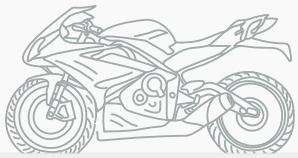
KIWI GENERAL INSURANCE

PROPOSAL FORM
KIWI TWO-WHEELER INSURANCE | UIN: IRDAN171RPMT0003V01202627



POLICY DETAILS

Policy Type
☐ Package ☐ Bundle ☐ SAOD

Business Type
☐ New ☐ Rollover ☐ Renewal
☐ Endorsement ☐ Used

Own Damage	
From	<<Date&Time>>
To the Midnight of	<<DD/MM/YYYY>>
Third Party	
From	<<Date&Time>>
To the Midnight of	<<DD/MM/YYYY>>
Personal Accident Opted	
Yes/No	<<Yes/No>>
Reason for Personal Accident Opt Out:	<<Insured has Standalone PA cover>=15L/Non Individual/No Valid DL>>
Personal Accident Cover	
From	<<Date&Time>>
To the Midnight of	<<DD/MM/YYYY>>

CUSTOMER DETAILS

Customer Is
☐ Individual ☐ Non-Individual

Customer is PEP?
☐ Yes ☐ No

Note: *Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials*

Company Name *(in case of Non-Individual)*	<<DD/MM/YYYY>>	PAN	<<PAN>>
Current Address *(in case of Non-Individual)*	<<DD/MM/YYYY>>	Email ID	<<Email ID>>
Title	<<Title>>	CKYC no.	<<CKYC no.>>
Name	<<Name>>	Bank A/c no	<<Bank A/c no>>
Gender	<<Gender>>	Bank Name	<<Bank Name>>
Nationality	<<Nationality>>	Bank IFSC code	<<Bank IFSC code>>
Current Address	<<Current Address>>	Bank Address	<<Bank Address>>
Mobile Number	<<Mobile Number>>	GSTIN	<<GSTIN>>

NOMINEE/APPOINTEE DETAILS

Name and Relationship	<<Name>>
Type	<<Appointee / Nominee>>
Date of Birth No.	<<DD/MM/YYYY>>
Percentage of Nomination	<<%>>
Mobile no.	<<Number>>
Email id	<<Email>>
Bank Details	
A/C No	<<A/C No>>
IFSC	<<IFSC>>
Branch	<<Branch>>
BankName	<<BankName>>

**Appointee will be valid where nominee is less than 18yrs of age*

INTERMEDIARY DETAILS

Name	<<Name>>
Mobile no.	<<Number>>
Email id	<<Email>>
Intermediary Code	<<Intermediary Code>>
POSP PAN	<<POSP PAN>>
POSP Aadhar	<<POSP Aadhar>>

EXISTING LIABILITY ONLY POLICY DETAILS (APPLICABLE ONLY FOR SAOD)

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

PREVIOUS INSURER DETAILS

Previous Insurer	<<Name>>
Previous Policy No.	<<Number>>
Previous Policy Expiry	<<DD/MM/YYYY)>>
Previous Policy Type	<<Policy Type>>
Previous NCB	<<NCB %>>
Any OD claim taken in previous policy:	<Yes / No ; If Yes, input number of claims>
No. of claims taken for OD Only:	<<No. of claims taken>>

VEHICLE DETAILS

Vehicle Number	<<Vehicle Number>>	Fuel Type	<<Fuel Type>>	Ownership change in the last 12 months?	☐ Yes ☐ No
Engine Number	<<Engine Number>>	Body Type	<<Body Type>>	If Yes, whether name change effected in expiring policy	☐ Yes ☐ No
Chassis Number	<<Chassis Number>>	Date of registration	<<DD/MM/YYYY>>	Ownership Serial Number	<<Ownership serial no.>>
Make	<<Make>>	RTO Location	<<RTO Location>>	Is the vehicle under:	☐ Hypothecation ☐ Lease agreement ☐ Hire purchase
Model / Variant	<<Model / Variant>>	Are you using the vehicle for Driving Tuitions?	☐ Yes ☐ No	Financier Name	<<Financier Name>>
Manufacturing Month and Year	<<Month & year>>	Colour of Vehicle	<<Colour>>	Loan Account No.	<<Loan Account No.>>
1st Purchase Date	<<DD/MM/YYYY>>	NCB Reserving	<<NCB Reserving>>		
Cubic capacity/ KW	<<Cubic capacity/ KW>>	Applied NCB	<<Applied NCB>>		
		Insured GSTIN	<<Insured GSTIN>>		

IDV DETAILS

Year	Year 1	Year 2	Year 3
Vehicle IDV	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>>
Side Car IDV	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>
Total	INR<<Amount>>	INR<<Amount>>	INR<<Amount>>

INSURED DECLARED VALUE CALCULATION SCHEDULE

Age of the Vehicle	% of Depreciation for Fixing IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note: *For obsolete vehicle models, vehicles over five years old or Insured requires a deviation, the IDV will be decided based on a mutually agreed percentage between the Insurer and the Insured.*

BENEFITS OPTED

Base Benefits	Limits
Loss Or Damage to The Vehicle (Own Damage)	Up to IDV Deductible: INR <Amount> Non Electrical Items: Opted with a limit of INR <> - Driving Tuition <Declared>
Towing	INR 1,000 per event
Sum Insured – Insured's Declared Value (IDV)	Up to IDV
Liability To Third Parties	Bodily Injury: Unlimited Property Damage: Up to INR <Amount>
Personal Accident Cover For Owner-Driver	INR 15,00,000 per year
Optional Benefits	**Limits**
Extension of Geographical Area (IMT 1)	Extension of Geographical Area (IMT 1)
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_____

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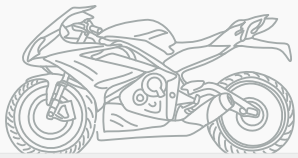

DECLARATION BY THE PROPOSER

- ☐ I / We declare that the information provided in this Proposal Form, including the attached documents, is true and correct to the best of my / our knowledge and belief, and that no material fact affecting the risk has been concealed. This declaration shall form the basis of the insurance contract with Kiwi Insurance.
- ☐ I / We declare that any addition, alteration or modification carried out in the vehicle or in any of the documents furnished or forming part of this Proposal Form during the currency of the policy shall be intimated to the Insurer immediately in writing, failing which the same shall be treated as a breach of the contract and my / our rights thereunder shall stand forfeited, irrespective of whether such change is material to the loss or liability.
- ☐ I / We declare that I / we will comply with the Motor Vehicles Act, 1988 and all rules and amendments made thereunder.
- ☐ I / We declare that the vehicle proposed for insurance has a valid PUC certificate and, where applicable, a valid Fitness Certificate on the date of policy issuance or renewal.
- ☐ I / We hereby declare that the No Claim Bonus (NCB) rate claimed by me/us is true and correct. I/We further undertake that, in the event this declaration is found to be incorrect, all benefits under Section 1 of the Policy shall stand forfeited.
- ☐ I / We hereby declare that I / we am / are willing to accept a policy of insurance issued by the Company in its usual form.
- ☐ I / We hereby declare and confirm that there is no other Package or Liability insurance policy currently in force or subsisting in respect of the vehicle proposed for insurance.
- ☐ I/We acknowledge that, for the purpose of underwriting and servicing the policy, the Company may need to share and verify the information provided by me/us with rating agencies, third parties, or service providers. I/We hereby authorize the Company to undertake such sharing and verification as required.
- ☐ I/We confirm that the proposal form and all related documents have been explained to the proposer in the language understood by the proposer. The proposer has confirmed that he/she has understood the contents, the questions asked, and the terms and conditions, and has agreed to abide by the same. I/We further confirm that the answers recorded are true and correct as stated by the proposer, and that any thumb impression/signature has been affixed after understanding the contents of the form. I/We understand that this declaration does not mean that the policy has been issued or that risk has been accepted by the Company.

I want to avail Policy in

☐ Physical ☐ Soft copy

Place	<<Place>>
Date & Time	<<Date & Time>>
LTI / Signature of proposer	<<LTI / Signature of Insurer>>
Name of witness with signature	<<Name of witness with signature>>

N.B.: I / We am / are affixing my / our signature(s) after having understood the above contents incorporated in this Proposal Form, which have been read over to me / us and are true and in accordance with my / our statements.

I want to pay by

☐ Cheque ☐ Credit/Debit Card ☐ Cash ☐ Others

VEHICLE INSPECTION REPORT – IN CASE OF BREAK IN INSURANCE (FOR OFFICE USE ONLY)

Vehicle Number	<<Vehicle Number>>
Engine & Chassis Number	<<Engine & Chassis Number>>
Odometer Reading	<<Odometer Reading>>
Place of Inspection	<<Place of Inspection>>
Condition of the vehicle and damages (if any)	<<Condition of the vehicle and damages>>
If any photograph/video available for reference, specify no. of photographs/videos	<<No. of photographs/videos>>
Signature of the inspection authority	<<signature>>
Place and Date and Time	<<Place date & time>>
Name & Designation	<<Name & Designation>>
Nominated underwriter signature with date and name	<<Nominated Underwriter Signature with date and name>>
Licence no.(Intermediary/Corporate Agent/Broker/Relationship Officer)	<<Licence No.>>
Name of the person & code	<<Engine & Chassis Number>>
Place & Date	<<Place & date>>
Signature of Agent	<<Signature of Agent>>

DECLARATION BY THE AGENT

- ☐ I, the Agent / Broker Qualified Person / Point of Sale Person, hereby declare that I have explained all the contents of this Proposal Form to the Proposer, including the nature and significance of the questions contained herein. I have also explained that the statements, information and responses furnished by the Proposer in this Proposal Form shall form the basis of the Contract of Insurance between the Company and the Proposer, subject to acceptance of this Proposal by the Company and issuance of the Policy. I further confirm that I have explained to the Proposer that in the event any statement, information or response contained in this Proposal Form, including any addendum(s), affidavit(s), statement(s) or submission(s) furnished or to be furnished, is found to be untrue or incorrect, the Company shall have the right to cancel the Policy at its discretion. I further clarify that this declaration does not constitute confirmation of issuance of the Policy or assumption of risk by the Company. I hereby confirm, to the best of my knowledge and belief, that there is no inconsistency, adverse habit or material fact affecting the underwriting of this Proposal, except as disclosed below: (To be filled only if any disclosure is required)

AML GUIDELINES

- ☐ I/We declare that all premiums paid or to be paid under this policy are from lawful sources and are commensurate with my/our income. I/We understand and agree that the Company may request documents to verify the source of funds and may cancel the policy if I/We are found guilty by a competent court under any applicable anti–money laundering laws in India.

INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES

No person shall, either directly or indirectly, offer or allow any rebate of the whole or part of the commission payable, or any rebate of the premium stated in the Policy, as an inducement to any person to take out, renew, or continue any insurance in respect of any kind of risk relating to life or property in India. Likewise, no person taking out, renewing, or continuing a Policy shall accept any such rebate, except as permitted in accordance with the published prospectus or tables of the insurer. Any person who fails to comply with the provisions of this section shall be liable to a penalty, which may extend up to Ten Lakh Rupees.

Website
www.kiwiinsurance.com

Phone
1800-268-4444

Email
claims@kiwiinsurance.com

Roadside Assistance
1800-268-1616