

Commercial Crime Proposal- IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED

Note to the Proposer

Proposer Details

(a) Domestic

(b) Overseas

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.

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



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 aspe	cts 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?											
5.		Please provide details of the groups recruitment policy ncluding details of your assessment of the suitability for all	positions									
	(b) Please describe your employee leaving procedures.											
	(c) Please describe your staff rotation procedures.											
6.	allov Hea	any branches, subsidiaries or associated companies wed to maintain different operational procedures than the d Office/Parent Company?										
	If "yes", is prior approval required from Head Office/ Parent Company? □Yes □No											
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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 than6months)?	□Yes	□No
	(d) Access codes, cyphers, test keys?	□Yes	□No
8.	Is joint custody maintained for the safe guarding of:		
	(a) Access codes, cyphers, test keys?	□Yes	□No
	(b) Access to Property whilst in safes and/or vaults?	□Yes	□No
<u>Cc</u>	omputer 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 average daily transfer limits against each method used?:	e following	g methods and what are
	(a) interbank electronic communications systems		
	(i) BACS	□Yes	□No
	(ii) SWIFT	□Yes	□No
	(iii) CHAPS	□Yes	□No
	(iv) Bank Wire	□Yes	□No
	(v) Other, Please specify		
	(b) Internet	□Yes	□No
	(c) Electronic mail	□Yes	□No
	(d) Telex	□Yes	□No
	(e) Facsimile	□Yes	□No
	(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 A	uthentica	ation process?

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4.	use of passwords, encryption, testing, call back or other authentication)?							
	 □N	o □Yes						
5.	Doy	you permit the transfer of funds via telephonic instruction?	□Yes	□No				
	If "y	es", 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.	com	passwords used to give varying levels of access to your puter system and funds transfer systems on the need authorization of user is?	□Yes	□No				
7.	envi orde	all key source documents maintained in a secure ronment prior to being entered into the computer system in to prevent unauthorized modification or in appropriate use lata?		□No				
8.	Are only	remote terminals kept in a physically secure location acces /?Υes □No	sible by	authorized personnel				
9.		you utilize any recognized software packages to control acc tem? □Yes □No	ess to yo	our computer				
		es", do you modify such software to your own cifications?	□Yes	s □ No				
10.		your data processing centers physically separated from er departments?	□Yes	□No				
11.		you have an access control system for your data processing □Ye	centers′ s □ No	?				

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12.		data file generations stored and secured off-site in a stricted area?	□Yes	□No							
13.	Do you utilize independent contractors to prepare electronic Computer programs? ———————————————————————————————————										
	If "yes":										
	(a)	are specific parameters in place to restrict their access?	□Yes	□No							
	(b)	are their activities overseen when accessing your compute system?	r □Yes	□No							
	(c)	are safeguards in place to prevent access to your other systems?	□ Ye	s □No							
Int	teri	net Facility/ E-Commerce									
1.	Do y	ou provide an Internet facility?	□Yes	□No							
	If "yes", do you offer any of the following?:										
	(a) F	Product information only	□Yes	□No							
	(b)	Account balance	□Yes	□No							
	(c) F	Pre- authorised account to account transfers	□Yes	□No							
	(d) L	oan applications	□Yes	□No							
	(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, pleasespecify									
2.	you	you have formal terms and conditions for the use of r Internet facility, which outline the obligations and ponsibilities of the ers?									
3.	ls th	ne identity of users verified and authenticated?	□Yes	□No							
	If "y	es", please identify the method used Toll Free: 1-800-103-5499; SMS "claim" to 561									

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Muskurate Raho IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED ■Yes □No (a) password..... □No (b) One-time password..... ■Yes (c) public/private key encryption..... □Yes □No (d) Digital signature..... □No □Yes (e) Other, please specify__ Do you encrypt data whilst it is stored or held within your □No Internet facility?..... □Yes 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 Do you use any anti-virus software?..... □Yes ■No If "yes" is this upgraded on a regular basis?..... □Yes □No Do you monitor and produce reports on intrusion/unauthorized access activity?......□Yes □No Do you restrict access between your Internet facility and your main computer 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? Toll Free: 1-800-103-5499; SMS "claim" to 56161

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	An unsatisfactory answer will necessitate the need for an Independent Ethical		
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
Le	ending Procedures		
1.	Do you operate and maintain a formal loan policy manualor similar internal document?	□Yes	□No
	If "yes", does this include:		
	(a) individual lending limits?	□Yes	□No
	(b) tiered authority levels?	□Yes	□No
	(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. inte	Are all loans independently reviewed to ensure compliance wit	h the loar	n policy manual or similar
<u>Fι</u>	<u> </u>	<u>ompa</u>	<u>nies</u>
On	ly complete if the Proposer offers such services to third par	ties	
1.	Are transactions only entered into on the basis of appropriate a management criteria?	authoriza	ation in accordance with

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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?
4.	Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?
5.	Do counterparties receive authorised confirmation for all Deals prior to settlement? □Yes □No
6.	Is the book of investments and securities periodically substantiated and evaluated against recorded values independently of the dealer and fund managers?
7.	Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?
Ins	surance Companies
Only	y 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

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3.	Are Pro	clients/brokers/agents instructed to pay premium in the poser's name?
4.	prer of bus	ne department/ individual designated to receive mium completely divorced from the day to day handling siness?
5.	ls re unc	esponsibility for claims inspection/settlement completely divorced from derwriting? □Yes □No
6.	auth tha	all claims examined and agreed by a minimum of two norised individuals before payment is made who ensure t claim payments are made direct to your ured?
Αι	udi	t and Compliance
1.	sep exte	you have an internal audit department which has arate duties from the auditing services provided by an ernal accountant?
	If "y	
	` ,	is there a formal written audit programme which includes ED Paudit?
	(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?
	(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

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			itrois? ′es □ No										
2.	(a)	are	you audited	d annually	y by a char	tered acc	countant?	. □ Y	es	□No			
	(b)	do t find	they review ings?	the inter	nal controls	s and rep	ort their	□Y	es	□No			
	(c)	has yea	your accours?	untant ma	ide any rec	commend	ation in the □Yes □	last two ⊒No					
		If "y	es",										
		(i)	have such	recomm	endations	been con	nplied with?	. □ Y	es	□No			
			If "no",										
		(ii)	have you a accounta	adopted ant?	alternatives	s arrange . □ Yes	ments to the S □No	e satisfa	actio	on of y	our		
3.	Do you have a compliance officer who monitors and implements all regulatory directives, rules, principles and guidelines?												
Va	llue	es a	at Risk										
1.			state the ma rtificates etc		alue of sec	curities (in	cluding neg	otiable c	:olla	teral, u	nissued	d	
	(a)	at h	ead office_										
	(b)	at b	ranches										
	(c)	with	n custodians	s									
2.	Plea	ase s	state the ma	aximum a	mount of c	ash:							
	(a)	at h	ead office_										
	(b)	at b	ranches										
	(c)	at ir	ndividual tel	llers									
	(d)	with	nin automate	ed teller r	machines _								
	(e)	with	n custodians	s									

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3.	Please state the maximum amounts/ values carried by:							
	(a) armoured motor vehicle:							
		(i)	cash					
		(ii)	securities					
	(b)		sengers:					
		(i)	cash					
		(ii)						
		()						
Lo	SS	Inf	ormatio	n				
1.	the past 5 years as f			Date of Discovery	Location	Amount o	f Loss	
2.	direc know circu	s the ctors, wledo	Proposer, aff , officers, part ge, of any act, ance which m	ter full enquiry, or and the full enquiry, or and the full enquiry, or and the full end of the	ve any			_
	If "ye	es", p	olease provide	e details on a separa	ate 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)							

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

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Declaration

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.

Signed	
Title(authorised signatory of the Proposer)	
Date	



Please Enclose With This Proposal Form

The latest Annual Report and Accounts for the Proposer.

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks 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 our or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lacs rupees.