

Kshema Miscellaneous Vehicles Liability Only Policy

Proposal Form

FOR OFFICE USE ONLY

Intermediary Code:	<input type="text"/>	Intermediary Name:	<input type="text"/>
Intermediary Aadhar No:	<input type="text"/>	PAN No:	<input type="text"/>
Intermediary Email:	<input type="text"/>	Intermediary Contact No.:	<input type="text"/>
Business Vertical:	<input type="text"/>		

INSURED DETAILS

Type of Cover : ☐ Liability Only Policy Proposal for : ☐ Roll over ☐ Endorsement ☐ Renewal ☐ New

Policy Start Date: Time: AM: PM: Expiry Date: at mid night.

PROPOSER DETAILS (To be filled in BLOCK letters only)

Name of the Insured:	<input type="text"/>	Contact No:	<input type="text"/>
Permanent Address of the Insured:	<input type="text"/>		
Correspondence Address of the Insured:	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Nationality:	<input type="text"/>
Occupation:	<input type="text"/>		
Email:	<input type="text"/>	GSTIN:	<input type="text"/>
PAN No:	<input type="text"/>		
Aadhar No:	<input type="text"/>	Gender:	<input type="text"/>
Pin Code:	<input type="text"/>		

Please share the following for authentication purpose: Proof of Identity (POI) and Proof of Address (POA) [Tick whichever is applicable]

☐ PAN ☐ Ration Card ☐ Passport ☐ Driving License ☐ Voter ID Card ☐ Others (Please specify):

Are you an existing Kshema Customer, If Yes, please specify Kshema policy number:

LIMITATION AS TO USE:

1) Miscellaneous Vehicle: The policy covers use only under a valid and effective permit to ply on roads within the meaning of the Motor Vehicles Act,2019 and its amendments from time to time or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act,1988. The policy does not cover use for: a) Organised racing b) Pace Making c) Reliability trials d) Speed testing e) Carrying passengers other than employees of insured subject to seating capacity of vehicle f) driving the vehicle in violation of Driver clause.

DRIVERS CLAUSE:

Any person including insured: Provided that a person driving hold a valid and effective Driving Licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learners' Licence 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.

DISCLAIMER:

1. I / We have been explained to form, including the clause on consent to call, and i/we have signed the same after understanding and accepting the terms contained therein.
2. The Policy shall be void from inception if the premium payment is not realized. In the event of misrepresentation, fraud or nondisclosure of material fact, the Company reserves the right to cancel the Policy. The policy is issued basis the information provided by you, which is available with the Company. In case of discrepancy/non recording of relevant information in the policy, the insured is requested to bring the same to the notice of the Company within 15 days. This Policy is to be read in conjunction with the Policy wordings available on the www.kshema.co website of the Company. On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

VEHICLE DETAILS

Registration Number: RTO Location:

Invoice Date (For New Vehicle): Date of Registration:

Year of Manufacture: Vehicle Make / Model / Variant:

Engine Number: Chassis Number: Fuel Type:

Seating Capacity including driver: Cubic Capacity / Kilo Watts:

Colour of Vehicle: Type of body:

Whether the use of vehicle is limited to own premises?

Yes ☐ No ☐

Whether the vehicle is used for commercial purpose?

Yes ☐ No ☐

Whether the vehicle is used for driving tuitions?

Yes ☐ No ☐

Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel?

Yes ☐ No ☐

If 'YES', please give details:

RISK INCLUSION / EXCLUSION**APPOINTEE DETAILS (if nominee is a minor)**

Personal Accident Cover of Rs 15,00,000 for the Owner Driver.	Name of the Nominee	Relationship	Age	Name of Appointee*	Relationship to the Nominee

Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner- Driver is compulsory for individual vehicle owners)

I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as

☐ The Owner-Driver already has CPA cover on any of the Insured's other vehicles OR insured has a PA policy with minimum sum insured of Rs.15 lakhs.
Policy Number: Insurance Company: Policy Period: to
☐ The Owner Driver does not have an effective driving license.

Note: Where the owner driver owns more than one vehicle, compulsory PA cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lacs for Two-wheeler, Private Car and Commercial Vehicles. Compulsory PA Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.

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1. Do you wish to cover Personal Accident to Paid Driver , Yes ☐ No ☐
2. Do you wish to cover legal liability?
 - A. Paid Driver Yes ☐ No ☐ If Yes, no of persons
 - B. Passengers Excluding Liability for Accidents To Employees of The Insured Arising Out of and In Course Of Their Employment.
Yes ☐ No ☐ If Yes, No. of Persons
3. Do you wish to cover Indemnity to Hirer - Liability only Policy - Negligence of the Owner or Hirer. Yes ☐ No ☐
4. Do you wish to opt Mobile Cranes/Drilling Rigs/ Mobile Plants/Excavators/ Navvies/ Shovels/ Grabs/Rippers. Yes ☐ No ☐
5. Do you wish to opt Agricultural and Forestry Vehicles and Other Miscellaneous vehicles with Trailers attached - Extended Cover . Yes ☐ No ☐
6. Do you wish to opt Exclusion of Liability to the Public Working Risk (Except as required by the Motor Vehicle Act, 1988) Yes ☐ No ☐
7. Do you wish to opt Mobile Shops /Canteens and Mobile Surgeries/ Dispensaries. Yes ☐ No ☐
8. Do you wish to opt Exclusion of damage while in use as a Tool of Trade. Yes ☐ No ☐
9. Do you wish to opt Mobile Plant-Inclusion of Liability to the Public Working Risk Where Tool of Trade is used only for work Yes ☐ No ☐
performed in or upon the Vehicle or Trailer.
10. Do you wish to opt Mobile Plant - Inclusion of Liability to the Public Working Risk. Yes ☐ No ☐
11. Do you wish to restrict Third Party Property Damage of 7.5 Lakh for Misc-D Vehicle to the statutory TPPD liability limit of 6,000/- only? Yes ☐ No ☐

VEHICLE INSURANCE HISTORY

1. Name and Address of Previous Insurer:
2. Previous Policy Type*: ☐ Package Cover ☐ Liability only ☐ Others
3. Previous Policy Number:
4. Period of Insurance: to
5. Have you made any claim in the previous expiring policy? Yes ☐ No ☐
If yes, please provide details for 3 years (year, no. of claims, claim amount Rs.)
6. Whether the vehicle was new or second hand at the time of purchase: New ☐ Second Hand ☐
7. Will the vehicle be used exclusively for
 - i. Private, Social, Domestic, Pleasure Professional Purpose? Yes ☐ No ☐
 - ii. Carriage of goods other than sample or personal luggage? Yes ☐ No ☐
8. Is the vehicle is in good condition? Yes ☐ No ☐
If NO, please give details:

OTHER INFORMATION

1. Pick tick if extension of geographical area required. If yes, select the country
☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka.
2. Use of my vehicle is limited to own premise? Yes ☐ No ☐
3. Age and Date of Birth: Owner Driver:
4. I or my driver suffer from defective vision or hearing or any physical infirmity? Yes ☐ No ☐
If yes, please give details:
There is a previous history of driving offences (involved / convicted for causing any accident of loss) by me or my drivers: Yes ☐ No ☐
If yes, please give details:

Fitness No.											
Validity											
Authorization to driver											
RTA Name											
Driving License No.											
Permit No.											
Loss/cost											
Circumstances of Accident / claim											
Date of Accident Loss											
Driver's Name											

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BANK DETAILS

PAYMENT DETAILS

☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card ☐ Online Payment

Amount: Date : 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISCLAIMER:

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

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 the "Kshema General Insurance Ltd. "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 us immediately.

I/We hereby agree and confirm that this proposal is being considered subject to valid Pollution Under Control (PUC) Certificate/Fitness Certificate declared by me/us and/or disclosed to the Company's representative before the date of commencement of the risk and I/We further undertake to renew and maintain a valid and effective PUC throughout the duration of the Policy. I/ We agree and undertake to immediately inform the Company in case of change on account of addition of CNG/PNG kit and obtain necessary endorsement in the Policy.

"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 at 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"

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements.

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 would still want to receive a physical copy of the policy.

☐ I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

☐ I hereby declare that I have fully understood the contents of the proposal form and terms and conditions of the Policy in the language understood by me as explained by the sales representative /intermediary and that I have affixed the thumb impression / signature after fully understanding the contents thereof.

☐ "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 [insert mobile number] and email ID [insert email ID]."

AML DECLARATION

I / We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organization making the payment:

☐ Limited Company ☐ Government Organization ☐ Non-Government Organization (NGO) ☐ Society ☐ Trust ☐ Partnership
☐ International Organization ☐ Co-operatives ☐ Section 25 Company ☐ Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)? *

Yes ☐ No ☐

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization? *(only in case of an entity) Yes ☐ No ☐

"Non-profit organization "means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961),that is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act,2013 (18 of 2013)."

Place*: Date:

Signature/Thumb impression
of Proposer*

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr.: a Sum of Rs:

Through Cheque / DD:

Date: Time: AM: ☐ PM: ☐

Kshema General Insurance Limited Official /
Agent / Intermediary / Name

Place:

NOTE:

Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Kshema General Insurance Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Kshema General Insurance Company Limited and the policy Terms and Conditions of Liability Only Misc D and the Company shall have no liability to make any payment if premium is not received by Kshema General Insurance Limited in full and in time or is not realised. If a proposal is not accepted, Kshema General Insurance Limited will inform you and refund any payment received from you without interest.

STATUTORY WARNING:

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

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 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 punishable with fine, which may extend to Ten Lakhs Rupees.