kotak General Insurance

v4

Kotak Car Secure
PROPOSAL FORM

KPCS

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document / Cover Note and subject to the receipt of the premium paid by the Company.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.
6. In case of any queries or any clarifications that you may require in respect of this Proposal Form, please contact the Company's offices, agents or broker.
7. In case of any overwriting or changes made in the proposal form, please counter sign on the relevant sections.

FOR OFFICE USE ONLY

Intermediary Code	PoS Person PAN /Aadhaar No.	SP Name/Code	Branch Code	Sales Manager Code	Quote No.*	Quote Date*	Intermediary Service RM	Intermediary Client Ref. No.	Intermediary Business Vertical	Intermediary Branch Code

PROPOSAL DETAILS

Proposal No: Proposal for* Renewal Rollover Endorsement Premium Amount:

Type of cover: Comprehensive Act & Theft Act, Theft and Fire Theft and Fire Act Only

Policy Start Date: D D M M Y Y Y Y a.m. / p.m.

Policy Expiry Date: D D M M Y Y Y Y at midnight

(TO be filled in BLOCK letters only)

Registration No.	Vehicle Make/Model/ Variant	Type of body	Cubic Capacity	Fuel Type
Year of Manufacture	Insured Declared Value (IDV)		Engine Number	Chassis Number

Additional risk (if any): Special conditions:

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:
2. Insured Permanent Address* (where vehicle is normally kept):

Address (Line 1): Address (Line 2):

City / District Pin Code: State Country

If Correspondence Address different from Permanent Address, please provide*:

3. Phone 4. Mobile* 5. Email id*

6. Gender* Male Female Others 7. Date of Birth* D D M M Y Y Y Y 8. Nationality

9. Marital Status Single Married Others 10. Occupation 11. Profession

12. PAN 13. GSTIN

14. Are you an existing Kotak Group Customer, If Yes, Please specify CRN / Kotak General Insurance Policy No

15. If existing Kotak Group Employee, Please specify Employee ID

Please fill the proposal form carefully and sign overleaf.

Proposal Date & Time: D D M M Y Y Y Y a.m. / p.m

Limitation as to use (Package Policy): The policy covers use of the vehicle for any purpose other than; Hire or reward, Carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails or any purpose in connection with Motor Trade.

Driver's Clauses: Any person including insured: Provided that a person driving hold an effective Driving Licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learners' Licence may also drive the Vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

Valid PUC: I/We hereby declare and confirm that the Vehicle to be insured has a valid Pollution Under Control (PUC) Certificate.

Disclaimer: I / W e give my/our consent to receive information in respect of policy servicing, claim servicing, updates on my policy, updates on new and existing product, marketing or servicing my relationship with Kotak Mahindra General Insurance Company Limited, its group companies/associates or agents through Telephone/Mobile/SMS/ e-Mail, etc. Further, i/we understand that my/our consent to receive calls/communications shall be valid and shall prevail over my/our current or any subsequent registration of my/our number for the NDNC and shall continue to be treated as my/our consent/acceptance. (If you do not wish to accord your consent, please submit a Do Not Call (DNC) form along with this form.)

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.

Table 1: Schedule of depreciation for arriving at IDV: The Insured's declared value (IDV) of the vehicle will be deemed to be the 'Sum insured' and it will be fixed at commencement of each policy period for each insured vehicle

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

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

VEHICLE DETAILS

Registration Authority and RTO Location	Date of Registration	CNG/LPG/Bi Fuel	Lease / Hire / Hypothecation (Name and address of concerned parties)	Color of Vehicle	Seating Capacity

Insured Declared Value (IDV)@of the Vehicle* (in ₹)	Non - Electrical$ Accessories fitted to the Vehicle* (in ₹)	Electrical & Electronic$ Accessories fitted to the Vehicle* (in ₹)	*Trailer (in ₹)	*CNG / LPG Kit$ (in ₹)	*Total Value (in ₹)

@ Refer to table 1 for depreciation for arriving at IDV $ (please attach bills)

OPTIONAL ADD-ON COVERS

1. ☐ Depreciation Cover#
2. ☐ Engine Protect
3. ☐ Return to Invoice
4. ☐ Consumables Cover
5. ☐ Road Side Assistance

If Depreciation cover is selected: Voluntary Deductible opted under the "Depreciation Cover", which would be applied over and above the Compulsory Deductible? ☐ Yes ☐ No

If yes, please state the amount ☐ ₹1,000 ☐ ₹ 2,000 ☐ ₹ 3,000

RISK INCLUSION / EXCLUSION

1. *Personal Accident Cover of ₹ 15,00,000 for the Owner Driver	***Nominee Name and Age**	*** Relationship**	***Name of Appointee (if nominee is a minor)**	**Relationship to the Nominee**

Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners)
I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as

☐ Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15 lacs Tenure____years D D M M Y Y Y Y to D D M M Y Y Y Y

☐ The Vehicle to be insured is not owned by an individual.

☐ The Owner Driver does not have an effective driving license.

(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.

2. Do you wish to include Personal Accident cover for the Named passenger? ☐ Yes ☐ No Please give details mentioned aside:	**Name**	**CSI Opted (₹) #**	***Nominee Name**	**Relationship**
3. Do you wish to include Personal Accident cover for the Un-named Passengers? ☐ Yes ☐ No If yes Please give details mentioned aside:			No. of Persons	C. S. I. (Per Person) #
			As per Seating Capacity	

The maximum CSI available per person is ₹ 2,00,000, each in multiples of ₹ 10,000

4. Do you wish to restrict Third Party Property Damage of ₹ 7.5 Lakh to the statutory TPPD liability limit of ₹ 6,000/- only? ☐ Yes ☐ No

5. Do you wish to cover legal liability? A) Paid Driver ☐ Yes ☐ Nolf yes, no. of persons

B) Other Employees ☐ Yes ☐ No If yes, no. of persons ☐ C) Unnamed Passengers ☐ Yes ☐ No If yes, no. of persons ☐

VEHICLE INSURANCE HISTORY

1. *Name and Address of Previous Insurer

2. *Previous Policy Type ☐ Package Cover ☐ Liability only ☐ Others 3. Previous Policy Number 4. Existing bonus %

5. Period of Insurance D D M M Y Y Y Y to D D M M Y Y Y Y 6. Have you made any claim in the previous expiring policy? Yes No

If yes, please provide details for 3 years (year, no. of claims, claim amount (Rs.)):

7. Is the vehicle in good condition? ☐ Yes ☐ No If No, please give full details:

8. Will the vehicle be used exclusively for i) Private, Social, Domestic, Pleasure and Professional purpose? ☐ Yes ☐ No

ii) Carriage of goods other than samples or personal luggage? ☐ Yes ☐ No

9. At the time of Purchase the vehicle was: ☐ New ☐ Second hand 10. Date of purchase of vehicle by the Proposer D D M M Y Y Y Y

OTHER INFORMATION

1. Pick tick if extension of geographical area required? ☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka
2. Is the vehicle fitted with fiber glass tank? ☐ Yes ☐ No
3. Is the vehicle self-owned? ☐ Yes ☐ No
4. The vehicle belongs to foreign embassy/consulate? ☐ Yes ☐ No
5. Use of my vehicle is limited to own premise? ☐ Yes ☐ No
6. Is the vehicle used for Commercial purposes? ☐ Yes ☐ No
7. Is the vehicle used for driving tuition? ☐ Yes ☐ No
8. The vehicle is designed for use of Blind / Handicapped / Mentally Challenged persons and duly endorsed as such by RTA? ☐ Yes ☐ No
9. Are you entitled to No Claim Bonus? ☐ Yes ☐ No, If yes, please submit proof thereof.
10. Are you a member of Automobile Association of India (AAI)? ☐ Yes ☐ No;
    If Yes: Association Name _____ Membership Number _____ Date of Expiry D D M M Y Y Y Y
11. Do you want Extension for Rally Cover? ☐ Yes ☐ No
12. Is the vehicle fitted with the any Anti-theft device approved by the ARAI? ☐ Yes ☐ No
13 *Do you wish to opt for voluntary deductible over and above the compulsory deductible? ☐ Yes ☐ No
    if yes, please state the amount: ☐ ₹ 2,500 ☐ ₹ 5,000 ☐ ₹ 7,500 ☐ ₹ 15,000
14. Is the car certified as Vintage car by Vintage and Classic Car Club of India? ☐ Yes ☐ No
15. Is the vehicle chauffer driven ☐ Yes ☐ No

Please provide any other information which may be relevant in effecting the proposed insurance cover (If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains)

DETAILS OF DRIVER:

1. Age and Date of Birth : Owner Driver: ☐☐ years D D M M Y Y Y Y Driver(s): ☐☐ years D D M M Y Y Y Y
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 ₹

Bank Details

PAYMENT DETAILS*	REFUND / CLAIMS DETAIL*
☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card ☐ Online Payment	☐ Details as per premium cheque to be used for electronic fund transfer;
Cheque / D.D # _____ Drawn Amount _____	☐ Cancelled cheque submitted of other bank
Drawn To _____	Account Number: _____ IFSC/MICR Code _____
Date D D M M Y Y Y Y IFSC/MICR Code _____	Bank Name: _____
Bank and Branch Name: _____	Account Holder name: _____
For Credit/Debit Card: _____	Disclaimer: Kotak Mahindra General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete
Transaction Reference No: _____ Transaction Date: _____	

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

Do you have an EIA Account	☐ Yes ☐ No
If Yes, please quote EIA Number	
Please mention name of Insurance Repository	
If No, do you want Us to create an EIA account for you	☐ Yes ☐ No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr. _____

sum of ₹ _____ Through Cheque/DD _____ against your proposal for Kotak Car Secure.

Signature of Kotak Mahindra General Insurance Company Limited Official / Intermediary _____

Date D D M M Y Y Y Y

Kotak Mahindra General Insurance Company Limited Official/Intermediary Name: _____

Time: ☐☐ : ☐☐ Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Kotak Mahindra General Insurance Company Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Kotak Mahindra General Insurance Company Limited and the policy Terms and Conditions of Kotak Car Secure and the Company shall have no liability to make any payment if premium is not received by Kotak Mahindra General Insurance Company Limited in full and in time, or is not realised. If a proposal is not accepted, Kotak Mahindra General Insurance Company Limited will inform you and refund any payment received from you without interest.

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 "Kotak Mahindra General Insurance Company 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 would like to protect and contribute in conserving the environment and help save paper by authorizing Kotak Mahindra General Insurance Company Limited to send all my policy and service related communication in soft copy to the email id as mentioned in the application form.

Place* _____ Date* _____ Signature/Thumb impression of Proposer*

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature/Thumb impression of Proposer

Place* _____ Date* _____ Signature of Intermediary/ Sales Person*

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

Place* _____ Date* _____ Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

STATUTORY WARNING

PROHIBITION OF REBATES (Under 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 punishable with fine, which may extend to ₹ 1,000,000/-

*Documents List (Please Tick)			*KYC DOCUMENTS ATTACHED (Please Tick)	
☐ Proposal Form	☐ GST Exemption	☐ Sale Deed	☐ Pan Card	☐ Telephone Bill
☐ List of Electronic Equipment	☐ NCB Reserving Letter	☐ RC Book	☐ Passport	☐ Ration Card
☐ Payment Advice/Instrument	☐ Renewal Notice / Policy Copy	☐ Fitness Certificate	☐ Aadhaar card	☐ Driving License
☐ Valuation Certificate	☐ Vehicle Inspection Report		☐ Voters Identity Card	☐ Electricity Bill

Kotak Mahindra General Insurance Company Ltd.
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