

# PROPOSAL FORM

## RESIDUAL VALUE INSURANCE



SURAKSHA AUR BHAROSA DONO

### Note:

1). Policy wordings are available on request. 2). Please complete all sections in capitals and tick the boxes wherever applicable 3). Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void 4). Geographical area of operation: INDIA.

### For Office Use:

|                         |   |                                       |                                |                                 |
|-------------------------|---|---------------------------------------|--------------------------------|---------------------------------|
| RM/SP/Agent Code:       | <input type="text"/>  | RM/SP/Agent Name:                     | <input type="text"/>           |                                 |
| RM/SP/Agent Contact No: | <input type="text"/>  | Agreement Code:                       | <input type="text"/>           |                                 |
| Agreement Name:         | <input type="text"/>  | Inspection Lead No:                   | <input type="text"/>           |                                 |
| Inward No:              | <input type="text"/>  | Quote No:                             | <input type="text"/>           |                                 |
| Receipt No:             | <input type="text"/>  | Receipt Date:                         | <input type="text"/>           |                                 |
| Business Sector:        | <input type="text"/>  | Urban <input type="checkbox"/>        | Rural <input type="checkbox"/> | Social <input type="checkbox"/> |
| Proposal For:           | New Policy <input type="checkbox"/>   | Endorsements <input type="checkbox"/> |                                |                                 |
| Period of Insurance:    | Policy Period: From ...../...../..... hrs of ...../...../..... till midnight of ...../...../..... |                                       |                                |                                 |

### Proposer's Details: (Registered Owner of the Vehicle) \*Mandatory

\*Full Name:

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

\*Date of birth:  Age:  \*Gender: Male:  Female:  Others:

\*Marital Status: Single:  Married:  Divorced:  Widowed:

Profession: Salaried:  Self-Employed:  Others:  Detail: \_\_\_\_\_

\*Occupation / Nature of Business: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

PAN\*:  / Form 60/61 (if Available): \_\_\_\_\_

Aadhaar Card No.:  \*GSTN/ISDN: If applicable \_\_\_\_\_

Present Address\*:

Village/City:  Pin code:

Gram Panchayat:  State:

My Present Address is same as Permanent Address:

Permanent Address:

Area:

Village/City:  Pin code:

Gram Panchayat:  State:

Mobile No. (India)  Phone.(India)

Alternate No.  E-mail Id:

Preferred Mode of Contact:  Corporate:  Yes  No  Yes  No

\*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?  Yes  No

Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Do you suffer from any disability/impairment?  Yes  No

If Yes, please state the type of disability/impairment. \_\_\_\_\_

Please share percentage of disability/impairment \_\_\_\_\_

UDID NO.:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

### Nominee Details\*:

#### Nominee 1

\*Name:

\*Relationship with Nominee:

\*Date of Birth of Nominee:

\*Nominee Mobile no:

Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:

\*Date of Birth of Appointee:

\*Nominee Mobile no:

Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

#### Nominee 2

\*Name:

\*Relationship with Nominee:

\*Date of Birth of Nominee:

\*Nominee Mobile no:

Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:

\*Date of Birth of Appointee:

\*Nominee Mobile no:

Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

**Vehicle Details:**

|   |  |
|---|--|
| Vehicle Type:   | Vehicle is: Brand New <input type="checkbox"/>   |
| Make of the vehicle:  |  |
| Model & variant of the vehicle  |  |
| Type of Body  | Sedan <input type="checkbox"/> Hatchback <input type="checkbox"/> SUV <input type="checkbox"/> High End <input type="checkbox"/>   |
| Cubic Capacity/KW   |  |
| Colour  |  |
| Year of Manufacture of the vehicle  |  |
| Engine No of the vehicle  |  |
| Chassis No of the vehicle   |  |
| Registration No. of the vehicle   |  |
| RTO where the vehicle is / will be registered   |  |
| Date of Registration/New Purchase   |  |
| Seating Capacity including Driver   |  |
| Usage of vehicle  | Business: <input type="checkbox"/> Private: <input type="checkbox"/>   |
| Fuel Used   | Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/><br>Any Other <input type="checkbox"/> (Please specify) _____ |
| Insured vehicle Odometer reading at the time of inception   | Kilometers at start Date:  |
| Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the policy?<br>If Yes, Kindly provide the details for the same | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**Financier Details:**

Name of the:  Hypothecation  Hire Purchase  Lease

Contract/Loan Application

Financial Institution's Name:  Branch:

Account Number:

Signature of Proposer:



## Declaration:

- 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 nondisclosure/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 withdrawal.
- The details filled in the proposal form would be used for new as well as for renewal purpose.

Date:

Place:

Signature of Proposer

## Electronic Insurance Accounts Details

I want Private Car Insurance Policy - Package and related information in:

Physical Format  e-Format (electronic); as & when applicable.

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

NSDL Database Management Ltd.  Centrico Insurance Repository Limited ( Formerly Known as CDSL Insurance Repository Limited )

Karvy Insurance Repository Ltd.  CAMS Insurance Repository Services Ltd.

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

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

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_

Date:

Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

## KYC Documents Attached

Pan Card  Telephone Bill  Passport  Government UID  Voter's Identity Card  
 Utility bills not older than 2 months  Driving Licence  Electricity Bill  Ration Card  Aadhaar Card

## AML Guidelines (Premium Payment shall be made by the Policyholder of the Policy)

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 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.

Resident Individual  Non-Resident Indian (NRI)  Foreign National  Person of Indian Origin (PIO)

Type of Organization (Only applicable if policy is issued in group basis):

Corporations  Governments  Non-Governmental Organizations  Society  Trust  
 International Organization  Partnership  Cooperatives  Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data  Yes  No Repository.

Customer can submit CKYC form for updation.

Recent photograph of proposer:  
(Photograph is required. if  
customer does not have  
CKYC ID)

Signature of Proposer

## 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) \_\_\_\_\_ (Relation with the Proposer/Primary insured) \_\_\_\_\_ adult and inhabitant of (city) and residing at \_\_\_\_\_ do hereby certify that I 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 knowledge and belief.

Date:

Place:

Signature of the Witness Insured  
Proposer/Primary.

Signature/Thumb impression of the

## Agent Declaration

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date:

Place:

Agent Name: \_\_\_\_\_

SP Name: \_\_\_\_\_

SP Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Signature of Agent

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 or 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 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 10 Lakh rupees.

**INSURANCE IS THE SUBJECT MATTER OF SOLICITATION**

### AML Declaration as per AML Master Guideline 2022:

- KYC Details for Individual Members covered under the Group Insurance:  
 "I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."  
 To be included as declaration by proposer /insured Section in all Proposal forms.
- Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

#### Applicable to non Individual customers.

- Determination of Beneficial Ownership:  
 I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

| Sr. No | Name of Ultimate Beneficial Owner | Percentage (%)* | Remarks, if any |
|--------|-----------------------------------|-----------------|-----------------|
|        |                                   |                 |                 |
|        |                                   |                 |                 |
|        |                                   |                 |                 |

#### \*Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
  - "Controlling ownership interest"** means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
  - "Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.  
 Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.