

Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies Proposal Form

KCPA

ZK - 24-25/v2

FOR OFFICE USE ONLY

Intermediary Code	PoS Person PAN	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.
Type of Cover Compulsory Personal Accident (Owner-Driver)
 Premium Amount

Type of Vehicle* Private Car Two Wheeler GCV PCV Misc D
 Proposal for* New Vehicle Endorsement Rollover Renewal

Policy Start Date a.m. / p.m.
 Expiry Date at midnight

(To be filled in BLOCK letters only)

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured*

2. Insured Permanent Address*

Address (Line 1)

Address (Line 2)

City / District Pin Code State Country

If Correspondence Address different from Permanent Address, please provide*

Address (Line 1)

Address (Line 2)

City / District Pin Code State Country

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

6. Gender* Male Female Others 7. Date of Birth* 8. Nationality* Indian Non-Indian NRI

9. Marital Status Single Married Others 10. GSTIN 11. Occupation 12. Profession

13. Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs >25 lacs

14. PAN* / Form 60 (only in case the customer does not have PAN No.) 15. CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN Ration Card Passport Driving Licence Voter ID Card Others (Please specify): _____

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

17. If existing Zurich / Kotak Group Employee, Please specify Employee ID Would you like to opt for soft copy of policy Yes No

Please fill the proposal form carefully and sign overleaf.

Proposal Date & Time: a.m. / p.m

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.

Disclaimer: I / We 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 Zurich Kotak General Insurance Company (India) 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.

VEHICLE / PUC / LICENCE DETAILS *

Vehicle Make	Registration Number
PUC Period - Start Date	End Date
License Number	Expiry Date

Pick tick if extension of geographical area required? Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

* Please use additional sheets in case the insured owns more than one vehicle.

RISK INCLUSION / EXCLUSION

1.*Personal Accident Cover of ₹15,00,000 for the Owner Driver. (GR 36A)

In case the sum insured opted for is less than ₹15 lacs, please provide following details.#	Existing PA Policy Number	Name of Insurer	Sum Insured	Policy Period

#In case the above mentioned details submitted and declared by the proposer is found to be incorrect, the benefits under the policy shall stand forfeited and the policy shall be void ab- initio.

NOMINEE DETAILS

Please provide the Nominee Details for the Policy.

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

BANK DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> Online Payment Cheque / D.D # <input type="text"/> Drawn Amount <input type="text"/> Drawn To <input type="text"/> Date <input type="text"/> DD MM YYYY IFSC / MICR Code <input type="text"/> Bank and Branch Name <input type="text"/> For Credit / Debit Card <input type="text"/> Transaction Reference No. <input type="text"/> Transaction Date <input type="text"/> DD MM YYYY	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number <input type="text"/> IFSC/MICR Code <input type="text"/> Bank Name <input type="text"/> Account Holder name <input type="text"/> Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete .

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

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (to be 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. a Sum of ₹

Through Cheque / DD against your proposal for Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

Date DD MM YYYY

Zurich Kotak General Insurance Company (India) Limited Official / Agent / 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 Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies. and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) 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 "Zurich Kotak General Insurance Company (India) Limited" 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 hereby agree and confirm that this proposal is being considered subject to valid Pollution Under Control (PUC) Certificate/Fitness Certificate declared by me/us and/or disclosed to the Company's representative before the date of commencement of the risk and I/We further undertake to renew and maintain a valid and effective PUC throughout the duration of the Policy. I/We agree and undertake to immediately inform the Company in case of change on account of addition of CNG/PNG kit and obtain necessary endorsement in the Policy.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory/policy servicing requirements. 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 hereby declare that I am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

AML DECLARATION

I / We hereby confirm that all premiums have been/will be paid from bonafide 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/Thumb impression of Proposer*

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 Ten Lakhs Rupees.

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

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