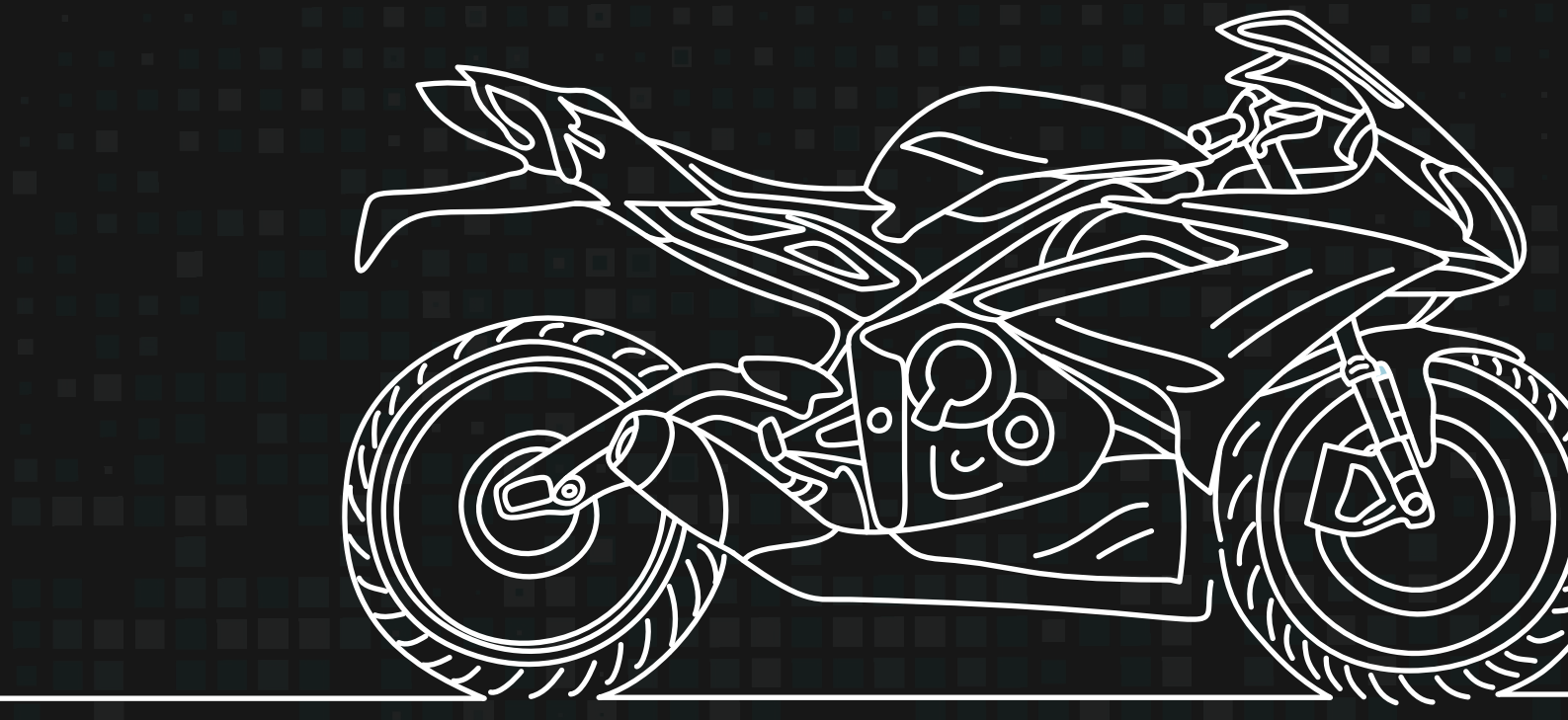
KIWI INSURANCE

Welcome <consumer name>

Your Kiwi Two-Wheeler Insurance Policy



KIWI INSURANCE

Kiwi General Insurance Limited

Get the Kiwi app

Dear {{First Name}},

Thank you for choosing Kiwi Insurance.

You have just placed your trust in a brand that is new. We do not take that lightly. So we wanted to take a moment to tell you who we are, what we have built, and how we will show up for you when it matters.

Your Peace, Our Policy.

Insurance should not be stressful. Kiwi was built from the ground up to make insurance simpler, calmer, and centred around you.

New brand. Not new to insurance.

Founded by industry veterans Neelesh Garg and Saurav Jaiswal, Kiwi brings decades of domain experience and a long-term commitment.

Built around you. Not the paperwork.

Your policy was built for you, with covers chosen for what actually goes wrong, not what sounds clever in a brochure.

To help you get to know us a little better, please take a quick moment to check out our company video.

When you ever need to claim, here is how it will feel.

4-step FNOL

Register claim under a minute on the app.

Dedicated Claims Specialist

A real person on your case from day 1.

Kiwi PayFirst

We pay you before you pay the garage.

Live Tracker

Know your claim status through the app.

Scan to access the Kiwi app

WEBSITE
www.kiwiinsurance.com

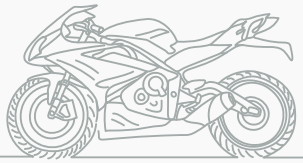
PHONE
1800-268-4444

Welcome to Kiwi.

Saurav Jaiswal
Co-Founder, MD & CEO (Designate)

Kiwi General Insurance Limited

Certificate of Insurance cum Policy Schedule (Form 51 of the Central Motor Vehicle Rules, 1989)



Policy Issue Date	Policy Valid Till
6 JUN '26	5 JUN '27

Policy Number	<<Policy Number>>	**PA Opted**	<<Yes/No>>	**Compulsory Deductible**	INR <<Amount>>
OD Policy Period	<<Date&Time-Date&Time>>	**PA Policy Period**	<<Date&Time-Date&Time>>	**Proposal Number**	<>
TP Policy Period	<<Date&Time-Date&Time>>	**PA Cover Opt Out reason**	<<Drop Down>>	**Financier Name**	<>
		NCB	<<%>>	**Loan Account Number**	<>
		Voluntary Deductible	INR <<Amount>>	**Geographical Area**	<<Country>>

YOUR DETAILS

Name	<< Name>>
Email	<<Email Id>>
Mobile No.	<<Mobile No>>

INTERMEDIARY DETAILS

Name	<< Name>>
Email	<<Email Id>>
Mobile No.	<<Mobile No>>
Intermediary Code	<<Intermediary Code>>
POSP PAN	<<POSP PAN>>

PREVIOUS INSURER DETAILS

Insurer	<<Name>>
Policy No.	<<Number>>
Policy Expiry	<<DD/MM/YYYY>>
Policy Type	<<Policy Type>>
NCB	<<NCB%>>

NOMINEE/APPOINTEE DETAILS

Name & Relationship	Type	Percentage of Nomination
<<Name>>	<<Nominee/Appointee>>	<<%>>

VEHICLE DETAILS

Make	<<Make>>
Model/Variant	<<Model/Variant>>
Registration No.	<<Registration No.>>
Registration Date	<<Registration Date>>
RTO Location	<<RTO Location>>
Fuel Type	<<Type>>
Engine Number	<<Eng No.>>
Chassis Number	<<15characters..>>
Engine Capacity/KW	<<CC>>

IDV DETAILS

Year	Year 1	Year 2	Year 3
Vehicle IDV	INR << Amount>>	INR << Amount>>	INR << Amount>>
Bi-fuel Kit (CNG/LPG)	INR << Amount>>	INR << Amount>>	INR << Amount>>
Electric Accessories IDV	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>
Non-Electric Accessories IDV	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>
Trailer IDV/Side Car IDV	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>
Total	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>

PREMIUM PAID

OWN DAMAGE (OD)

Basic OD Premium	INR<<Amount>>
Optional Covers Premium	INR<<Amount>>
Less OD Discounts	INR<<Amount>>
Less NCB	INR<<Amount>>
Total Own Damage Premium	**INR<<Amount>>**

LIABILITY TO THIRD PARTIES (TP)

Basic TP Premium	INR<<Amount>>
Optional Covers(s) Premium	**INR<<Amount>>**
<<Benefit>>	INR<<Amount>>
<<Benefit>>	INR<<Amount>>
<<Benefit>>	INR<<Amount>>
Less TP Discounts	**INR<<Amount>>**
<<Benefit>>	INR<<Amount>>
<<Benefit>>	INR<<Amount>>
Personal Accident Premium	INR<<Amount>>
Total TP Premium	**INR<<Amount>>**

Total Net Premium	Total Applicable taxes	Total Premium
INR<<Amount>>	INR<<Amount>>	INR<<Amount>>

BENEFITS OPTED

What Your Policy Covers	Limits
Loss Or Damage to The Vehicle (Own Damage)	Up to IDV Deductible: INR <Amount> - Driving Tuition <Declared>
Towing	INR 1,000 per event
Personal Accident Cover For Owner-Driver	INR 15,00,000 per year
Liability To Third Parties	Bodily Injury: Unlimited Property Damage: Up to INR <Amount>

Optional Benefits	Limits
Extension of Geographical Area (IMT 1)	Geographical Extensions to <area name>
Discount for membership of recognised automobile associations (IMT 8)	Opted & discount applied
Discount for vintage cars (Applicable to Private Cars only) (IMT 9)	Opted & discount applied
Vehicles laid up (Lay up period declared) (IMT 11 A)	No. of Days Declared_____
Vehicles laid up (Lay up period not declared) (IMT 11 B)	Opted

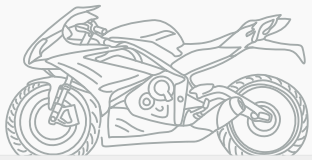
EXISTING LIABILITY ONLY POLICY POLICY DETAILS

Insurer Name	<<Insurer Name>>
Policy No.	<<Policy No. >>
Expiry Date	<<Expiry Date>>

Applicable only for SAOD

Kiwi General Insurance Limited

Certificate of Insurance cum Policy Schedule (Form 51 of the Central Motor Vehicle Rules, 1989)



NO CLAIM BONUS

NO CLAIM BONUS (NCB)

The Insured is entitled for a No Claim Bonus (NCB) on the Own Damage section of the policy, if no claim is made or pending during the preceding year(s), as follows:

- preceding year – 20%;
- preceding two consecutive years – 25%;
- preceding three consecutive years – 35%;
- preceding four consecutive years – 45%;
- preceding five consecutive years – 50%.
- NCB is allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

DECLARATION

The premium has been charged and the policy has been issued based on the <<No Claim Bonus/Super No Claim Bonus>> applicable to you. In the event the <<NCB>> is found to be incorrectly applied, the Company may revise the premium / recover the differential premium and apply policy terms as applicable. If there is any disagreement, write to us within 7 days from the date of issuance of policy or before the start date of period of insurance, whichever is earlier.

PROHIBITION OF REBATES (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 liable for a penalty which may extend to ten lakh rupees.

ANTI MONEY LAUNDERING (AML) DECLARATIONS

1. I/we hereby confirm that all premiums paid / payable in future will be from Bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

SPECIAL CONDITIONS

- **Pre-existing Damages:** All types of pre-existing damages or cost of repair of such damage will be excluded at the time of claim settlement. Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.
- **Cheque dishonour / Non-receipt of payment:** Where premium is paid through cheque, the policy is void ab-initio in case of dishonour of cheque or non-receipt of payment.
- **Violation of Motor Vehicles Act:** This policy is issued in accordance with the provisions of Chapter X and Chapter XI of the Motor Vehicles Act, 1988 and any subsequent amendment as applicable. The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.
- The policy is issued in utmost good faith, relying on the information shared by the insured at the time of obtaining the policy. The terms and conditions detailed in this policy schedule as well as the policy document sent by <<<<DigitalIssuerName>>>> shall prevail in case of any dispute. Wish to go through your detailed policy wordings: <<<<PolicyWordingLink>>>>
- **Paperless Policy Delivery:** We are delivering your policy digitally to your registered mobile number and email ID. An electronic policy is just as valid as a physical document. If you need a printed copy, please call our toll-free number.
- The insured/vehicle owner must hold a valid PUC and/or fitness certificate at policy start and ensure it remains valid throughout the policy period. The company reserves the right to take action in case of any discrepancy.

DRIVERS CLAUSE

Persons or classes of persons 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 Vehicles Rules, 1989.

LIMITATIONS AS TO USE

Use only for social, domestic and personal purposes and for the insured's business or profession. The Policy does not cover use for a. Hire or Reward, b. Tuition, c. Racing, d. Pace Making, e. Reliability Trial, f. Speed Testing, g. Carriage of goods (other than samples or personal luggage) h. Any purpose in connection with Motor Trade

STAMP DUTY

- Consolidated Stamp Duty paid INR <<Amount>> towards Insurance Policy Stamps via Order
- No <<Order no.>> LOA/CSD/536/YYYYY / (Validity Period <<DD/MM/YYYY>> to <<DD/MM/YYYY>>/5039 Date:- <<DD/MM/YYYY>> Dated <<YYYY-MM-DD>> 00:00:00 of General Stamps Office, Mumbai.
- Collection Details: _____ Receipt no: _____Receipt
- Date:_____
- P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.
- **Additional Detail :** Please refer the attached term sheet for the more information regarding the scope of cover, condition , warranties & other additional information related to your insurance

POLICY SERVICING OFFICE DETAILS: <<ADDRESS & CONTACT NO.>>

This policy is issued in accordance with the provisions of Chapter XI of the Motor Vehicles Act, 2019 and any subsequent amendment as applicable. The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.

Know more about your policy.

Authorized Signatory on behalf of
Kiwi General Insurance Ltd.

Website
www.kiwiinsurance.com

Phone
1800-268-4444

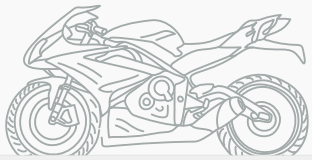
Email
claims@kiwiinsurance.com

Roadside Assistance
1800-268-1616

KIWI INSURANCE

Kiwi General Insurance Limited

Certificate of Insurance cum Policy Schedule (Form 51 of the Central Motor Vehicle Rules, 1989)



GST DETAILS

INSURER DETAILS	
Invoice Number	<<Invoice No.>>
Insurer GSTIN	<<GSTIN>>
Insurer Address	<<Address>>
Invoice Date	<<DD/MM/YYYY>>
State Code	<<State Code>>

INSURED DETAILS	
Name	<<Name>>
HSN Code	<<HSN Code>>
Address	<<Address>>
Product Name	<<Product name>>
GSTIN	<<GSTIN>>
State Code/Place of Supply	<<State>>, <<State Code>>

DESCRIPTION OF SERVICE	PREMIUM WITHOUT TAXES	CGST		SGST/UTGST		IGST	
		Rate	Amount	Rate	Amount	Rate	Amount
<Motor Insurance Service>	INR <Amt>						
	Total Invoice in Words						
	Total Invoice in Figures						
	Total Taxes Applicable						

- We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.
- Whether the tax is payable on reverse charge basis - No.

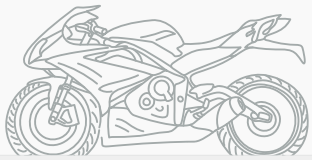
Authorized Signatory on behalf of Kiwi General Insurance Ltd.

<Authorized Signatory>
<Date>

KIWI INSURANCE

Kiwi General Insurance Limited

Certificate of Insurance cum Policy Schedule (Form 51 of the Central Motor Vehicle Rules, 1989)



PREMIUM RECIEPT

Receipt No.	<<Receipt No.>>	Receipt Date	<< Receipt Date & time>>
Mode of Payment	<<Mode of Payment>>	Amount	INR <<Amount>>
Received from	<<Received from>>	Amount in Words	INR <<Amount in Words>>
Branch Code	<<Branch Code>>	Branch Address	<<Branch Address>>

S.No	Payment ID	Amount
<<S.No>>	<<APPLICATION ID.>>	INR<<Amount>>

Revenue (consolidated) Stamp Duty duly paid vide challan No. LOA/ENF-1/CSD/194/2026/1600 / (Validity Period 30/04/2026 to 31/12/2026) Date:- 30/04/2026 of General Stamps Office, Mumbai.

Authorized Signatory on behalf of Kiwi General Insurance Ltd.

<Authorized Signatory>
<Date>