

ZK - 24-25/v2

## Liability Only Policy - Proposal Form

LOP

**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

**LIABILITY ONLY - PROPOSAL FORM**

**Proposal No.** 
**Type of cover**  Liability Only Policy
 **Premium Amount**

**Type of Vehicle\***  Private Car  Two Wheeler  GCV  PCV  Misc D
 **Proposal for\***  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**

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.

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.

**PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938):**

- 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.
- 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)	
<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

**VEHICLE DETAILS**

Registration No.	Invoice Date (For New Vehicle)	Vehicle Make / Model / Variant	Type of body	Cubic Capacity / kWh (in case of EV)
Year of Manufacture	Engine Number	Chassis Number	Fuel Type	Color of Vehicle
Registration Authority and RTO Location	Date of Registration	CNG / LPG / Bi Fuel	Lease / Hire / Hypothecation (Name and address of concerned parties)	Seating Capacity
<b>Gross Vehicle Weight (GVW)</b>		<b>Max. licensed carrying capacity (no of passengers) in case of PCV</b>		

## RISK INCLUSION / EXCLUSION

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: 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? (IMT 15)* <input type="checkbox"/> Yes <input type="checkbox"/> 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)* <input type="checkbox"/> Yes <input type="checkbox"/> 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, in case of Pvt Cars / Commercial Vehicles and 1,00,000 in case of Motorised Two wheelers each in multiples of ₹10,000

4. Do you wish to restrict Third Party Property Damage of ₹7.5 Lakh for Pvt Car / Commercial Vehicle and 1 Lakh for Two wheeler 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

\*valid for Private Car and Two Wheeler only.

## 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

1. Name and Address of Previous Insurer\*

2. Previous Policy Type\*  Package Cover  Liability only  Others

3. Previous Policy Number

4. Period of Insurance  to

5. 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 (₹)

## OTHER INFORMATION

1. Pick tick if extension of geographical area required? (IMT 1)  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 there of.

10. Are you a member of Automobile Association of India (AAI)?  Yes  No

If Yes: Association Name  Membership Number  Date of Expiry

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

**DETAILS OF DRIVER:**

1. Age and Date of Birth : Owner Driver:   years         Driver (s):   years
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
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	<input type="text"/>
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)	<input type="text"/>
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 Liability Only  Private Car /  Two Wheeler /  GCV /  PCV /  Misc D

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

Date

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 Liability Only  Private Car /  Two Wheeler /  GCV /  PCV /  Misc D 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.

Liability Only (Private Car) UIN: IRDAN152RP0001V02201516; Liability Only (Two Wheeler) UIN: IRDAN152RP0002V02201516;

Liability Only (Goods Carrying Vehicle) UIN: IRDAN152RP0003V02201516; Liability only (Passenger Carrying Vehicle) UIN: IRDAN152RP0004V02201516; Liability Only (Misc D) UIN: IRDAN152RP0005V02201516;

Long Term Two Wheeler Secure (Liability Only) UIN: KMG-MT-P17-41-V03-16-17

Zurich Kotak General Insurance Company (India) Limited

(Formerly known as Kotak Mahindra General Insurance Company Limited)

CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com