



KIWI GENERAL INSURANCE LIMITED

KIWI CAR INSURANCE

PROPOSAL FORM

POLICY DETAILS

Policy Type

Package Bundle SAOD

Business type:

New Rollover Renewal Endorsement Used

Own damage:

From: _____ To the Midnight of: _____

Third party:

From: _____ To the Midnight of: _____

Personal Accident Opted:

Reason for Personal Accident Opt Out:

Personal Accident Cover:

From: _____ To the Midnight of: _____

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):

Current address (in case of Non-Individual):

Title: _____ Name: _____ Gender: _____ Nationality: _____

Current address:

Mobile number:

PAN:

Email ID:

CKYC no.:

Bank A/c no:

Bank name:

Bank IFSC code:

Bank address:

GSTIN (if applicable):

NOMINEE/APPOINTEE DETAILS

Name and Relationship	Type	Date of Birth	Percentage of Nomination	Mobile no.	Email id	Address	Bank Details

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

INTERMEDIARY DETAILS

Name	
Email	
Mobile No.	
Intermediary Code	
POSP PAN	
POSP Aadhar	

PREVIOUS INSURER DETAILS

Previous Insurer	
Previous Policy No.	
Previous Policy Expiry	
Previous Policy Type	
Previous NCB	

Any OD claim taken in previous policy:

No. of claims taken for OD Only:

EXISTING LIABILITY ONLY POLICY DETAILS (APPLICABLE ONLY FOR SAOD)

Insurer Name	
Policy No.	
Expiry Date	

VEHICLE DETAILS

Vehicle number:

Engine number:

Chassis number:

Make:

Model / Variant:

Manufacturing month and year:

1st Purchase date:

Seating capacity:

Cubic capacity/ KW:

Fuel type:

Does your car have a fibre Glass Fuel Tank?

Yes No

Body type:

Date of registration:

RTO location:

Are you using the vehicle for Driving Tuitions?

Yes No

Colour of vehicle:

NCB Reserving:

Applied NCB/Super NCB:

Insured GSTIN:

Ownership change in the last 12 months?:

Yes No

If Yes, whether name change effected in expiring policy:

Yes No

Ownership serial number:

Is the vehicle under:

Hypothecation Lease agreement Hire purchase

Financier name:

Loan account no.:

IDV DETAILS

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

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)	INR <Amount> Deductible: INR <Amount> Non Electrical Items: Opted with a limit of INR <> Fibre Glass <Opted> Driving Tuition <Declared>
Towing	INR 3500 per event per year
Sum Insured – Insured’s Declared Value (IDV)	Up to IDV
Liability To Third Parties	Unlimited
Personal Accident Cover For Owner-Driver	INR 15,00,000 per year

Optional Benefits	Limits
Extension of Geographical Area (IMT 1)	Geographical Extension 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 11A)	No. of Days Declared _____
Vehicles laid up (Lay up period not declared) (IMT 11B)	Opted
Termination of the undeclared period of vehicle laid up (IMT 11C)	Removal of suspension as declared to RTO and updated in RC.
Discount for specially designed/modified vehicle for the blind, handicapped and mentally challenged persons (IMT 12)	Opted & discount applied
Use of Vehicle within Your own premises (IMT 13)	Opted & discount applied
Use of Vehicle Confined to sites (Applicable to Goods Carrying Vehicles) (IMT 14)	Opted
Personal Accident cover to You or any named person other than paid driver or cleaner (IMT 15)	INR _____
Personal Accident to Unnamed Passengers other than You and the Paid driver and Cleaner (IMT 16)	INR _____ per person for <u><no. of people></u> individuals
Personal Accident cover to paid drivers and cleaners (IMT 17)	INR _____ per person for <u><no. of people></u> individuals
Personal Accident to Unnamed Hirer/Pillion (IMT 18)	<Amount>
Cover for imported vehicles without customs duty (IMT 19)	Opted
Reduction in the limit of Liability for Property damage (IMT 20)	Restricted to INR 6000. Discount Applied.
Voluntary Deductible (IMT 22A)	Percentage of Claim amount: _____ % Over and above compulsory deductibles.
Electrical /Electronic fittings (Items fitted in the vehicle but not included in the manufacturer"s listed selling price of the vehicle) (IMT 24)	INR _____
CNG/LPG Kit in Bi-Fuel System (Own Damage cover for the kit) (IMT 25)	INR _____
Fire and/or Theft risks only (IMT 26)	Opted

Liability and Fire and/or Theft (IMT 27)	Opted
Legal Liability to paid driver and/or conductor and/or cleaner employed in connection with the operation of the insured vehicle (For all Classes of vehicles.) (IMT 28)	Opted
Trailers (IMT 30)	Opted
Reliability Trials and Rallies (IMT 31)	Opted
Accidents to Soldiers, Sailors, Airmen employed as drivers (IMT 32)	Opted
Commercial/Private Use Extension (IMT 34)	Opted
Hired Vehicles – Driven by Hirer (IMT 35)	Opted
Legal Liability to Non-Fare Paying Passengers other than Statutory Liability except the Fatal Accidents Act, 1855 (Commercial Vehicles only) (IMT 37)	Opted
Legal Liability to Non Fare Paying Passengers who are not employees of the Insured (Commercial Vehicles only) (IMT 37A)	Opted
Legal Liability to Fare Paying Passengers (IMT 38)	Opted
Legal Liability to persons employed in connection with the operation and/or maintaining and/or Loading and/or Unloading of Motor Vehicles. (For Goods Vehicle) (IMT 39)	Opted
Legal Liability under the Workmen"s Compensation Act, 1923 in respect of the carriage of more than six employees (Excluding the Driver) in goods carrying vehicles (IMT 39A)	Opted
Legal Liability to paid driver and/or Conductor and/or cleaner employed in connection with the operation of Motor vehicle. (For buses, taxis and motorized three/four wheelers under commercial vehicles tariff) (IMT 40)	Opted
Private Carriers (IMT 42)	Opted
Indemnity to Hirer (IMT 45)	Opted
Legal Liability to Passengers (Special Vehicles) (IMT 46)	Opted
Mobile Cranes/Drilling Rigs/ Mobile Plants/Excavators/ Navies/ Shovels/ Grabs/Rippers (IMT 47)	Opted
Extended Cover for Agricultural Trailers (IMT 48)	Opted
Exclusion of Liability to the Public Working Risk (Except as required by the Motor Vehicle Act, 1988) (IMT 49)	Opted
Mobile Shops /Canteens and Mobile Surgeries/ Dispensaries (IMT 51)	Opted



Exclusion of damage while in use as a Tool of Trade (IMT 52)	Opted
Mobile Plant-Inclusion of Liability to the Public Working Risk Where Tool of Trade is used only for work performed in or upon the Vehicle or Trailer (IMT 54)	Opted
Mobile Plant - Inclusion of Liability to the Public Working Risk (All Other Cases) (IMT 55)	Opted
Zero Depreciation Cover	Opted for <count of claim> per year.
Return to Invoice	Opted.
Repair Safeguard	Opted for 1 Claim in a year.
Personal Belongings Cover	Up to INR <_____> per year.
Emergency Travel & Stay	Up to INR <_____> per year.
Key Secure	Up to INR <_____> per year.
Engine Secure	Opted. Up to IDV
Tyre Secure	Up to 4 tyres per year.
Consumables Cover	Opted. Up to IDV
Towing Booster	Up to INR_____ per event.
Fuel Mix-Up Cover	Up to INR_____ per event for maximum 1 claims in a year.
InstaCash	INR_____ per day for a maximum of _____ days. in a year. Deductible of _____ days. Total Loss, Constructive Total Loss or Theft: INR_____ per day for a maximum of 15 days in a year. Deductible of _____ days.
Accident OPD Cover	Up to INR _____ per year.
Accident Hospital Cover	Up to INR _____ per year.
HospiCash	INR _____ per day of hospitalization. INR _____ per day of ICU hospitalization. For a maximum of ____ days per Claim. Deductible of _____ Days.
EV-Battery Secure	Up to IDV. Maximum 1 Claim per year.
Pay As You Drive	Opted for Upto _____ Kms in the Policy year.



Rim Secure	Up to IDV. For a maximum of 4 rims in a year.
Cyber Secure	Up to INR _____ Per Year.
Flexi Repair	Offered Up to INR _____ Per event.
EV Charger Secure	INR _____ per year for charger Repair & Replacement. INR _____ per event for Charging Expenses.
EV Charger-Liability Cover	Up to INR _____ Per Year.
EV Charger-Home Secure	Up to INR _____ Per Year.
Owner Driver Accident Cover Booster	INR _____ Per Year.
Passenger Accident Cover Booster	INR _____ Per Year per individual. For a maximum of _____ individuals as per seating capacity.
Re-Coat Cover	Up to INR _____ per year
Preferred Garage Cash	INR _____ per claim
Road Side Assistance	Opted.
Legal Assist	Up to INR _____ per year. Up to INR _____ per event for miscellaneous expenses.
Super NCB	Opted.
Non-electrical Accessories	Up to INR _____ per event.

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:

Date & Time:

LTI / Signature of proposer:

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 no:

Engine & chassis no:

Odometer reading:

Place of inspection:

Condition of the vehicle and damages (if any):

If any photograph/video available for reference, specify no. of photographs/videos:

Signature of the inspection authority:

Place and date and time:

Name & designation:

Nominated underwriter signature with date and name:

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)

Licence no.(Intermediary/Corporate Agent/Broker/Relationship Officer):

Name of the person & code:

Place & date:

Signature of agent:

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.