

## Kshema Goods Carrying Vehicle Liability Only Policy

## Proposal Form

## FOR OFFICE USE ONLY

Intermediary Code	Intermediary Name	Intermediary Aadhar No/PAN No	Intermediary Contact No.	Intermediary Email	Business Vertical

## INSURANCE DETAILS

Type of Cover  Standard Liability Only Policy.

Proposal for  Roll over  Endorsement  Renewal  New

Policy Start Date: \_\_\_\_\_ a.m. / p.m.

Expiry Date: \_\_\_\_\_ at mid night.

(To be filled in BLOCK letters only)

## PROPOSER 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:

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) Goods Carrying 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 License at the time of accident and is not disqualified from holding or obtaining such a License. Provided also that the person holding an effective Learners’ License 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](http://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	
Seating Capacity including driver:		Fuel Type	
Cubic Capacity / Kilo Watts		Colour of Vehicle	
Type of body		Gross Vehicle Weight	
Whether the use of vehicle is limited to own premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the vehicle is used for commercial purpose?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the vehicle is used for driving tuitions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'YES', please give details			

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
<p>Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner- Driver is compulsory for individual vehicle owners)</p> <p>I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as</p> <p><input type="checkbox"/> The Owner Driver does not have an effective driving license.</p> <p><input type="checkbox"/> 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.</p> <p>Policy Number _____ Insurance Company _____</p> <p>Policy Period _____ to _____</p> <p>(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.</p>				
<p>1. Do you wish to cover Personal Accident to the Paid Drivers, Cleaners, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Do you wish to cover legal liability?</p> <p>A) Paid Driver/Cleaner <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of persons _____</p> <p>B) Non-Fare Paying Passengers other than Statutory Liability Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Number of Persons _____</p> <p>C) Non-Fare Paying Passengers Who are not Employees Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Number of Persons _____</p> <p>D) Persons Employed in connection with the operation and/ or maintaining and/ or loading and/ or unloading of Motor Vehicles Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, No. of Persons _____</p> <p>E) Under Workmen's Compensation Act, 1923 in respect of the carriage of more than six employees Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Number of Persons _____</p> <p>3. Do you wish to opt Private carriers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Do you wish to opt Exclusion of Liability to the Public Working Risk? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Do you wish to restrict Third Party Property Damage of 1 Lakh for Two-wheeler to the statutory TPPD liability limit of `6,000/- only? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				

**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: \_\_\_\_\_

5. Have you made any claim in the previous expiring policy?  Yes  No  
If Yes, Provide the Claim Details:

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.  
Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka.

2. Is the vehicle self-owned? Yes No

3. Use of my vehicle is limited to own premise? Yes No:

**DETAILS OF DRIVER**

1. Age: Owner Driver  years Paid Driver :  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	Permit Number	Driving License Number	RTA Name	Authorizat ion to driver	Validity	Fitness Number

**BANK DETAILS**

PAYMENT DETAILS

Cheque    Demand Draft    Credit/Debit Card    Online Payment Cheque/D.D#

\_\_\_\_\_ 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: \_\_\_\_\_

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 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.

"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"

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.

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 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 organization, 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

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 obliges 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.

