

**CLINICAL TRIALS AND/OR HUMAN VOLUNTEERS STUDIES  
INSURANCE POLICY**

**PROPOSAL FORM**

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# PRIMARY PROPOSAL

## A. NOTICE TO THE PROPOSED INSURED

### 1. Disclosure of Relevant Facts

This is your Proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured you answer fully and accurately all of the questions contained in this Proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this Proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this Proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any Proposal for insurance. If Raheja QBE accepts a Proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Name of the Intermediary:

Intermediary Code:

### 2. Claims Made Policy

This Proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the Period of Insurance.

## B. DETAILS OF APPLICANT

### **IMPORTANT**

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

1. Full name of all entities to be insured:

The leprosy mission trust India

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**RAHEJA QBE GENERAL INSURANCE CO. LTD.**

2. Permanent Address

The Leprosy Mission Hospital, Nandnagri,

Shahdara, Delhi -93

3. Your Communication Address:

The Leprosy Mission Hospital, Nandnagri

Shahdara, Delhi-93

Telephone

: 911122110788

Facsimile:

E-mail: [shahdara@leprosymission.in](mailto:shahdara@leprosymission.in)

Website: [www.leprosymission.in](http://www.leprosymission.in)

4. Address(es) of branch offices or other locations.

Right Call Project, C/o Bethesda Leprosy Hospital, Bhojpur Road

Janjgir District, Champa, Chattisgarh-495671

5. Description of Business

Right Call Project – a feasibility trial to test an offloading boot vs routine microcellular rubber sandals among patients with leprosy or diabetes with simple plantar ulcers in Chhattisgarh.

6. Date on which the Business was established: 20/ 11/2023

7. Please supply the following details.

Are the trial conducted in full accordance with:

(a) The requirements under the applicable statutes, rules and regulations (including Drugs and Cosmetics Act 1940 and Drugs and Cosmetics Rules 1945) and with protocols approved by an independent Ethics Committee? YES  NO

(b) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines? YES  NO

(d) CDSCO guidelines on Good Clinical Practice? YES  NO

(e) I.C.H. Guidelines (when applicable)? YES  NO

8. Are all trials conduct in India? YES  NO

9. Give details of incidents during the last 5 years resulting in death, injury, disease or illness (physical or mental) to Research Subjects and any circumstances which might give rise to a claim of compensation against you.

None

10. Please attach a copy of:

- (a) Protocol (or summary thereof) or Ethics Committee submission
- (b) Research Subject information (if not incorporated into the protocol)
- (c) Research Subject consent form (if not incorporated into the protocol)
- (d) Any agreement/contract with other parties (if applicable))

11. Summary of Trials **performed** in the **last 12 months**:

Date Commenced /Finished	Trial/Title/ Description	Phase	No. of Research Subjects	Country
Nil				

12. Summary of Trials **planned** for the next **12 months**:

Date Commenced /Finished	Trial/Title/ Description	Phase	No. of Research Subjects	Country
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		1	75	India
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If Trials overlap period, please include in both tables allocating the appropriate number of Research Subjects to each timescale.

Please indicate Limit(s) of Indemnity for which a quotation is required or local currency equivalent:

- INR [X]
- INR [X]
- INR [X]
- INR [X]
- INR [X]
- If higher, please state

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**C. DECLARATION**

I/We the undersigned authorised **Insured**, after enquiry declare as follows:

- (1) I am / We are authorised by each of the other Applicants to make this Proposal.
- (2) I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal.
- (3) I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- (4) I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Raheja QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
- (5) I/We hereby declare and warrant on my behalf and on behalf of all those to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this Proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with Raheja QBE.
- (6) 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.
- (7) 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.
- (8) I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal

statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

(9) I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

(10) Are you or any of the proposed applicants/beneficial owner a PEP\* or a close relative of a PEP\*? YES / **NO**

If yes, please give details:.....

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

Name of Applicant: The leprosy mission trust India.

Signed: 

Partner, Principal or Director: Joydeepa Darlong Date: 16.01.2024

**Raheja QBE General Insurance Company Limited**  
**5th Floor, A Wing,**  
**Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai - 400059**  
**Telephone: +91 22 4171 5050 Facsimile: +91 22 4171 4920**

**Your Insurance Adviser or  
Broker**

**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 out 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 Lakh rupees.