

# Kshema Hospi DinDhan Suraksha (Group)

## Proposal Form

### INSTRUCTIONS FOR FILLING UP THE FORM: -

1. Please answer all questions in BLOCK letters
2. Our liability does not commence until this Proposal has been accepted by Us and premium has been received by Us.
3. This Proposal will be the basis of the policy that we will issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY. The decision as to acceptance of the risk or the terms upon which it should be accepted shall be at Our sole discretion.

INTERMEDIARY DETAILS									
Intermedia ry Code	Interme diary Name	Intermediar y Aadhar No/ PAN no	Intermedi ary Contact No	Inter media ry Email	Approve d By	Date	Busi ness Verti cal	RM Nam e	RM Code
PROPOSER DETAILS									
Name of Proposer		Mr/Mrs/Ms							
Proposer address				State			Pin code		
PAN No									
Contact No									
Email Id									
Nature of Business									
Product Manufactured/Services Offered									
Sister Organization if any (Details)									
Name of Organization									
Mailing Address									
Contact Person									
Contact No.									
BANK ACCOUNT DETAILS									
Name of the Bank Account Holder									
Bank Account No									

# KSHEMA GENERAL INSURANCE LIMITED

Kshema Hospi DinDhan Suraksha (Group)

UIN: KSGHLGP26038V012526

**kshema**

Name of Bank and Address	
I wish:	<input type="checkbox"/> Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account. *As per the IRDAI, it is mandatory that all payments made to the insured only through electronic mode.

## RISK DETAILS

Period of Insurance	From: Hrs of 00:01 A:M  To: Midnight of 11:59 P:M
Number of persons to be insured	
Principal Sum Insured	
Details of Persons to be Insured (Annexure to be attached)	
Provide the details of the insured in the following format	

## COVERAGE DETAILS

Sr. No	Member's Unique ID	Name of the Proposed Insured	Relationship with Proposer	Age	Per Day Hospi Cash Amount (Rs.)	Limit per policy year (days)	Base Sum Insured	Limit per Hospitalisation Claim (days)

S.no	Member's Unique ID	Deductible (days)	Opted Option al Covers	Initial Waiting Period (Waived/ Applicable)	Any existing injury or disability (PED) Yes/No (If Yes, Specify)

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## NOMINEE DETAILS

Members Unique ID	Name of the Nominee	Relationship with Nominee	Address of the Nominee	Contact no. of Nominee

## APPOINTEE DETAILS

Name of Appointee (if Nominee is a Minor)	Relationship with Appointee	Address of the Appointee

Note: Please use additional sheets if space is not sufficient to complete details

## PREVIOUS POLICY DETAILS

Policy Period	Name of the Insurer	Policy No.	No. of Employees Covered	Total Premium (Rs.)	Total amount of claims (paid + outstanding)

## MEDICAL AND LIFESTYLE INFORMATION

Name of Insured Person	Existing illness / Ailments (if any) or any other Injury / Disability	Name & Details of Illness / Medicine / Test / Diopter Grade	Doctor/ Hospital Name & Phone no.

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

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

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

Proposer Name: \_\_\_\_\_.

Designation: \_\_\_\_\_.

Proposer's Signature: \_\_\_\_\_.

#### DECLARATION (Please read carefully before signing)

1. That the statements, answers, and particulars provided above are true and complete to the best of my/our knowledge, and that I am/we are duly authorized to propose on behalf of all persons to be insured.
2. That the relevant documentation and product information have been read and understood, including the features and benefits, and the decision to purchase this product is made voluntarily.
3. That the information provided shall form the basis of the insurance policy, and coverage shall commence only upon full payment of the premium.
4. That any changes in occupation or general health occurring after submission of this proposal but before acceptance of risk by the Company shall be notified in writing.
5. That any misstatement, suppression, or non-disclosure of material information, or failure to notify the Company of any material change, may entitle the Company to repudiate any claim or declare the policy void.
6. That consent is given to the Company to obtain medical information from any doctor, hospital, employer, or insurer for the purposes of underwriting and/or claim settlement.
7. That the mobile number and email ID provided in the proposal form are registered in my/our name, and authorization is granted to the Company to send all communications, including claim-related information, to the provided contact details.
8. That the Company may share, collect, or validate KYC-related documents/information with financial institutions, credit rating agencies, and other entities, and may confidentially share contact details and other information with service providers or third-party agencies for processing or servicing, as required by law or regulatory authorities, or for fraud prevention.
9. That authorization is granted to the Company to retrieve insurance history and other relevant information from the Insurance Information Bureau, and consent is given to receive regular updates, alerts, and promotional communications.
10. That the Company may share proposal-related information, including medical records, with Governmental and/or Regulatory authorities, including through ABHA, solely for underwriting and/or claims settlement purposes.
11. That the Company's Privacy Policy, as published on its website, has been read and understood by me/us and/or the insured persons.
12. That authorization is granted to the Company and its representatives to contact me/us via phone, SMS, email, WhatsApp, or other communication methods, overriding any registration under the National Do Not Call Registry.
13. That consent is given for the collection, use, and disclosure of personal information by the Company for insurance services, including underwriting, claims processing, and customer service. Personal information may be shared with third-party service providers and regulatory bodies, and I/we retain the right to access, correct, or delete such information by contacting

customer.support@kshema.co. This consent remains valid as per IRDAI Regulations 2025 and other applicable laws.

14. That the contents of the Proposal Form and accompanying documents have been fully explained and understood, including the significance of the proposed insurance.
15. That courteous and professional conduct will be maintained in all communications with the Company, and acknowledgment is given to the Company's commitment to the same. Any inappropriate behavior may result in termination of interaction, restricted access, and potential legal action.
16. That the terms and conditions stated above have been fully understood and agreed to. All relevant health conditions and disabilities of the proposed insured individuals have been truthfully disclosed, and no individual proposed to be insured is currently facing any disability. Authorization is provided willingly and with informed consent.

Place: \_\_\_\_\_,

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

Proposer Name: \_\_\_\_\_.

Designation: \_\_\_\_\_.

Proposer's Signature: \_\_\_\_\_.

#### PROPOSER DECLARATION:

(Certification where for any reason, the proposal and other connected papers are not filled in by the prospect). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Signature of the Proposer: \_\_\_\_\_.

#### VERNACULAR DECLARATION:

I/hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the Health Insurance from Kshema General Insurance Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Declarant's Name: \_\_\_\_\_.

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

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

City: \_\_\_\_\_

Pin code: \_\_\_\_\_.

Signature of Declarant: \_\_\_\_\_.

Signature of Applicant in vernacular: \_\_\_\_\_.

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**kshema**

### ACKNOWLEDGMENT

Proposal Form No: \_\_\_\_\_ Date: \_\_\_\_\_.

Neither the submission to Us of completed proposal for Insurance nor any payment for any Policy sought obliges Us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions, and we shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the Receiver and office seal

**kshema**