

Kshema Passenger Carrying Vehicle Liability Only Policy

Proposal Form

| FOR OFFICE USE ONLY | | | | | |
|--|-------------------------|-------------------------------|--|--------------------|-------------------|
| Intermediary Code | Intermediary Name /Code | Intermediary Aadhar No/PAN No | Branch Code | Sales Manager Code | Business Vertical |
| | | | | | |
| INSURANCE DETAILS | | | | | |
| Type of Cover <input type="checkbox"/> Standard Liability Only Policy Proposal for <input type="checkbox"/> New <input type="checkbox"/> Endorsement <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover Policy Start Date: <input type="text"/> a.m. / p.m. Expiry Date: <input type="text"/> at mid night (To be filled in BLOCK letters only) Proposal No: | | | | | |
| PROPOSER/OWNER'S DETAILS: | | | | | |
| Name of the Insured: | | | Contact No: | | |
| Permanent Address of the Insured: | | | Correspondence Address of the Insured: | | |
| Date of Birth: | | | Nationality: | | |
| Occupation: | | | Email: | | |
| GSTIN: | | | PAN No: | | |
| Aadhar No: | | | Gender: | | |
| Pin Code: | | | | | |
| Please share the following for authentication purpose: | | | | | |

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UIN: IRDAN162RPMT0011V01202425

Proof of Identity (POI) and Proof of Address (POA) [Tick whichever is applicable]

PAN Ration Card Passport Driving Licence Voter ID Card

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

_____.

Drivers Clause: Persons or Class of Persons entitled to drive: Any person including the insured, provided that a person driving holds a duly valid and effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding a valid and effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 2022, as amended 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 <https://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 | |
| Seating Capacity including driver: | | Fuel Type | |
| Cubic Capacity / Kilo Watts | | Colour of Vehicle | |
| Type of body | | | |
| Max. licensed carrying capacity (no of passengers) in case of PCV: | | | |

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| | |
|--|--|
| Whether the use of vehicle is limited to own premises? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether the vehicle is used for commercial purpose? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether the vehicle is used for driving tuitions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel? If 'YES', please give details | Yes <input type="checkbox"/> No <input type="checkbox"/> |

RISK INCLUSION / EXCLUSION

| 1. *Personal Accident Cover of Rs 15,00,000 for the Owner Driver. | Nominee Name and Age* | Relationship* | Name of Appointee* (if nominee is a minor) | 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 does not have an effective driving license.

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 _____

(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.

| | |
|--|--|
| 2. Do you wish to cover Personal Accident Cover to Paid Drivers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Do you wish to Cover Personal Accident to Cleaner? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| | |
|--|--|
| 4. Do you wish to Cover Personal Accident to | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Do you wish to Cover Legal Liability to Paid Driver? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 6. Do you wish to Cover Legal Liability to Cleaner? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 7. Do you wish to Cover Legal Liability to Conductor? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 8. Do you wish to cover Legal Liability to Non fare paying passengers other than statutory liability? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 9. Do you wish to cover Legal Liability to Non fare paying passengers who are not employees of the insured? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 10. Do you wish to cover Legal Liability to Fare paying passengers who are not employees of the insured? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons <input type="checkbox"/> |
| 11. Do you wish to restrict Third Party Property Damage of `7.5 Lakh for Pvt Car to the statutory TPPD liability limit of `6,000/- only? | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> |

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| | |
|--|-----|
| 12. Do you wish to cover Personal Accident Cover to Paid Drivers, Cleaners and Conductors? | Yes |
| <input type="checkbox"/> No <input type="checkbox"/> | |
| 13. Do you wish to Cover Personal Accident to Cleaner? | Yes |
| <input type="checkbox"/> No <input type="checkbox"/> | |
| 14. Do you wish to cover legal liability? | |
| A. Paid Driver/Cleaner/Conductor <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, no of persons <input type="checkbox"/> | |
| B. Non fare paying passengers other than statutory liability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then No. of Passengers <input type="checkbox"/> | |
| C. Non fare paying passengers who are not employees of the insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then No. of Passengers <input type="checkbox"/> | |
| D. Fare paying passengers who are not employees of the insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, then No. of Passengers <input type="checkbox"/> | |
| 15. Do you wish to restrict Third Party Property Damage of `7.5 Lakh for Pvt Car to the statutory TPPD liability limit of `6,000/- only? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| VEHICLE INSURANCE HISTORY | |
| 1. Name and Address of Previous Insurer: <input style="width: 80%;" type="text"/> | |
| 2. Previous Policy Type*: <input type="checkbox"/> Package Cover <input type="checkbox"/> Liability only <input type="checkbox"/> Others | |
| 3. Previous Policy Number: <input style="width: 60%;" type="text"/> | |
| 4. Period of Insurance: <input type="text"/> to <input type="text"/> | |
| 5. Have you made any claim in the previous expiring policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide details for 3 years (year, no. of claims, claim amount Rs. <input style="width: 150px;" type="text"/> | |
| 6. Whether the vehicle was new or second hand at the time of purchase: New <input type="checkbox"/> Second Hand <input type="checkbox"/> | |
| 7. Will the vehicle be used exclusively for | |
| i. Private, Social, Domestic, Pleasure Professional Purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ii. Carriage of goods other than sample or personal luggage? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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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. Yes No If yes, then select Country

Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka.

2. Is the vehicle self-owned? Yes No

3. Is the vehicle used for Commercial purposes? Yes No

4. Is the vehicle used for driving tuition? Yes No

DETAILS OF DRIVER

1. Age and Date of Birth: Owner: years Driver (s): years

2. I or my driver suffer from defective vision or hearing or any physical infirmity? Yes

No

If yes, please give details:

3. 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.

| Driver's Name | Date of Accident Loss | Circumstances of Accident / claim | Loss / cost | Driving License Number | Authorization to driver | RTA Name & Validity | Permit Number | Fitness Number |
|---------------|-----------------------|-----------------------------------|-------------|------------------------|-------------------------|---------------------|---------------|----------------|
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BANK DETAILS

PAYMENT DETAILS

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UIN: IRDAN162RPMT0011V01202425

Cheque
 Demand Draft
 Credit / Debit Card
 Online Payment

Cheque / 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:

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

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.

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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 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].

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 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"

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 Organisation making the payment:

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

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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

Signature of Kshema General Insurance Limited Official / Intermediar

Kshema General Insurance Limited Official / Agent / Intermediary / Name

Date: Time: 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 Limited and the policy Terms and Conditions of Liability Only Private Car / Two Wheeler / GCV / PCV / 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)

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- 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.

kshema