

# 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

## Kshema Compulsory Personal Accident Policy

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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Details of Nominee: Mobile Number \_\_\_\_\_, Email: \_\_\_\_\_,

Bank account details: \_\_\_\_\_.

Payment Details: Debit Card ☐ Cheque ☐ Cash ☐ DD ☐ Credit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch

**Declaration**

I/ We hereby declare that the statements made by me/us in this Proposal form are 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.

I/ We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

I / We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract.

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.

"I hereby consent to the collection, use, and disclosure of my personal information by Kshema General Insurance Limited for the purposes of providing insurance services, including underwriting, claims processing, and customer service. I understand that my personal information may be shared with third-party service providers in relation to the insurance services and to meet the statutory & regulatory compliances. I acknowledge that I have the right to access, correct, or delete my personal information at any time by contacting [customer.support@kshema.co](mailto:customer.support@kshema.co). This consent is valid for the duration as specified in the Insurance Regulatory and Development Authority of India (Maintenance of Information by the Regulated Entities and Sharing of Information by the Authority) Regulations 2025 and any other applicable law"

"I hereby declare that the mobile number and email ID mentioned in the proposal form are registered in my name. Therefore, I hereby authorize Kshema General Insurance Limited to send any communication during the policy period, including but not limited to claim-related information, payment confirmations, and claim repudiations, to my mobile number [ ] and email ID [ ]. "

**Section 41 of Insurance act, 1938**

No person shall 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 of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the

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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.

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

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