

Kshema Individual 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.

Email ID: customer.support@kshema.coWebsite: <https://kshema.co/>

Channel Name:	Direct/ Agent/ Broker/Bank	Channel Code
Are you existing Kshema Customer?		

INSURED / PROPOSER DETAILS

Are you Proposer / Insured / Both?

(Insured Name Mention as in Aadhar) Mr./Mrs./Ms.

Proposal for New ☐ Renewal ☐ Rollover ☐

Address

Occupation:

Age:

Contact No

Email Id :

Period of Insurance: From to

Are you primarily engaged in administrative function?

Yes ☐ No ☐

Does your occupation require you to engage in manual labour?

Yes ☐ No ☐

Do you engage in:

a) Racing on wheels or Horseback

Yes ☐ No ☐

b) Big game hunting

Yes ☐ No ☐

Kshema Individual Personal Accident Policy

UIN: KSGPAIP25035V012425

c) Mountaineering	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Winter sports, skiing or ice hockey	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Ballooning or polo or Sports of similar nature	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your average monthly income from:	
i) Gainful Employment	
ii) Other sources	
Total	
Height(meters)	Weight(kgs)
Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries)	
Any physical defect or infirmity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gout or Arthritis or Diabetes, Paralysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits or any kind of any other chronic disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever proposed for Accident Life Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, give name of each Company and Amount of Insurance	
Has any Company	
i) Declined to issue a policy to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Declined to continue your Insurance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Not invited the renewal of your Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv) Imposed any restriction or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, give names and address of each Company in Respect of i), ii), iii) and iv) above.	
FAMILY AND PACKAGE COVER	

Kshema Individual Personal Accident Policy

UIN: KSGPAIP25035V012425

Name of family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Plan A/B/C	Sum Insured

Coverages Provided:

1. Plan A: Death Only ☐
2. Plan B: Death + Permanent Total Disability + Permanent Partial Disability ☐
3. Plan C: Death + Permanent Total Disability + Permanent Partial Disability+ Temporary Total Disability ☐

Sum Insured Opted _____**BANK DETAILS****PAYMENT DETAILS**☐ Cheque ☐ Demand Draft ☐ Credit / Debit Card ☐ Online PaymentCheque / D.D # _____ Premium Amount: _____ Date:

Drawn To _____ Transaction Reference No: _____

IFSC / MICR Code: _____

Transaction Date: Bank and Branch Name: _____**REFUND / CLAIMS DETAILS**☐ Details as per premium cheque to be used for electronic fund transfer.☐ Cancelled cheque submitted of another bank.

Account number: _____

IFSC / MICR Code: _____

Bank Name: _____

Account Holder name: _____

Kshema Individual Personal Accident Policy

UIN: KSGPAIP25035V012425

Disclaimer: Kshema General Insurance Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

NOMINEE DETAILS

Name of Insured member	Name of the Nominee	Mobile No.	Relation with insured	Age: *(In case of Minor provide guardian Details)	Account No.	Email Id	Guardian Details

Insurance Period of this proposal:

PREVIOUS INSURANCE HISTORY

Period of Insurance	Name of the Insurance Company	Amount of Claim Received Details of claims.	Any reasons for Decline/Rejection/Loading

DECLARATION

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after receipt of full premium by the company.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. 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 _____

Kshema Individual Personal Accident Policy

UIN: KSGPAIP25035V012425

<p>6. "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. 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"</p> <p>7. Certified that the contents of the Proposal Form and documents have been fully explained to me and that I / we have fully understood the significance of the proposed insurance.</p>			
<p>Signature/ Thump Impression of Proposer / Insured</p>		<p>Date:</p>	<p>Place:</p>
<p>OFFICE PURPOSE ONLY</p>			
<p>Name:</p>	<p>Designation:</p>	<p>Employee ID</p>	<p>Loca tion:</p>
<p>Verification Date:</p>	<p>Signature of Officer:</p>		

NOTE: This Proposal Form is not proof of insurance unless the premium is realized by us & Policy is issued.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

The following is the copy of 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 of 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 3 [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 liable for a penalty which may extend to ten lakh rupees.