

Kshema Private Car Package Policy  
Proposal Form

Proposal form Number: \_\_\_\_\_

Note: 1) Policy wording are available on request. 2) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void. 4) Geographical Area of operation: INDIA.

Is the Vehicle Made in India? ☐ Yes ☐ NoType of Cover Required: Kshema Private Car Package Policy**For Office Use Only**

Policy Number: \_\_\_\_\_

Date [DD/MM/YYYY]: \_\_\_\_\_

Inspection Lead No. \_\_\_\_\_

**Intermediary Details (To be filled in BLOCK CAPITALS)**

Intermediary Name: \_\_\_\_\_

Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Code: \_\_\_\_\_

Growth Manager Name: \_\_\_\_\_

Code: \_\_\_\_\_

Details (To be filled in BLOCK CAPITALS)

1. This proposal is for:

New ☐ Rollover Policy: ☐ Endorsement: ☐ Renewal: ☐ :Top Up KM ☐

2a. Proposer's/Insured Full Name (Registered Owner of the Vehicle): \_\_\_\_\_

2b. Address: \_\_\_\_\_

2c. Proposer's/Insured NEFT details:

Full Name of the Account Holder: \_\_\_\_\_

## Kshema Private Car Package Policy

UIN: IRDAN162RPMT0034V01202627

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

|                             | Address of Communication | Address at which the vehicle is registered |
|-----------------------------|--------------------------|--------------------------------------------|
| Flat/Building/Door/Block No |                          |                                            |
| Road/Street/Sector          |                          |                                            |
| Nearest Landmark            |                          |                                            |
| Area                        |                          |                                            |
| City                        |                          |                                            |
| Pin Code                    |                          |                                            |
| State                       |                          |                                            |
| Country                     |                          |                                            |

|                                        |  |             |  |
|----------------------------------------|--|-------------|--|
| City where vehicles is primarily used: |  |             |  |
| Phone Number:                          |  | Mobile No.: |  |
| Email:                                 |  | Fax:        |  |

3. Occupation of the Insured: \_\_\_\_\_ (Salaried/ Self Employed/ Profession)

4. Period of Insurance: From: \_\_\_\_/\_\_\_\_Hours of DD/MM/YYYY to: Midnight of DD/MM/YYYY

(Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)

|                                           |                              |                             |
|-------------------------------------------|------------------------------|-----------------------------|
| 5. Do you have a GST registration number: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------------|------------------------------|-----------------------------|

If yes, please specify \_\_\_\_\_

|                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| 8. Related Party: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|------------------------------|-----------------------------|

Declaration and Consent

1. Source Of Fund

Salary \_\_\_\_\_ Business \_\_\_\_\_ Others \_\_\_\_\_ (In case of others, please specify)

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.

2. CKYC No. \_\_\_\_\_

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with kshema General Insurance Limited for the purpose of my insurance proposal.

3. Electronic-Insurance Account:

Do you want to open e-IA account: Yes /NO

If Yes, Please provide e-IA No. to deposit your insurance policy. E-IA No. \_\_\_\_\_

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**Details of the Vehicle**

|                                               |  |                                        |  |
|-----------------------------------------------|--|----------------------------------------|--|
| 9. Registration Number:                       |  | 10. Date of Registration:              |  |
| 11. Registering Authority & Location:         |  | 12. Year & Month of Manufacture:       |  |
| 13. Engine Number/EV motor number:            |  | 14. Chassis Number/EV battery number:  |  |
| 15. Make of Vehicle:                          |  | 16. Model of the vehicle:              |  |
| 17. Is the vehicle Imported? Yes/ No          |  | 18. Type of Body:                      |  |
| 19. Cubic Capacity/EV battery capacity in Kwh |  | 20. Seating capacity including Driver: |  |
| 21. Fuel Type: Petrol/ Diesel/ Others         |  | 22. EV charger number                  |  |

**Details of the Vehicle – Type and Use**

|                                                                        |                              |                             |
|------------------------------------------------------------------------|------------------------------|-----------------------------|
| 23. Whether the Vehicle is driven by Non-conventional source of power? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------------------------------------------|------------------------------|-----------------------------|

If yes Bi Fuel ☐ CNG ☐ LPG ☐

| Important: Insured's Declared Value (IDV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age of the Vehicle                          | Depreciation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|
| <p>The <b>Insured's Declared Value (IDV)</b> of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.</p> <p>The IDV of the vehicle is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside). The IDV of the side car(s) and/ or accessories, if any, fitted to the vehicle but not included in the manufacture's listed selling price of the vehicle is/ are also likewise to be</p> | Not exceeding 6 Months                      | 5%           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Exceeding 6 months but not exceeding 1 year | 15%          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Exceeding 1 year but not exceeding 2 years  | 20%          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Exceeding 2 years but not exceeding 3 years | 30%          |

## Kshema Private Car Package Policy

UIN: IRDAN162RPMTO034V01202627

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----|
| <p>fixed.</p> <p>The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. The vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms &amp; conditions of the policy exceeds 75% of the IDV.</p> <p>IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of understanding between the Insurer and Insured.</p> | Exceeding 3 years but not exceeding 4 years | 40% |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Exceeding 4 years but not exceeding 5 years | 50% |

| Insured Declared Value (IDV) of the Vehicle | Non-Electrical Accessories fitted to the Vehicle | Electrical and Electronic Accessories fitted to the Vehicle | Side Car (Two-Wheeler) | Value of CNG/ LPG Kit | Total Value |
|---------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|------------------------|-----------------------|-------------|
|                                             |                                                  |                                                             |                        |                       |             |

24. Age of Owner Driver &amp; Date of Birth: \_\_\_\_\_ years, DD/MM/YYYY.

25. Add On Covers (subject to availability &amp; eligibility)

|                                      |                                 |                              |                             |
|--------------------------------------|---------------------------------|------------------------------|-----------------------------|
| a.                                   | Nil Depreciation                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b.                                   | Return to Invoice               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Road Tax amount paid: INR _____      |                                 |                              |                             |
| Registration Charges Paid: INR _____ |                                 |                              |                             |
|                                      | Do you have invoice of vehicle: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Invoice Value of vehicle: INR _____  |                                 |                              |                             |
| c.                                   | Consumables Expenses            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e.                                   | Engine Protector                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f.                                   | Key & Lock Replacement Cover    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g.                                   | Additional Towing charges       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h.                                   | NCB Retention Cover             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|    |                      |                              |                             |
|----|----------------------|------------------------------|-----------------------------|
| i. | Road Side Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    |                      |                              |                             |

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26. Is the Vehicle fitted with any Anti-theft device approved by the ARAI? ☐ Yes ☐ No

If yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.

27. Are you a member of Automobile Association of India? ☐ Yes ☐ No

If yes, please submit membership copy.

a. Name of the Association: \_\_\_\_\_

b. Membership Number: \_\_\_\_\_

c. Date of Expiry: DD/MM/YYYY

28. Will the Vehicle be exclusively used for?

a. Private, social, domestic, pleasure and professional purposes? ☐ Yes ☐ No

If no, then state the purpose of actual use \_\_\_\_\_

b. Carriage of goods other than samples or personal luggage or commercial purpose? ☐ Yes ☐ No

29. Whether the Vehicle is used for Driving Tuitions? ☐ Yes ☐ No

30. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO) ☐ Yes ☐ No

31. Whether the Vehicle is fitted with Fibre Glass Tank? ☐ Yes ☐ No

32. Whether the Vehicle belongs to the Embassy/Consulate of a foreign country? ☐ Yes ☐ No

If so, is the duty element included in the IDV? ☐ Yes ☐ No

33. Whether the Vehicle is designed for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy) ☐ Yes ☐ No

34. Date of purchase of Vehicle by the Proposer: DD/MM/YYYY

35. Whether the Vehicle at the time of purchase was ☐ New ☐ Second Hand

36. Is there a valid PUC certificate for the said vehicle? ☐ Yes ☐ No

If Yes, please provide expiry date of PUC: DD/MM/YYYY

(Please not insurance cannot be granted if insured does not have valid PUC at the date of commencement of policy)

37. Whether the vehicle is used for commercial purpose? ☐ Yes ☐ No

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## Risk Inclusions

38. Please select the voluntary deductible if you wish to opt for over and above the compulsory deductible (₹.1,000 for vehicles not exceeding 1500 CC, ₹.2,000 for vehicle exceeding 1500 CC)

Private Car: ☐ ₹. 2,500 ☐ ₹. 5000 ☐ ₹. 7500 ☐ ₹. 15000

39. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of ₹. 7.5 lakh (Private Car)

Do you wish to restrict the above limits to statutory TPPD Liability limit of ₹. 6000/- only?

☐ Yes ☐ No

40. Do you wish to cover Legal Liability to?

a. Driver (No. of Persons\_\_\_\_\_)

☐ Yes ☐ No

b. Other employees (No. of Persons \_\_\_\_\_)

☐ Yes ☐ No

c. Unnamed Passengers (No of Persons \_\_\_\_\_)

☐ Yes ☐ No

41. Do you wish to include Personal Accident (PA) cover for named persons?

☐ Yes ☐ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is ₹. 2 Lacs

| Name | CSI Opted | Name of Nominee | Age of Nominee | % of Nominee | Name of Appointee | Relationship | Address |
|------|-----------|-----------------|----------------|--------------|-------------------|--------------|---------|
|      |           |                 |                |              |                   |              |         |
|      |           |                 |                |              |                   |              |         |

a. 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- Savings/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 %:

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42. Do you wish to include PA cover for Unnamed persons/ hirer?

☐

Yes

☐

No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is ₹. 2 Lacs

| Number of Persons | CSI Opted |
|-------------------|-----------|
|                   |           |

43. Personal Accident cover for Owner-Driver. Please give details of nomination.

| Name | Name of Nominee | Age of Nominee | Name of Appointee | Relationship | Address |
|------|-----------------|----------------|-------------------|--------------|---------|
|      |                 |                |                   |              |         |
|      |                 |                |                   |              |         |

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹.1500000/- for Private Car.

2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

3. Since a General Personal Accident Policy cover against motor accidents, if an owner driver already has a 24 hours Personal Accident cover against Death and Permanent Disability (Total & Partial) for CSI of at least ₹.15 Lacs, there is no need for a separate PA cover to be taken.

44. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

☐

Bangladesh

☐

Bhutan

☐

Maldives

☐

Nepal

☐

SriLanka

☐

Pakistan

45. Please state if the vehicle is under:

☐

Hire purchase

☐

Lease Agreement

☐

Hypothecation Agreement

If so, give name and address of concerned parties.

46. Full Name: \_\_\_\_\_

47. Address: \_\_\_\_\_

48. Any other material facts relevant for this insurance?

\_\_\_\_\_

(Note: Copies of R.C. &amp; Fitness Certificate should be submitted along with the proposal form)

49. Do you need physical copy of the policy?

☐

Yes

☐

No

## Payment Details

Cheque/DD      Cheque/DD Number: \_\_\_\_\_

Cheque Date: DD/MM/YYYY    Cash:               Credit Card:               Others:           

### 50. Bank Details of the Customer:

Full Name of the Account Holder: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

### Details of Previous Insurance

51. Is the vehicle in good condition? Yes ☐ No ☐

If no, please give full details. \_\_\_\_\_

52. Is previous insurance in proposer/insured name? ☐ Yes ☐ No

53. Full Name of Previous Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

54. Policy Number: \_\_\_\_\_ Period of Insurance: DD/MM/YYYY to DD/M/YYYY

55. Type of Cover:        Package Policy        Bundled Only.        Stand-alone Own Damage

56. Add On Opted? ☐ Yes ☐ No

If yes, please name the add on covers \_\_\_\_\_

57. NO CLAIM BONUS (NCB) allowed under previous policy (%) \_\_\_\_\_

58. Claim lodged during the preceding 3 years: ☐ Yes ☐ No

| If Yes: Year | Number | Claim Amount |
|--------------|--------|--------------|
|              |        |              |

59. Are you entitled to No Claim Bonus: ☐ Yes ☐ No

If yes, please submit / attached proof thereof

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60. Has any insurance company ever?

☐

Declined Your Proposal

☐

Required an increase in premium

☐

Cancelled or Refused your Renewal

☐

Imposed Special Conditions or Excess

I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

## Signature of the Proposer

61. Details of Drivers:

a) Age - Owner Driver: DD/MM/YYYY

Other: DD/MM/YYYY

b) Does the driver suffer from defective vision or hearing or any physical infirmity?

☐

Yes

☐

No

if "Yes" Please give details \_\_\_\_\_

c) Has the driver ever been involved/convicted for causing any accident or loss?

☐

Yes

☐

No

If yes, please give details as under including the pending prosecution if any.

| Driver's Name | Date of Accident | Circumstances of Accident/ Claim | Loss/ Cost ₹. |
|---------------|------------------|----------------------------------|---------------|
|               |                  |                                  |               |

d) Driving Experience \_\_\_\_\_

## AML Guidelines

Are you or any of the proposed applicants/beneficial owner a PEP\* or a close relative of a PEP\*?

☐

Yes

☐

No

If yes, please provide 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.

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I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium has been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the Prevention of Money Laundering in India.

Nationality: ☐ Indian ☐ Non-Indian If, Non-Indian please specify the country \_\_\_\_\_

Type of Organization:

☐ Corporations ☐ Government ☐ NGO ☐ Society ☐ Trust  
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 8 companies

**Declaration**

I/We hereby give my/our consent to Kshema General Insurance 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.

I/We hereby declare that the statements, answers & particulars made by me/us in this Proposal Form are correct, complete & true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Kshema General Insurance Limited. It is hereby understood that the statements, answers and particulars provided herein above, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, would be conveyed to the Insurance Company immediately and in such event it shall be at the discretion of the Company as to whether to continue and/or modify/alter with additional terms and conditions with the cover as may be granted. I/ We hereby states that the above mentioned address shall be taken as address on record for the purpose of GST.

This proposal form was completed by

Name: \_\_\_\_\_ Place: \_\_\_\_\_

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

**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 Kshema General Insurance Limited, 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 given 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.

|                            |  |
|----------------------------|--|
| Name of the Witness        |  |
| Name of the Proposer       |  |
| Signature of Witness       |  |
| Date [DD/MM/YYYY]          |  |
| Place                      |  |
| Address of Witness         |  |
| Relationship with Proposer |  |

Signature of the Proposer/Insured

**Prohibition of rebates - 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 or 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 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 punishable with fine which may extend to Rs. 10 Lacs

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

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