

KSHEMA PASSENGER CARRYING VEHICLE PACKAGE POLICY

PROPOSAL FORM

FOR OFFICE USE ONLY

Intermediary Code	Intermediary Name	Intermediary Contact No.	Intermediary Aadhar/PAN No.

PROPOSER INFORMATION

Title: Mr/Ms/Mrs/Others Name*	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Insured Permanent Address*	
If Correspondence Address different from Permanent Address, please provide*	
Date of Birth*	
Nationality*	Indian <input type="checkbox"/> non-Indian <input type="checkbox"/> NRI <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>
Occupation	
Email	
Mobile No.	
GSTIN	
Annual Income	
PAN*	
Please share the following for authentication purpose:	Proof of Identity (POI) and Proof of Address (POA) [() Tick whichever is applicable] PAN <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID Card <input type="checkbox"/> <input type="checkbox"/> Others (Please specify):

INSURANCE DETAILS

Proposal for	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover <input type="checkbox"/> Endorsement <input type="checkbox"/>
Type of cover	Comprehensive <input type="checkbox"/> Act & Theft <input type="checkbox"/> Act, Theft and Fire <input type="checkbox"/> Theft and Fire <input type="checkbox"/>
Policy Period	From: Hrs of 00:01 A:M To: Midnight of 11:59 P:M

Limitation as to use: The Policy covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace making e) Speed testing f) Reliability Trials g) Use in connection with Motor Trade g) Use for carrying passengers in vehicles; except employees not exceeding the number permitted in the registration document and coming under the purview of Workmen's compensation Act 1923.

The Company shall have right to all the defenses as specified in Section 150 (2) of the Motor Vehicles Act 1988 and any subsequent amendment as applicable.

Driver's Clauses: 1) Stage Carriage/ Contract Carriage/ Private Service Vehicle 2) Goods Carriage 3) Non-Transport Vehicle. Persons or Classes of Person entitled to drive: Any person including the insured provided that a person driving holds an 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 an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989 and any subsequent amendment as applicable.

Disclaimer: I / We give my/our consent to receive information in respect of policy servicing, claim servicing, updates on my policy, updates on new and existing product, marketing or servicing my relationship with Kshema General Insurance Limited its group companies/associates or agents through Telephone/Mobile/SMS/e-Mail, etc.

Further, I/we understand that my/our consent to receive calls/communications shall be valid and shall prevail over my/our current or any subsequent registration of my/our number for the NDNC and shall continue to be treated as my/our consent/acceptance. (If you do not wish to accord your consent, please submit a Do Not Call (DNC) form along with this form.)

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.

VEHICLE DETAILS

Registration No	Registration Authority and RTO Location	Date of Registration	Vehicle Make/Model/Variant	Type of body	Cubic Capacity / kWh (in case of EV)
Year of Manufacture	Chassis Number	Type of Fuel/Engine	Colour of Vehicle	Seating Capacity	*No. of Wheels
For Accessories not included in Manufacturer's listed selling price	Gross Vehicle Weight (GVW) (for Goods Carrying Vehicle) / Cubic Capacity	Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)	Lease / Hire / Hypothecation (Name & address of concerned parties)	PUC Certificate	*Insured Declared Value of the Vehicle (in ₹)
*Non - Electrical Accessories fitted to the Vehicle (in ₹)	*Electrical & Electronic Accessories fitted to the Vehicle (in ₹)	*Trailer (in ₹)	*CNG/LPG Kit (in ₹)	*Total Value (in ₹)	

*Vehicle Usage:	Contract Carriage <input type="checkbox"/> Stage Carriage <input type="checkbox"/>
*Applicable if others:	Driving tuition <input type="checkbox"/> Confined to own premises <input type="checkbox"/> Towing purpose <input type="checkbox"/> Used for Foreign <input type="checkbox"/>

	Embassy/Consulate <input type="checkbox"/> Used by Corporates for their employees <input type="checkbox"/> Private purpose <input type="checkbox"/> Other purpose <input type="checkbox"/>			
*Vehicle Usage Sub Type:(if Contract Carriage)	School bus <input type="checkbox"/>	Employee pick up bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Others <input type="checkbox"/>
OPTIONAL ADD ONS				
1. Nil Depreciation	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Engine Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Return to Invoice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. NCB Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Additional Towing	Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Consumables	Yes <input type="checkbox"/> No <input type="checkbox"/>			
RISK INCLUSION / EXCLUSION				
1. *Personal Accident Cover of `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)				
<input type="checkbox"/> I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 15 lacs. Tenure _____ years <input type="text"/> to <input type="text"/>				
<input type="checkbox"/> The Vehicle to be insured is not owned by an individual.				
<input type="checkbox"/> The Owner Driver does not have an effective driving license.				
(Note: 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.)				
	Name	CSI Opted	Nominee Name*	Relationship
2. Do you wish to include Personal Accident cover for the Named Persons? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details mentioned aside:				
# The maximum CSI available per person is `2,00,000, each in multiples of `10,000				
3. Do you wish to restrict Third Party Property Damage of `7.5 Lakh to the statutory TPPD liability limit of `6,000/- only?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Do you wish to Cover Personal Accident cover to Paid Driver/Cleaner/Conductor?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Do you wish to Cover Legal Liability against				

a. Paid Driver/Cleaner/Conductor Employed in connection with the Operation of Insured Vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Non-Fare Paying Passengers Other Than Statutory Liability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details here
c. Non-Fare Paying Passengers Who Are Not Employees of the Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/> , If Yes, Please specify No. of Passengers
d. Fare Paying Passengers Excluding Liability for Accidents to Employees of the Insured Arising Out of and In the Course of Their Employment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify No. of Passengers
e. Paid Driver and/ or Conductor and/ or Cleaner Employed in Connection with The Operation of Motor Vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify No. of Passengers
7. Do you wish to cover lamps tyres / tubes, mudguards, bonnet/side parts, bumper, headlights & paint work of damage portion up to 50%?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you wish to cover against overturning (Applicable for mobile cranes, drill rigs, mobile plants, excavators, navies, shovels, grabs, rippers)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Whether extension of geographical area to the following countries required?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes to which countries Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka <input type="checkbox"/>
10. Do you wish to cover Accidents to Soldiers /Sailors/ Airmen Employed as Drivers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Is your vehicle for Specially Designed/Modified Vehicles for the Blind, Handicapped and Mentally Challenged Persons.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is Your Vehicle for your own Premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE INSURANCE HISTORY

1. Name and Address of Previous Insurer*	
2. Previous Policy Type*	Package Cover <input type="checkbox"/> Liability only <input type="checkbox"/> Others <input type="checkbox"/>
3. Previous Policy Number	
4. Existing bonus (%)	
5. Period of Insurance	From: Hrs of 00:01 A:M To: Midnight of 11:59 P:M
6. Have you made any claim in the previous expiring policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details for 3 years

7. Is the vehicle in good condition?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If No, please give full details	
8. Will the vehicle be used exclusively for			
i. Private, Social, Domestic, Pleasure and Professional purpose?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
ii. Carriage of goods other than samples or personal luggage?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. At the time of Purchase the vehicle was:		New <input type="checkbox"/> Second hand <input type="checkbox"/>	
10. Date of purchase of vehicle by the Proposer			
OTHER INFORMATION			
1. Type of road where vehicle would normally ply?		Hilly Road <input type="checkbox"/> National/State Highways <input type="checkbox"/> City - Town Road <input type="checkbox"/> District Road <input type="checkbox"/> Others <input type="checkbox"/>	
2. Whether the vehicle is fitted with fiber glass tank?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Nature of goods normally carried		Hazardous <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> If hazardous, give details of hazardous substance	
4. Whether the vehicle is limited to confined sites?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Vehicle Laid up value			
a. Vehicle Laid up Period			
b. Vehicle Laid up Start Date			
c. Vehicle Laid up End Date			
DETAILS OF DRIVER			
1. Age and Date of Birth		Owner Driver:	Driver(s)
2. I or my driver suffer from defective vision or hearing or any physical infirmity?		Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes please give details	
Driver's Name	Date of Accident Loss	Circumstances of Accident/claim	Loss/ cost
BANK DETAILS			
PAYMENT DETAILS		REFUND / CLAIMS DETAIL	

<p>Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment <input type="checkbox"/></p> <p>Cheque / D.D # _____ Premium Amount _____</p> <p>Drawn to _____</p> <p>Date <input type="text"/></p> <p>IFSC/MICR Code _____</p> <p>Bank and Branch Name _____</p> <p>For Credit/Debit Card _____</p> <p>Transaction Reference No: _____</p> <p>Transaction Date: _____</p>	<p><input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer.</p> <p><input type="checkbox"/> Cancelled cheque submitted of other bank</p> <p>Account Number: _____</p> <p>IFSC/MICR Code _____</p> <p>Bank Name: _____</p> <p>Account Holder name: _____</p> <p>Disclaimer: Kshema General Insurance Limited shall not be liable to anybody, in any manner, whatsoever if the online transaction does not complete .</p>
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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 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 insurers 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 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 / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed).I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section (II) I of the Policy will stand forfeited.

AML DECLARATION

I / We hereby confirm that all premiums have been/will be paid from Bonafede 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

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*

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.