

Kshema Group Personal Accident Policy

Proposal Form

INSTRUCTIONS FOR FILLING UP THE FORM: -

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been received by company.
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 the sole discretion of the Company.

For Office Use Only

INTERMEDIARY DETAILS

Intermediary Code	Intermediary Name	Intermediary Aadhar No/ PAN no	Intermediary Contact No	Intermediary Email	Approved By	Date	Business Vertical	RM Name	RM Code

PROPOSER DETAILS

Name of Proposer									
Proposer Address	Area		Landmark		Village		City		
	Tehsil		District		State		Pin-code		
PAN No									
Contact No									
Email Id									
Nature of Business									
Product Manufactured/Services Offered									
Sister Organization if any (Details)									
Name of Organization									

Regd off: #413, 4th floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad – 500 016, Telangana, India Corp Off:

10th floor, Orwell Block 1, Salapuria Sattva Knowledge City, Raidurgam, Hyderabad, Telangana T: 18005723013 | E:

customer.support@kshema.co |

www.kshema.co | IRDAI Reg. No: 162 | CIN: U66000TG2018PLC125484

KSHEMA GENERAL INSURANCE LIMITED

Kshema Group Personal Accident Policy

UIN: KSGPAGP26037V012526

kshema

Mailing Address			
Contact Person			
Designation			
Contact No.			
BANK ACCOUNT DETAILS			
Name of the Bank Account Holder			
Bank Account No			
Name of Bank			
Account			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
IFSC Code (11 character code appearing on your cheque leaf)			
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			

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Sr. No.	Member's Unique ID	Name of the Proposed Insured	Relation with Proposer	Date of Birth	Age	Occupation (if any)	Base Cover Opted	Sum Insured Opted	Add On Opted	Any Pre-Existing Disease/Injury/ disability

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

Do you want to cover the Employees / Members Family (Multi-Individual Policy)

☐ Yes☐ No

Sr. No.	Name of the Proposed Insured	Member's Unique ID	Relationship with Member	Date of Birth	Age	Occupation (if any)	Base Cover Opted	Sum Insured Opted	Add On Opted	Any Pre-Existing Disease/Injury/ disability

NOMINEE DETAILS

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

APPOINTEE DETAILS

Sr. No.	Members Unique ID	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

Regd off: #413, 4th floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad – 500 016, Telangana, India Corp Off:

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

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.

KSHEMA GENERAL INSURANCE LIMITED

Kshema Group Personal Accident Policy

UIN: KSGPAGP26037V012526

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Declarant's Name: _____

Relationship with Proposer: _____

Address: _____

City: _____

Pin code: _____

Signature of Declarant: _____ Signature of Applicant in vernacular: _____

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