

Kshema Compulsory Personal Accident Policy

Proposal Form

Note:

Please complete the proposal form in BLOCK LETTERS and Tick BLOCK LETTERS and tick boxes whichever applicable.

Attach additional sheets if space given is insufficient.

The queries made/details stated below are the minimum requirements to be furnished by a proposer.

INTERMEDIARY DETAILS	
IMD Name:	IMD Code:
Branch Name:	Branch Code:
SM Name:	SM Code:
POSP Name:	POSP Code:
PAN Card No:	Aadhar Card No:

Type of cover: Compulsory Personal Accident Cover

PROPOSER DETAILS:	
Full Name:	Gender:
Date of Birth:	Aadhar No:
PAN No:	Contact No:
Occupation:	Marital Status:
Permanent Address:	Correspondence Address:
Email ID:	Educational Qualification:
Family Monthly Income:	Period of Insurance:
GST NO:	

VEHICLE DETAILS:								
S.No	Make	Class of vehicle	Year of Manufacture	Engine No	Chassis No	DL Number	DL validity	Issuing Authority

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UIN: IRDAN162RPMT0014V01202425

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Type of a Proposer: New Renewal Roll over

Are you an existing KSHEMA Customer: Yes / No If yes, please mention the Policy No:

KSHEMA Employee code if proposer is KSHEMA employee

Do you engage in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skating or ice hockey, ballooning or polo or sports of similar nature? Yes No

Do you want to have Physical Policy documents also? Yes No

Has any Company: -Declined to issue a Policy to you? Yes No

-Declined to continue your insurance? Yes No

-Imposed any restriction or special conditions? Yes No

If yes, please furnish the details: _____

Date: dd mm yyyy

Drivers Clause: Any person including insured: Provided that a person driving hold a valid and effective Driving License at the time of accident and is not disqualified from holding or obtaining such a License. Provided also that the person holding an effective Learners' License may also drive the Vehicle and that such a person satisfies the requirement of Section 3 of Motor Vehicle Act 2019 and Rule 3 of the Central Motor Vehicle Rules,2019 and its amendments from time to time.

NOMINEE DETAILS				
S.No	Name of Nominee	DOB/Age	Relation to Insured	% of Sum Insured
1				
2				

*Nominee for self must be one of the below mentioned relations. "Father, Mother, Son, Daughter, Spouse & Others "If Nominee is "Others" please specify -----
----- . (For members other than Self 100 % Nomination to the Proposer only)

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policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

Declaration (signed in Vernacular language / thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language) (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company) I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer) _____ adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from Kshema General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Signature/Thumb impression of the Proposer _____

Date: Place: _____ Signature of witness _____

Customer/Individual/Insured detail section

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through KSHEMA General Insurance Company Ltd. in Electronic Format _____ Physical Format _____ I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Insurance Repository in the Electronic Format as and when applicable.

Please select the name of the Insurance Repository:

NSDL Data Management Ltd _____ CDSL Insurance Repository Ltd _____
_____ CAMS Repository Services Ltd _____

If you have an e-Insurance Account (EIA) Number, please provide _____