Kshema Two-Wheeler Package Policy

Proposal Form

INTERMEDIARY DETAILS			
Intermediary Name	Intermediary Code	Intermediary Address	Intermediary Contact No.

PROPOSER DETAILS		
Proposer's Name		
Proposal for	New☐ Renewal☐ Rollover☐ Endorsement☐	
Address for Correspondence		
Telephone & Fax Number	Mobile no:	
E-mail Address		
Bank Account No. (SB/ Current Account)	PAN No:	
HPA/Hypothecation		
Type of Cover	Package ☐ Act & Theft☐ Act & Fire☐ Act, Theft & Fire☐	
Period of Insurance	From Time_____ Date	To
Annual Income		
Gender & DOB		
DETAILS OF VEHICLE		
Engine No:		
Chassis No:		
Registration. No:		
Year of Make:		
Make& Model / Type of Body:		
Colour & Fuel Used:		
Cubic Capacity:		
Registering Authority - Name and location:		
PUC Certificate Details:		
VALUE OF THE VEHICLE		
Insured declared value:		
Invoice value:		
Electric / Electronic Accessories:		
Non-Electrical Accessories:		
Side Car/Trailer:		

LPG/CNG Kit:	
Total value:	
IDV:	
USAGE OF THE VEHICLE	
Purpose of Use: Details of Vehicle Parking: Details of Driver: Average km run in a year:	Trade/Professional/Pleasure/Business/others. Road/Compound/Covered/Uncovered Garage/others. Self/ Paid Driver/Relatives/Friends /others.
DISCOUNTS AND LOADING	
Are you a member of Automobile Association of India	Yes/No If yes, please State: 1. Name of Association: 2. Membership No: Date of Expiry:
Whether the vehicle is driven by non-conventional source	Yes/No If yes, please specify the details
Do you wish to opt cover for vehicles imported without customs duty	Yes/No
Do you wish to opt Compulsory deductible	Yes/No
Do you wish to opt Voluntary deductible	Yes/No
Do you wish to opt Reliability Trials and Rallies	Yes/No
Do you wish to opt Accidents to soldier's /sailor's/ airmen Employed as drivers	Yes/No
Do you wish to opt Loss of Accessories	Yes/No
Do you wish to opt Hired Vehicles – Driven by Hirer	Yes/No
Do you wish to opt Theft and conversion Risk	Yes/No
Do you have personal accident cover for owner cum driver (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.)	Yes/No If Yes, Provide the Nominee Details: Name of Nominee – Relation Ship with Insured – Name of Appointee (if Nominee is Minor) – Appointee Relation with Nominee –
Do you wish to cover PA for Unnamed Passengers other than insured and the Paid Driver and Cleaner	Yes/No if yes, provide the number of persons.

Do you wish to cover PA for Paid Drivers, Cleaners and Conductors	Yes/No if yes, provide the number of persons
Do you wish to cover PA for Unnamed Hirer and Unnamed Pillion Passengers	Yes/No if yes, provide the number of persons
Do you wish to cover Legal Liability: a) to Paid Driver and/or Conductor and/or Cleaner Employed in Connection. Yes/No If yes, Provide the Number of persons to be included b) to Employees of the Insured other than Paid Driver and/or Conductor and/or Cleaner. Yes/No If yes, Provide the Number of persons to be included	
ADDITIONAL COVERS REQUIRED	
Nil Depreciation	Yes/No
Roadside Assistance	Yes/No
Engine Protection Cover	Yes/No
NCB Protection Cover	Yes/No
Return to Invoice	Yes/No
OTHER DETAILS	
Whether use of vehicle is limited to own premises	Yes/No
Whether the vehicle belongs to foreign embassy	Yes/No
Whether the vehicle to subject to Hire/ Lease/ Hypothecation	Yes/No
Whether the vehicle is designed for use of blind/handicapped persons	Yes/No If yes, please specify the details of Endorsement by RTA
Whether the vehicle is used for Driving Tuitions	Yes/No
Whether extension of Geographical Area is required	Yes/No If yes, State the Name of the Country Nepal, Bangladesh, Bhutan, Maldives, Pakistan, Sri Lanka.
Whether the vehicle is limited to confined sites?	Yes/No
Previous Insurance Details	Policy Type: Policy No: Policy Period: Any Claim details:
Refund/Claim Details	Bank Name: Account Number: Account Holder Name: IFSC Code: Disclaimer: Kshema General Insurance Limited shall not be liable to anybody, in any manner, whatsoever if the online transaction does not complete.
Vehicle Laid up details: (This cover will give protection to your vehicle at any of the locations selected.)	

Vehicle Laid up period: _____Day(s) / Month(s) / Year(s) Vehicle laid up start & end date: _____ to _____.

DECLARATION BY THE INSURED

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 his declaration shall form the basis of the contract between me/us and the KSHEMA GENERAL INSURANCE LTD. I/We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately. I/we wish to confirm that there has been no accident to my/our vehicle since the last Policy Expiry Date till now. I/We confirm that I/We have remitted the premium at……on…… For the insurance of the above vehicle with you. It is understood and agreed that you have no liability or whatsoever nature for any Loss/Damage/Liability arising out of any accident earlier to ……..(time). I/We declare that the vehicle is in perfect state and roadworthy condition.

□ 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.

"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 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 Mr. Narendra Nadella 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"

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 OF THE PROPOSER

Declaration and Consent

Source Of Fund

Salary _____Business_____Others_____(In case of others, please specify)

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

CKYC No. _____

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 grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with kshema General Insurance Limited for the purpose of my insurance proposal.

3.Electronic-Insurance Account:

Do you want to open e-IA account: Yes /NO

If yes, please provide e-IA No. to deposit your insurance policy. E-IA No. _____

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 prospectuses or tables of the insurer as per Section 41 of Insurance Act 1938 – Prohibition of Rebates.

[Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

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.