

**RAHEJA QBE THIRD PARTY CRIME INSURANCE**

**Note to the Proposer**

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Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance.

Please provide by addendum any supplementary information which is material to the response of the questions herein.

All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provide separately on your headed paper.

**Proposer Details**

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1. Name of Proposer \_\_\_\_\_
2. Principal address of Proposer \_\_\_\_\_  
\_\_\_\_\_
3. Date established \_\_\_\_\_
4. Principal activities/services of Proposer \_\_\_\_\_  
\_\_\_\_\_
5. Email id of the Insured : \_\_\_\_\_
6. Mobile no. of the Insured : \_\_\_\_\_
7. Bank account details :  
Account no. – \_\_\_\_\_  
Account Type( Saving/Current) \_\_\_\_\_  
Name of the Bank & Branch \_\_\_\_\_  
MICR Code( 9 digit) \_\_\_\_\_  
IFSC Code (11 character code) \_\_\_\_\_

**Raheja QBE General Insurance Company Limited**

Corporate Office: Fulcrum, 501 & 502, A wing, 5th Floor, International Airport Project Road,  
Sahar, Andheri East, Mumbai - 400059

Toll Free No.: 1800-102-7723 (9 am to 8 pm, Monday to Saturday)

Website: [www.rahejaqbe.com](http://www.rahejaqbe.com) Email: [customercare@rahejaqbe.com](mailto:customercare@rahejaqbe.com)

Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141

UIN: IRDAN141RP0002V01202324

8. Nomination details:

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	____%	____%	____%	____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee-

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code( 9 digit)				
IFSC code( 11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

9. Number of permanent directors \_\_\_\_\_

10. Number of employees:

- (a) Domestic \_\_\_\_\_  
(b) Overseas \_\_\_\_\_

11. Number of locations:

- (a) Domestic \_\_\_\_\_  
(b) Overseas \_\_\_\_\_

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**Internal Controls and Procedures**

1. Does the company have an employee Handbook/Manual? ..... ☐ Yes ☐ No  
 If "yes"
  - (a) does it contain written instructions on all aspects of  
 your business? ..... ☐ Yes ☐ No
  - (b) does it clearly define the individual duties of each  
 employee? ..... ☐ Yes ☐ No
  - (c) does it address security procedures (including electronic  
 data security)? ..... ☐ Yes ☐ No
2. Are employees trained and re-trained, if necessary, on all aspects of:
  - (a) physical and electronic data security? ..... ☐ Yes ☐ No
  - (b) operational procedures? ..... ☐ Yes ☐ No
3. Are all employees required to take an uninterrupted, two week  
 holiday each calendar year? ..... ☐ Yes ☐ No
4. Are the duties of each employee arranged so that no one  
 employee is permitted to control any transaction from  
 commencement to completion? ..... ☐ Yes ☐ No
5. (a) Please provide details of the groups recruitment policy  
 including details of your assesment of the suitability for all positions  
 (b) Please describe your employee leaving procedures.  
 (c) Please describe your staff rotation procedures.
6. Are any branches, subsidiaries or associated companies allowed  
 to maintain different operational procedures than the Head  
 Office/Parent Company? ..... ☐ Yes ☐ No

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If "yes", is prior approval required from Head Office/

Parent Company? ..... ☐ Yes ☐ No

7. Do you maintain dual control over the handling of:

(a) securities?..... ☐ Yes ☐ No

(b) company/corporate cheques and drafts? ..... ☐ Yes ☐ No

(c) dormant accounts (if dormant for longer than 6 months)?..... ☐ Yes ☐ No

(d) access codes, cyphers, test keys? ..... ☐ Yes ☐ No

8. Is joint custody maintained for the safeguarding of:

(a) access codes, cyphers, test keys? ..... ☐ Yes ☐ No

(b) access to Property whilst in safes and/or vaults?..... ☐ Yes ☐ No

#### Computer Systems

1. Do you operate or subscribe to any automated teller machine network or electronic point of sale system?.....

☐ Yes ☐ No

2. Do you make or receive funds transfer instruction via any of the following methods and what are the average daily transfer limits against each method used?:

(a) interbank electronic communications systems

(i) BACS ..... ☐ Yes ☐ No

(ii) SWIFT ..... ☐ Yes ☐ No

(iii) CHAPS..... ☐ Yes ☐ No

(iv) Bankwire ..... ☐ Yes ☐ No

(v) Other, please specify ..... \_\_\_\_\_

(b) Internet ..... ☐ Yes ☐ No

(c) electronic mail ..... ☐ Yes ☐ No

(d) telex ..... ☐ Yes ☐ No

(e) facsimile ..... ☐ Yes ☐ No

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- (f) voice initiated ..... ☐ Yes ☐ No
- (g) on-line cash management ..... ☐ Yes ☐ No
- (h) other, please specify.....
3. Are all fund transfer instructions subject to a verification and authentication process?..... ☐ Yes ☐ No
4. Do you secure fund transfer instructions (e.g. through the use of passwords, encryption, testing, call back or other authentication)?..... ☐ Yes ☐ No
5. Do you permit the transfer of funds via telephonic instruction?..... ☐ Yes ☐ No
- If "yes", in respect of corporate or business accounts only:
- (a) is there a written agreement with customers? ..... ☐ Yes ☐ No
- (b) does the written agreement contain transfer limits?..... ☐ Yes ☐ No
- (c) is verification, by someone other than the initiator of the transfer instruction, required prior to such transfer taking place? ..... ☐ Yes ☐ No
6. Are passwords used to give varying levels of access to your computer system and funds transfer systems on the need and authorisation of user basis? ..... ☐ Yes ☐ No
7. Are all key source documents maintained in a secure environment prior to being entered into the computer system in order to prevent unauthorised modification or inappropriate use of data? ..... ☐ Yes ☐ No
8. Are remote terminals kept in a physically secure location accessible by authorised personnel only?..... ☐ Yes ☐ No
9. Do you utilise any recognised software packages to control access to your computer system?..... ☐ Yes ☐ No

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If "yes", do you modify such software to your own

specifications? ..... ☐ Yes ☐ No

10. Are your data processing centers physically separated from  
other departments?..... ☐ Yes ☐ No

11. Do you have an access control system for your data processing  
centers? ..... ☐ Yes ☐ No

12. Are data file generations stored and secured off-site in a  
restricted area?..... ☐ Yes ☐ No

13. Do you utilise independent contractors to prepare electronic  
computer programs? ..... ☐ Yes ☐ No

If "yes":

(a) are specific parameters in place to restrict their access? ..... ☐ Yes ☐ No

(b) are their activities overseen when accessing your computer  
system?..... ☐ Yes ☐ No

(c) are safeguards in place to prevent access to your other  
systems? ..... ☐ Yes ☐ No

#### **Internet Facility/ E-Commerce**

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1. Do you provide an Internet facility? ..... ☐ Yes ☐ No

If "yes", do you offer any of the following?:

(a) product information only ..... ☐ Yes ☐ No

(b) account balance..... ☐ Yes ☐ No

(c) pre-authorised account to account transfers ..... ☐ Yes ☐ No

(d) loan applications..... ☐ Yes ☐ No

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- (e) interactive mortgage applications ..... ☐Yes ☐No
- (f) business/company account management facilities..... ☐Yes ☐No (g)
- insurance products ..... ☐Yes ☐No (h) on-
- line securities dealing ..... ☐Yes ☐No
- (i) other, please specify \_\_\_\_\_
2. Do you have formal terms and conditions for the use of your Internet facility, which outline the obligations and responsibilities of the users? ..... ☐Yes ☐No
3. Is the identity of users verified and authenticated? ..... ☐Yes ☐No
- If "yes", please identify the method used
- (a) password ..... ☐Yes ☐No
- (b) one-time password..... ☐Yes ☐No
- (c) public/private key encryption..... ☐Yes ☐No
- (d) digital signature ..... ☐Yes ☐No
- (e) other, please specify \_\_\_\_\_
4. Do you encrypt data whilst it is stored or held within your Internet facility?..... ☐Yes ☐No
5. Are firewalls and/or comparable software used to authorise access to your Internet facility? ..... ☐Yes ☐No
- If "yes", do you modify such software to your own specifications ..... ☐Yes ☐No
6. Do you use any anti-virus software?..... ☐Yes ☐No
- If "yes" is this upgraded on a regular basis? ..... ☐Yes ☐No

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7. Do you monitor and produce reports on intrusion/ unauthorised access activity? ..... ☐Yes ☐No
8. Do you restrict access between your Internet facility and your main computer system? ..... ☐Yes ☐No
9. Do you have a specific department which maintains your Internet facility (e.g. carrying out program development, testing, firewall maintenance, intrusion monitoring)? ..... ☐Yes ☐No
10. When was your last independent Ethical Hacking Test, by who was it carried out and what vulnerabilities were highlighted?  
.....  
.....
- What remedial action did you take?  
.....  
.....
- An unsatisfactory answer will necessitate the need for an Independent Ethical Hacking Test at your expense.
10. Do you have a fully tested disaster recovery and business continuity plan? ..... ☐Yes ☐No
- If "yes", does it include an off-site back-up facility? ..... ☐Yes ☐No

#### **Lending Procedures**

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1. Do you operate and maintain a formal loan policy manual or similar internal document? ..... ☐Yes ☐No
- If "yes", does this include:
- (a) individual lending limits? ..... ☐Yes ☐No
- (b) tiered authority levels? ..... ☐Yes ☐No

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- (c) lending criteria?..... ☐Yes ☐No
- (d) collateral requirements and authentication procedures  
(e.g. property, letter of credit, bill of exchange,  
certificate of deposit, securities and the like)?..... ☐Yes ☐No
2. Are all loans independently reviewed to ensure compliance  
with the loan policy manual or similar internal document? ..... ☐Yes ☐No

**Fund/Investment/Asset Management Companies**

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**Only complete if the Proposer offers such services to third parties**

1. Are transactions only entered into on the basis of appropriate  
authorisation in accordance with management criteria? ..... ☐Yes ☐No
2. Has management defined and communicated formal trading  
policies and dealing limits? ..... ☐Yes ☐No
3. Are trading transactions and positions reviewed for  
compliance with formal trading policies manual or similar  
internal document? ..... ☐Yes ☐No
4. Are accounts of trades which exceed set limits identified or  
rectified or referred to senior management for immediate  
action? ..... ☐Yes ☐No
5. Do counterparties receive authorised confirmation for all  
deals prior to settlement ?..... ☐Yes ☐No

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6. Is the book of investments and securities periodically substantiated and evaluated against recorded values independently of the dealer and fund managers ?..... ☐Yes ☐No
7. Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities? ..... ☐Yes ☐No

#### **Insurance Companies**

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**Only complete if the Proposer offers such services to third parties**

1. Do you operate and maintain a formal underwriting manual in respect of all classes of insurance written? ..... ☐Yes ☐No
2. Please indicate where business production is obtained from as a percentage of the following:
- (a) agents on commission \_\_\_\_\_
- (b) direct sales \_\_\_\_\_
- (c) brokers/consultants \_\_\_\_\_
- (d) other, please specify \_\_\_\_\_
3. Are clients/brokers/agents instructed to pay premium in the Proposer's name? ..... ☐Yes ☐No
4. Is the department/ individual designated to receive premium completely divorced from the day to day handling of business? ..... ☐Yes ☐No
5. Is responsibility for claims inspection/settlement completely divorced from underwriting? ..... ☐Yes ☐No
6. Are all claims examined and agreed by a minimum of two authorised individuals before payment is made who ensure that claim payments are made direct to your insured? ..... ☐Yes ☐No

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**Audit and Compliance**

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1. Do you have an internal audit department which has separate duties from the auditing services provided by an external accountant? ..... ☐Yes ☐No  
 If "yes",
  - (a) is there a formal written audit programme which includes EDP audit? ..... ☐Yes ☐No
  - (b) is there an established audit cycle which encompasses all operations?..... ☐Yes ☐No
  - (c) are the internal audit department independent of any other function?..... ☐Yes ☐No
  - (d) are written reports made to either an audit committee or an individual that reports to the Board of Directors?..... ☐Yes ☐No
  - (e) do you have procedures in place to monitor the implementation of recommendations made by the internal audit department?..... ☐Yes ☐No
  - (f) does the audit team periodically review the segregation of duties, accuracy of records, management and supervisory procedures and the physical and non-physical internal controls? ..... ☐Yes ☐No
2. (a) are you audited annually by a chartered accountant? ..... ☐Yes ☐No  
 (b) do they review the internal controls and report their findings? ..... ☐Yes ☐No  
 (c) has your accountant made any recommendation in the last two years?..... ☐Yes ☐No  
 If "yes",
  - (i) have such recommendations been complied with? ..... ☐Yes ☐No
 If "no",

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- (ii) have you adopted alternatives arrangements to  
the satisfaction of your accountant?..... ☐Yes ☐No
3. Do you have a compliance officer who monitors and  
implements all regulatory directives, rules, principles and  
guidelines? ..... ☐Yes ☐No

**Values at Risk**

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1. Please state the maximum value of securities (including negotiable collateral, unissued stock certificates etc.):

- (a) at head office \_\_\_\_\_
- (b) at branches \_\_\_\_\_
- (c) with custodians \_\_\_\_\_

2. Please state the maximum amount of cash:

- (a) at head office \_\_\_\_\_
- (b) at branches \_\_\_\_\_
- (c) at individual tellers \_\_\_\_\_
- (d) within automated teller machines \_\_\_\_\_
- (e) with custodians \_\_\_\_\_

3. Please state the maximum amounts/ values carried by:

- (a) armoured motor vehicle:
- (i) cash \_\_\_\_\_
- (ii) securities \_\_\_\_\_
- (b) messengers:

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(i) cash \_\_\_\_\_

(ii) securities \_\_\_\_\_

**Loss Information**

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1. Please give brief details of any loss sustained by the Proposer (whether insured or uninsured) during the past 5 years as follows:

Nature of Loss	Date of Discovery	Location	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Does the Proposer, after full enquiry, or any of its directors, officers, partners or trustees have any knowledge, of any act, omission, fact, event or circumstance which might give rise to a loss under this proposed insurance?..... ☐Yes ☐No

If "yes", please provide details on a separate sheet.

3. In the event that a loss has been discovered, has the Proposer taken remedial action to prevent or avoid recurrence? ..... ☐Yes ☐No

(if So please provide full details on a separate sheet)

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***SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.***

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**DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS**

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I declare that statements and particulars in this proposal form are true and no material facts have been misstated or suppressed after full enquiry. I agree that this proposal, together with any other information supplied shall form the basis of the contract of Insurance affected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before the completion of the contract of Insurance. A material fact is one which would influence the acceptance or assessment of the risk.

**CKYC Declaration**

Enclosures for CKYC requirement:

1. Copy of GST
2. Copy of Pan Card
3. Copy of Certificate of Incorporation

- 1) I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- 2) I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- 3) Are you or any of the proposed applicants a PEP\* or a close relative of a PEP\*? YES / NO

IF yes please give details

Politically Exposed Person (PEP) are individuals who are or have been entrusted with prominent public functions in foreign country e.g head of States / Governments, senior politicians , senior government /judicial/military officers ., senior executives of state owned corporations, important political party officials etc.

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd.to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer \_\_\_\_\_ Name of Witness \_\_\_\_\_

Signature of Proposer \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Relationship with Proposer: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

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## RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Signed  
Title  
(authorised signatory of the Proposer)  
Date

**Please Enclose With This Proposal Form**

---

The latest Annual Report and Accounts for the Proposer.

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