PROPOSAL FORM





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 on the proposal form.

To be filled in BLOCK LETTERS ONLY

										,								P		-						10 0	e me	ea in E	3LOC	`V	. I IEI	K3 U	INLI	
BUSINESS TYPE																																		
New:	Roll over Endors					orsement																												
FOR OFFICE USE					,																													
Agreement Code:							T	1				Agr	eeme	nt N	ame	, [T	Т	Τ	Т	Т	T	Т	Т	Т							Π		
RM Code:							1	╣.	c	ondai	a , DM	-	Г			<u>" </u>											l T	H			<u> </u>		\boxminus	
Inspection Lead No.:									T	Shuai	y Ki	T	Je: _	\pm	\exists			lnward	No:	Т	SP	Cod	e:				H	\vdash	\vdash	\vdash	H		H	
Quote No.:													$\frac{1}{1}$	Rec	 eipt	No.:			T		$^{\perp}$	1	T		L ceipt Date:	D	D	М	М	Υ	Y	Y	Υ	
Business Sector:		Urba	an	٦,	Rura	Τ	<u> </u>	Socia	al							Cu	ısto	omer S	egm	ent:		<u> </u>	Agenc	· _	\neg	anca			L Corpo Brokii		<u>'</u> ./ [Direct	
PROPOSER's DET	TAILS		_																										JI OKII	·9				
If you have an existing re	lationsh				eral	Insu	ranc	e the	n						Г	Т	T		T	T	Т	Т	Т	T	Π					Т				
please provide Custome Title:		licy IN Name		er:	\top	1									H	$\frac{1}{1}$	<u> </u>		+	+	$^{+}$	$^{+}$	+				\vdash	H	H	H	H		H	
Gender: Male	H	emal		$\frac{1}{1}$	Thir	d G	ende	- l	Dat	e of	 Birth	. [c			Λ I /	M Y		Y	<u> </u>	Y		onta	ct No.					_	H	H	\vdash		H	
Mobile No.:			, [T	T	_		I ID:		. L			1 /	71	_				d No			<u> </u>									Ш	
PAN Card Details/					1			<u>_</u> 	T T		T	7	GSTI	N/IS	DN:				IIIuui	Cui		<u>" </u>		IF	APPI	ICA	BLE					<u> </u>	믬	
Form 60: Occupation of the Insur	ed:	\top	T		$\overline{\top}$												1																	
·	use No.:	_				1	1	1			Blo	L ck:							T	T			Build	dina:				<u> </u>						
Address of	cality:	F	1		$^{+}$	Ť	1	1)]	eet:					<u> </u>		1	t			City	_			H	H	Н		Н			
Sta	ite:	F			$\frac{1}{1}$	T										+	i	PIN (Code	:							Coun	try:	Ī	N	D	1	А	
VEHICLE DETAIL:	S												<u> </u>		<u> </u>	-								1		J								
Vehicle Registration No	u:		T		Τ	T									1							Mon	th & M	lfg. Ye	ar:	D	D	М	М	Υ	Υ	Υ	Υ	
Vehicle Make, Model & \	/ariant:		Ť		Ť	T	T													T							Г						П	
Engine No.:		Г			Ť	İ										i		Ch	assis	No.	:	İ		İ									П	
Fuel Type:		r	T		Ť	İ	T	İ			Sea	ting	Сар	acity	:		Τ					-!	Вс	dy Ty	pe:									
First Purchase /		D) [) N	1 /	V	Υ	Υ	Υ	Υ	RTO	O Cit	y:				Ť			T			RT	O Lo	catio	n:		Т					П	
Registration Date: RTO State:		Г	Ť		Ť	Ť	T				Col	our	of the	e veh	icle:		t					T	Us	sage C	Of Ve	hicle	: Busi	iness	;		Priv	/ate	П	
Parking Type:		Gara	ge [Pub	lic R	Road		V	Vithii	ı n Coı	mpo	und			Vehi	cle	Modif	icatio	on: Y	es [No	lf	Yes,	provi	de de	etails						
Is the vehicle proposed	for insu	rance	e und	der: H	Іурс	the	catio	on		Н	ire Pu	urch	ase			Leas	е																	
Financial Institution's N	ame:								Ī												Bı	anch	n:											
Loan Account Number:																								•		•								
VEHICLE INSURA	NCE H	STC	DRY																															
Previous Insurer's Nam	e:		Г														T			T														
Previous Insurer's Addr	ess:		F			T											T			Ť							Т							
						T											İ			Ī		i			P	IN C	ode:							
Previous Policy Number	·:		F		T	T											-!-		-		·													
Previous Policy Period:) D) /	Л	Μ	Υ	Υ	Υ	Υ		, ,	Previ	ous	polic	y e	xpiry d	ate:	D	D	Μ	M	Υ	Υ	Y	Υ							
Previous Policy Type:			Co	mpre	hen	sive	,	Lia	abili	ty	s	tand	l-alor	ne O	d	В	un	dled				•		•										
Are You Entitled To No Claim Bonus Yes No																				NCB % On Expiring Policy:														
Please Provide The Det	ails Of C	laims	s Rep	oorte	– d In ٔ	The	Past	_ : 5 Ye	ars																									
Years 1						2								3						4							5							
No. of Claims																											\top						\neg	
Type of Claim			DD/	TP						OD/	TP						OE)/TP					0	D/TP			\top			OD/	TP		\neg	
Amount (₹)							\dagger																											

Active Liability Policy No.: Active Liability Policy Period: Active Liability Policy Period:
Active Liability Only Policy Insurer's Name:
Has Any Insurance Company ever
a. Declined The Proposal Yes No b. Cancelled The Policy Or refused To Renew Yes No
c. Required An Increase Of Premium Yes No d. Imposed Special Conditions Or Excess Yes No
If yes provide reasons thereof:
DRIVER'S DETAILS
Driver's Age: Driving Experience In Years:
Does The Driver Suffer From Defective Vision Or Hearing Or Any Physical Infirmity Yes No If Yes Please Provide Details Of Such Infirmity:
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 <td< td=""></td<>
Circumstances of Accident/claim: Loss/Cost: Loss/Cost:
PROPOSED PERIOD OF INSURANCE
OD FROM: D D M M Y Y Y Y DATE: D D M M Y Y Y Y TIME: H H : M M
TP FROM: D D M M Y Y Y Y DATE: D D M M Y Y Y Y TIME: H H : M M
PA FROM: D D M M Y Y Y Y DATE: D D M M Y Y Y Y TIME: H H : M M
PROPOSED COVER TYPE
PROPOSED COVER TYPE PUNISHED STAND ALONE OD COMPREHENSIVE If only Standalone cover is onted
BUNDLED STAND-ALONE OD COMPREHENSIVE If only Standalone cover is opted Active Liability Policy Number: Active Liability Policy Date: D D M M Y Y Y Y
Active Liability Policy Insurer's Name:
INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE
The IDV of the vehicle will be deemed to be the sum insured for the purpose of the Policy & will be fixed on the basis of the manufacturer's listed selling price of the brand and adjusted for Depreciation as per the schedule below:
Age of the Vehicle % of Depreciation Age of the Vehicle % of Depreciation
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%
Vehicle Insured Declared Value R Electrical Non-Electrical Trailer Value R LPG Kit₹ Total IDV ₹. Accessories R Accessories R (not provided by the manufacturer)
the provided by an emanaded of
(A) (B) (C) (D) (F) (A+B+C+D+E+F)
(A) (B) (C) (D) (F) (A+B+C+D+E+F)
OTHER VEHICLE / COVERAGE INFORMATION
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used The Vehicle Is In Good Condition*: Yes No If 'No' Please Give Full Details
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used Used Used Used Used Used Used
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 by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes The Vehicle Belong
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used Used Used Used Used Used Used
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used Used Used Used Used Used Used
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 by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Graph Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RTO Yes The Vehicle Is Designed For Use Of Blind/handicapped Mentally Challenged Person And Duly Endorsed As Such By RT
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used Used Used Used Used Used Used
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 by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No If Yes, Association's Name:
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used Used Used If 'No' Please Give Full Details The Vehicle Is In Good Condition*: Yes No If 'No' Please Give Full Details The Vehicle Is Used by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Vehicle Belongs To Foreign Embassy/consulate Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No If Yes, Association's Name: Membership No.: Membership Expiry Date: D M M Y Y Y Y
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used Used If 'No' Please Give Full Details Use Of My Vehicle Is In Good Condition*: Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Use Of My Vehicle Is Limited To Own Premises Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No Are You A Member of the Automobile Association Of India: Yes No If Yes, Association's Name: Membership No: Membership Expiry Date: No Membership Expiry Date: No No No Membership No: No Membership Expiry Date: No Membership Expiry Date: No Membership Expiry Date: No Membership Expiry Date: No No Membership Expiry Date: No Membershi
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 by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person No Membership No: Membership No: Membership Expiry Date: No Membership Expiry Date: No Membership Expiry Date: No Membership No: No Membership Supplies No No No Membership Supplies No No No No No No No No No No No No No
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New
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 by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Belongs To Foreign Embassy/consulate Yes No The Vehicle Is Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No The Vehicle Is Association's Name: Membership No: Membership No: Membership No: Membership No: Membership No: Membership No: Membership No: No Me
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used The Vehicle Is In Good Condition*: Yes No Iff No! Please Give Full Details The Vehicle Is Used by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No Free Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No Member of the Automobile Association Of India: Yes No Membership No: Is The Vehicle Fitted With Any Anti-theft Device Approved By The ARAI Yes No Whether Vehicle Is Used For Commercial purpose? Whether Vehicle Is Used For Commercial purpose? Whether The Vehicle Is Driven By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New
OTHER VEHICLE / COVERAGE INFORMATION At The Time Of Purchase The Vehicle Was: New Used The Vehicle Is In Good Condition*: Yes No Iff No! Please Give Full Details The Vehicle Is Used by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No Vintage And Classic Car Club Of India The Car Is Certified As Vintage Car By Yes No The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No Free Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No Member of the Automobile Association Of India: Yes No Membership No: Is The Vehicle Fitted With Any Anti-theft Device Approved By The ARAI Yes No Whether Vehicle Is Used For Commercial purpose? Whether Vehicle Is Used For Commercial purpose? Whether The Vehicle Is Driven By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes No Membership By Non-conventional Source Of Power Yes

OTHER OPTIONAL COVERS
Legal Liability To Paid Driver Yes No. of drivers Legal Liability To Employees Yes No. of employees
Legal Liability To Airmen/sailors /solider Yes No If yes, No. of persons PA Owner Driver Cover Yes No
PERSONAL ACCIDENT COVER
If selected as yes - Nominee Name:
Relationship With Owner:
Name Of Appointee: Appointee Relationship:
PA to Unnamed Passenger Yes No Sum Insured No. of Persons
PA To Paid Driver Yes No Sum Insured PA cover for Named Persons Yes No
Names and Sum Insured matrix to be given
OPTIONAL ADD-ON COVERS
Depreciation Reimbursement Yes No Engine Guard Yes No
Cover For Consumables Yes No Protection Of NCB Yes No
Return To Invoice Yes No Basic Roadside Assistance Yes No
Additional Roadside Assitance Yes No Cover For Key Replacement Yes No
Loss Of Personal Belonging Yes No Enhance PA Cover For Insured (owner Driver) Yes No
Enhanced PA Cover For Insured (paid Driver) Yes No Enhanced PA Cover For Insured (unnamed Passenger) Yes No
If yes, sum Insured: No.of persons:
Hospital Cash Cover For Insured (owner Driver) (Not Applicable For bundled And Standaone OD Cover) Yes No
Hospital Cash Cover For Insured (paid Drivers) (Not Applicable For bundled And Standaone OD Cover) Yes No
Hospital Cash Cover For Insured (unnamed Passengers) (Not Applicable For bundled And Standaone OD Cover) Yes No
If yes, sum Insured: No. of persons EMI Protector (Not Applicable For bundled and standalone OD Cover) Yes No
If Yes, EMI Amount Inconvenience Allowance Yes No If Yes, Daily Limit Rs.
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 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 condition 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 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 of 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 SI
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 premiur 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 t 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 State Bank Group entities for specific purpose of availing services offered by Stat Bank Group (please strike this clause in case you do not wish to disclose the personal data).
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION
I want Private Car 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.
Thave an e-Insurance Account & the No. is McCKYC No. (Control (Co
My CKYC No. (Central Know Your Customer Registry Number) is [[[] [] [] [] [] [] [] [] [
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 statues, directly or indirectly governing the Prevention of Money Laundering in India.
Nationality: Indian Non-Indian Non-Indian (please specify the Country) Type of Organisation:
Corporation Government Non-Governmental Organisation Society Trust Partnership
International Organisation Cooperative Section 25 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) adul 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.
Date: D D M M Y Y Y Y Place: Signature of the Witness:
DOCUMENTS LIST (Please Tick 🗸)
Payment Advice/Instrument Renewal Notice / Policy Copy NCB Reserving Declaration Letter RC Book Driving Licence
Vehicle Inspection Report Sale Deed List of Electrical/Non-electrical Accessories Valuation Certificate
KYC DOCUMENTS ATTACHED ("Must in case of annual premium in Cash/DD ₹ 50,000 and above & for Cheque ₹ 100,000 and above)
Pan Card" Passport Government UID Voter's Identity Card Aadhaar Card
Telephone Bill Ration Card Driving Licence 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.: Amount: Date: D D M M Y Y Y Y
Bank Name: Branch: Branch:
Bank Account No.: IFSC Code:

Signature Of The Proposer: ___

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I 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. UIN: IRDAN144RP0005V03201112 (Private Car Insurance Policy - Package), UIN: IRDAN144RP0001V01201920 (Stand-Alone Motor Damage Cover for Private Car), UIN: IRDAN144RP0006V02201819 (Bundled Private Car Insurance Policy).

Place: