

# PROPOSAL FORM

## TWO WHEELER INSURANCE POLICY – PACKAGE

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications in the proposal form.

To be filled in BLOCK LETTERS ONLY

### BUSINESS TYPE

☐ New: ☐ Roll over ☐ Endorsement

### FOR OFFICE USE

Agreement Code:  Agreement Name:   
RM Code:  Secondary RM Code:  SP Code:   
Inspection Lead No.:  Inward No.:   
Quote No.:  Receipt No.:  Receipt Date:   
Business Sector: ☐ Urban ☐ Rural ☐ Social Customer Segment: ☐ Retail ☐ SME ☐ Corporate Broking ☐ Others

### PROPOSER'S DETAILS

If you have an existing relationship with SBI General Insurance then please provide Customer ID / Policy Number :

Title:  Name:   
Gender: ☐ Male ☐ Female ☐ Third Gender Date of Birth:  Contact No.:   
Mobile No.:  Email ID:  Aadhaar Card No.:   
PAN Card Details/ Form 60:  GSTIN/ISDN:  IF APPLICABLE  
Occupation of the Insured:   
Address of the Proposer: House No.:  Block:  Building:   
Locality:  Street:  City:   
State:  PIN Code:  Country:

### VEHICLE DETAILS

Vehicle Registration No.:  Month & Mfg. Year:   
Vehicle Make, Model & Variant:   
Engine No.:  Chassis No.:   
Fuel Type:  Seating Capacity:  Body Type:   
First Purchase / Registration Date:  RTO City:  RTO Location:   
RTO State:  Colour of the vehicle:  Usage of vehicle: Business ☐ Private ☐  
Parking Type: Garage ☐ Public Road ☐ Within Compound ☐ Vehicle Modification: Yes ☐ No ☐ If Yes, provide details \_\_\_\_\_  
Is the vehicle proposed for insurance under: Hypothecation ☐ Hire Purchase ☐ Lease ☐ Side Car Attached Yes ☐ No ☐ If Yes - \_\_\_\_\_ (Sum Insured)  
Financial Institution's Name:   
Loan Account Number:   
Branch Address:

### VEHICLE INSURANCE HISTORY

Previous Insurer's Name:   
Previous Insurer's Address:  PIN Code:   
Previous Policy Number:  Previous Policy Type:   
Previous Policy Period:  Previous Policy expiry date:   
Previous Policy Type: Comprehensive ☐ Liability ☐ Stand-alone Od ☐ Bundled ☐  
Are you entitled to no claim bonus? Yes ☐ No ☐ NCB % On Expiring Policy:   
Have you made any claim in expiring Policy? Yes ☐ No ☐

Please provide the details of claims reported in the past 5 years

Years	1	2	3	4	5
No. of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount (₹)					

Active Liability Policy No.:  Active Liability Policy Period:

Active Liability Only Policy insurer's name:

a. Declined the proposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	b. Cancelled the policy or refused to renew	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Required an increase of premium	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	d. Imposed special conditions or excess	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## DRIVER's DETAILS

Driver's Age:	D	D	M	M	Y	Y	Y	Y	Driving experience in years:			If yes please provide details of such infirmity:_____							
Does the driver suffer from defective vision or hearing or any physical infirmity									Yes	No									
Has the driver been involved /convicted for causing accident?									Yes	No	If yes please provide details:_____								
Driver's name:											Date of accident:	D	D	M	M	Y	Y	Y	Y
Circumstances of accident/claim:											Loss/Cost:								

## PROPOSED PERIOD OF INSURANCE

OD	FROM:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M	DATE:	D	D	M	M	Y	Y	Y	Y
TP	FROM:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M	DATE:	D	D	M	M	Y	Y	Y	Y
PA	FROM:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M	DATE:	D	D	M	M	Y	Y	Y	Y

PROPOSED COVER TYPE
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BUNDLED ☐ STAND-ALONE OD ☐ COMPREHENSIVE ☐ If only Standalone cover is opted

## INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

Age of the Vehicle	% of Depreciation
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%

Age of the Vehicle	% of Depreciation
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%

Vehicle Insured Declared Value R	Electrical accessories R	Non-electrical Accessories R	Side car	<input type="checkbox"/> CNG <input type="checkbox"/> LPG Kit ₹ (not provided by the manufacturer)	Total IDV ₹.
(A)	(B)	(C)	(D)	(E)	(A+B+C+D+E)

## OTHER VEHICLE / COVERAGE INFORMATION

At the time of purchase the vehicle was: New ☐ Used ☐

The vehicle is in good condition\*: Yes ☐ No ☐ If 'No' Please Give Full Details \_\_\_\_\_

The vehicle is used for driving tuition Yes ☐ No ☐ Use Of My Vehicle Is Limited To Own Premises Yes ☐ No ☐

The vehicle belongs to foreign embassy/consulate Yes ☐ No ☐

The vehicle is designed for use of blind/ handicapped/ mentally challenged person and duly endorsed as such by RTO Yes ☐ No ☐

Are you a member of the automobile association of India: Yes ☐ No ☐

If yes, association's name: \_\_\_\_\_

If yes, association's name: \_\_\_\_\_

Membership No.: 

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 Membership Expiry Date: 

D	D	M	M	Y	Y	Y	Y
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Is the vehicle fitted with any anti-theft device approved by the ARAI	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
whether vehicle is used for commercial purpose?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
whether extension of geographical area required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, state the name of the countries _____				

Whether the vehicle is driven by non-conventional source of power Yes ☐ No ☐

If yes, CNG, LPG, Bi-Fuel electric If yes, please give details \_\_\_\_\_

Whether the vehicle is fitted with fibre glass tank	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wish to Opt for voluntary deductible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you wish to Opt for voluntary deductible Yes ☐ No ☐

If yes, tick amount you wish to Opt for ₹500 ☐ ₹750 ☐ ₹1000 ☐ ₹1500 ☐ ₹3000

Restrict third party property damage cover limit to ₹6000/-	Yes	No	
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### OTHER OPTIONAL COVERS

Legal liability to paid driver Yes ☐ No ☐ If yes, No. of drivers  Legal liability to employees Yes ☐ No ☐ If yes, No. of employees

PA owner driver cover Yes ☐ No ☐

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## PERSONAL ACCIDENT COVER

If selected as yes - nominee's Name:

Relationship with owner:

Name of appointee:

PA to pillion rider Yes ☐ No ☐

Sum insured:  No. of persons

Date of birth:

Appointee's relationship:

## OPTIONAL ADD-ON COVERS

Depreciation reimbursement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Engine guard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Protection of NCB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Return to invoice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basic roadside assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tyre & Rim guard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Helmet protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of accessories	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes Sum insured

## DOCUMENTS LIST (Please Tick ✓)

<input type="checkbox"/> Payment Advice/Instrument	<input type="checkbox"/> Renewal Notice / Policy Copy	<input type="checkbox"/> NCB Reserving Declaration Letter	<input type="checkbox"/> RC Book	<input type="checkbox"/> Driving Licence
<input type="checkbox"/> Vehicle Inspection Report	<input type="checkbox"/> Sale Deed	<input type="checkbox"/> List of Electrical/Non-electrical Accessories	<input type="checkbox"/> Valuation Certificate	

## KYC DOCUMENTS ATTACHED (\*Must in case of annual premium in Cash/DD ₹ 50,000 and above & for Cheque ₹ 100,000 and above)

<input type="checkbox"/> PAN Card*	<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Aadhaar Card
<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill	

## PAYMENT DETAILS ☐ CHEQUE ☐ DD ☐ EFT ☐ DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

Please draw your cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Instrument No.: <input type="text"/>	Amount: <input type="text"/>	Date: <input type="text"/>
Bank Name: <input type="text"/>	Branch: <input type="text"/>	
Bank account No.: <input type="text"/>	IFSC Code: <input type="text"/>	

## DECLARATION BY PROPOSER

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a Policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or non-disclosure/concealing of any material particulars by me/us. My/Our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us.
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with SBI General Insurance for specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:  Place:  Signature Of The Proposer:

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Two-wheeler Insurance Policy and related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

## AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide 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 understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-Indian (please specify the Country)

Type of Organisation:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Governmental Organisation	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> International Organisation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Section 8 Companies			

Signature of the Insured

**DECLARATION** (If signed in Vernacular language / If you have affixed Thumb impression above)

(Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language).

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (city) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my/our knowledge and belief.

Signature of the Witness: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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 Signature/Thumb impression of the Proposer: \_\_\_\_\_

**Prohibition of Rebates : Section 41 of Insurance Act 1938, as amended from time to time, states:**

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 up to ₹10 Lakhs.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), - Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Two Wheeler Insurance Policy - Package, UIN: IRDAN144RP0006V02201112.