Village: _____ Tehsil: _____ District: _____

Insured Acreage: _____

Cultivation Type: Organic type: ☐ Inorganic type: ☐ Not specified: _____

Any Special Practices of Crop: _____ Tenant Certificate/Any other specify: _____

Polygon Id/Farm Lat-Lon: _____ Is the insured farm/property geotagged? Yes: ☐ No: ☐

Crop Season: Kharif: ☐ Rabi: ☐ Summer: ☐ Annual: ☐

Is Your Farm Irrigated/Rainfed Land? Yes: ☐ No: ☐ Source of Irrigation (If irrigated): _____

Documents attached: (Photocopies) Land Record: ☐ Loan Document: ☐ Any other specify: _____

Survey No/s. of the proposed farm with acreage:

Survey Number/s	Sub Survey Number/s	Acreage
Total Farm Acreage		

Transaction Number: | Date of Premium payment: D D M M Y Y Y Y

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

Any reasons for Decline/Rejection/Loading:

FINANCIAL INTEREST

Name of Banker/Financer*:

*In case of Banker/financer interest is involved, Agreed Bank clause is applicable.

Address of Bank/Financier:

DECLARATION:

I hereby declare that the provisions / prospectus of the scheme have been read and clearly understood/ explained, by / to me in detail before completing this Proposal Form. I further declare that the particulars furnished above are true and correct to the best of my knowledge. I have sown/intend to sow the crop mentioned in this Proposal Form on the date as declared. Further, 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 Directly or through PACS or an Insurance intermediary or any other Bank branch or any other Scheme or with any other Insurance Company.

"I hereby consent to the collection, use, and disclosure of my personal information by Kshema General Insurance Limited for the purposes of providing insurance services, including underwriting, claims processing, and customer service. I understand that my personal information may be shared with third-party service providers in relation to the insurance services and to meet the statutory & regulatory compliances. I acknowledge that I have the right to access, correct, or delete my personal information at any time by contacting customer.support@kshema.co. This consent is valid for the duration as specified in the Insurance Regulatory and Development Authority of India (Maintenance of Information by the Regulated Entities and Sharing of Information by the Authority) Regulations 2025 and any other applicable law"

"I hereby declare that the mobile number and email ID mentioned in the proposal form are registered in my name. Therefore, I hereby authorize Kshema General Insurance Limited to send any communication during the policy , including but not limited to claim-related information, payment confirmations, and claim repudiations, to my mobile number [ ] and email ID [ ]."

Signature/Left Thumb Impression of Proposer/Insured:_____ Date: D D M M Y Y Y Y Place:

OFFICE USE PURPOSE ONLY

Proposal Number:

Name: Designation: Employee ID: Location:

Verification Date: D D M M Y Y Y Y Verification Time: H H M M S S

NOTE: This Proposal Form is not proof of insurance unless the premium is realized 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 continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.s
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.