ZURICH kotak
General Insurance

ZK - 24-25/v2

Private Car - Proposal Form

PCS

FOR OFFICE USE ONLY

Intermediary Code	PoS Person PAN	SP Name/Code	Branch Code	Sales Manager Code

PROPOSER INFORMATION

Title: Mr/Ms/Mrs/Others Name* Gender ☐ Male ☐ Female ☐ Others

Insured Permanent Address* (where vehicle is normally kept)

If Correspondence Address different from Permanent Address, please provide*

Date of Birth* Nationality* ☐ Indian ☐ Non-Indian ☐ NRI Marital Status ☐ Single ☐ Married ☐ Others

Occupation Profession Mobile No.* Email

GSTIN

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

PAN* / Form 60 (only in case the customer does not have PAN No.) 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): _____

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

Are you an existing Kotak Group customer? ☐ Yes ☐ No If Yes, Please specify CRN / Zurich Kotak General Insurance Policy No.

PROPOSAL DETAILS

Proposal for: ☐ New ☐ Renewal ☐ Rollover ☐ Endorsement **Type of cover:** ☐ Comprehensive ☐ Act & Theft ☐ Act, Theft and Fire ☐ Theft and Fire ☐ Act Only ☐ OD Only

Product Name (Please choose one) ☐ Car Secure ☐ Car Secure-Bundled ☐ Car Secure-OD Only

Policy Start Date **Policy End Date (for Own Damage Section)** At midnight

Policy End Date (for Third Party Liability Section) At midnight (Not applicable for OD only policy)

Policy End Date (for Compulsory PA Section) At midnight (Not applicable for OD only policy) **Total Premium**

Limitation as to use (Package Policy): The policy covers use of the vehicle for any purpose other than: (a) Hire or reward (b) Carriage of goods (other than samples or personal luggage) (c) Organized racing (d) Pace making (e) Speed testing (f) Reliability trails (g) Use in connection with Motor Trade.

Note: In case of vehicles used for Driving Tuition the words "other than for the purpose of driving tuition" to be read after the words hire or reward.

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 DETAILS

Registration No.	Invoice Date for New Vehicle	Registration Authority and RTO Location	Date of Registration	Vehicle Make/Model/ Variant	Type of body	Cubic Capacity / kWh (in case of EV)

Year of Manufacture	Engine Number	Chassis Number	Fuel Type	CNG/LPG/Bi Fuel	Color of Vehicle	Seating Capacity

*Insured Declared Value[@] 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

☐ Lease ☐ Hire ☐ Hypothecation (Name and address of concerned parties)

Additional risk (if any) Special conditions

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

OPTIONAL ADD ONS

Please specify the details of Add-ons you wish to opt for

Depreciation Cover (if opted) - No. of claims (applicable only for Car Secure) ☐ 2 ☐ 3 ☐ >3 ☐ Any other option

Voluntary Deductible if any under Depreciation Cover ☐ ₹1000 ☐ ₹2000 ☐ ₹3000 ☐ NA

THIRD PARTY (TP) POLICY DETAILS (MANDATORY FOR CAR SECURE - OD ONLY)

Name of Insurer | Policy No. | Policy Start Date | Policy End Date

The Proposer hereby declares and undertakes that above information in respect to Third Party Insurance is true and correct. And in case the above information is found to be incorrect, all benefits under the policy shall stand forfeited and this policy shall be void ab-initio. Customer needs to ensure a valid TP cover at all times

RISK INCLUSION / EXCLUSION (NOT APPLICABLE FOR CAR SECURE- OD ONLY)

1. *Personal Accident Cover of ₹15,00,000 for the Owner Driver [GR (36A)] ☐ Yes ☐ No

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 ☐ to ☐

☐ The Vehicle to be insured is not owned by an individual. ☐ The Owner Driver does not have an effective driving license.

(**Note:** 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? (IMT 15) ☐ 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? (IMT 16) ☐ 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/ Cleaner/ Conductor (IMT 28) ☐ Yes ☐ No If yes, no. of persons

B) Other Employees (IMT 29) ☐ Yes ☐ No If yes, no. of persons ☐

NOMINEE DETAILS

Please provide the Nominee Details for the Policy / CPA Cover (if opted)

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.

VEHICLE INSURANCE HISTORY [(FOR CAR SECURE (1+1) / (NON- NEW CARS) / CAR SECURE - OD ONLY]

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 ☐ to ☐ 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 (₹) ☐ 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 ☐

OTHER INFORMATION (PLEASE MENTION YES/ NO)

Is extension of geographical area required? (Bangladesh /Bhutan /Maldives / Nepal / Pakistan / Sri Lanka)	☐ Yes ☐ No	*Are you entitled to No Claim Bonus? If yes, please submit proof thereof.	☐ Yes ☐ No
Is the vehicle fitted with fiber glass tank	☐ Yes ☐ No	Do you want Extension for Rally Cover?	☐ Yes ☐ No
Is the vehicle self-owned?	☐ Yes ☐ No	Is the vehicle fitted with the any Anti-theft device approved by the ARAI?	☐ Yes ☐ No
The vehicle belongs to foreign embassy/consulate?	☐ Yes ☐ No	*Do you wish to opt for voluntary deductible over and above compulsory deductible? if yes, please state the amount: ₹2,500 /₹5,000 /₹2,700 /₹5,200/ ₹7,500/ ₹15,000	☐ Yes ☐ No
Use of my vehicle is limited to own premise?	☐ Yes ☐ No		
Is the vehicle used for Commercial purposes?	☐ Yes ☐ No		
Is the vehicle used for driving tuition?	☐ Yes ☐ No	Is the car certified as Vintage car by Vintage and Classic Car Club of India?	☐ Yes ☐ No
The vehicle is designed for use of Blind / Handicapped / Mentally Challenged persons and duly endorsed as such by RTA?	☐ Yes ☐ No	Is the vehicle chauffer driven	☐ Yes ☐ No
Are you a member of Automobile Association of India (AAI)? If Yes: please provide: ☐ Yes ☐ No	Association Name ☐ Membership Number ☐	Date of Expiry ☐	

DETAILS OF DRIVER

1. Age and Date of Birth: Owner Driver: ☐ years DD/MM/YYYY Driver(s): ☐ years DD/MM/YYYY
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 IFSC/MICR Code	Bank Name:
Bank and Branch Name	Account Holder name:
For Credit/Debit Card	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 .
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	
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 (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.	

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.

☐ I hereby give my consent to download the Zurich Kotak Meter - Mobile App provided by the Company which will track and transmit information about the status of the insurance coverage (for Own Damage Section (Section I coverage against 6, 7 & 9)) along with the location information. (Applicable in case proposer has opted for the Meter (Switch On/ Switch Off) Add-on Cover)

***I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the Policy will stand forfeited.**

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.

Zurich Kotak General Insurance Company (India) Limited
(Formerly known as Kotak Mahindra General Insurance Company Limited)
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