PROPOSAL FORM

GRAMIN SAMRIDDHI BIMA



Guidelines for completion of the form: 1. Please answer all the questions fully and accurately, Where any any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose. 3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form.

Office use only:																																	
Policy Issuing Office Address	: [\perp						
																					Code	e:					\perp						
Intermediary/Agent Name:																																	
																			Co	ode (if any	/):					\perp						
Proposer's Detai	ls:																																
1. Name of the Policyholder*:	: [
Present Address*:	Ī																										T						\exists
(Current Residing Address)	_	•																•															_
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4. Date of Birth*:		D	D	M	Μ	Υ	Υ	Υ	Υ		Ger	_	er*: 1			F		1	ther					V	V_`	V	¥_	V		_			
5. Period of Insurance*: From	· [D	D	M	M	Υ	Υ	Υ	Υ		to	D) /	M	M	Υ	Υ	Υ	Υ													
6. Do you wish to cover the in	tere	st of	fan	y Fin	anci	al In	stitu	ıtior	1?					Ĺ	ĺ												I						
If yes give the names of all fin	ancia	al ins	stitu	utior	ns ar	nd se	ctio	n fo	r whi	ich r	equ	ired	d														I						
7. Are You or any of the propo	sed	арр	lica	nts a	re P	olitio	cally	Ехр	ose	d Pe	rson	1?	Yes			No																	
Politically Exposed Persons (For Governments, senior politicals).																																	
The digital copy of your policy of the policy document, pleas																							ail IC	D. He	owe	ver,	ify	ou r	need	d a p	nysi	cal c	ору
Nominee Details	*:																																
Nominee 1	_																																
*Name:																											\perp						
*Relationship with Nominee:																		*C	ate	of Bi	rth o	fNo	min	ee:	D	D	\ \	Λ.	M	Υ	Υ	Υ	Υ
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Percent of Claim Payable:																																	
Permanent Address:																											\perp						
Bank details of nominee:	В	ank	Na	me:										\perp	\rfloor				Br	anch	Nan	ne:					ſ	$oxed{\int}$	\bot	\Box	\Box	\Box	
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*Where Nominee is a minor, p	oleas	e gi	ive t	he d	letai	ls of	App	oint	tee/	Auth	noriz	zed	pers	son				_								_	_	_					
*Name:	- 1	- 1			1	1	1	i	1	1	1	1	- 1	- 1	- 1	- 1		1	1	1				1	1	1	1	- 1	- 1	- 1	- 1	- 1	

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 license. | Gramin Samriddhi Bima UIN: IRDAN144RP0001V02202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Version: 1.0 Jan 2025

*Relationship with Nomine	e:																		*D	ate	of Bir	th:	D	D	Μ	M	Υ	Υ	Υ	Υ
Nominee 2 *Name:		\top					Т	Т								Т	Т													
*Relationship with Nomine	e:	+					+	+		1					*	 Dat	e o	f Bi	rth c	f No	 omin	ee:	D	D	Μ	М	Y	Y	Υ	Y
Mobile no.:		\pm		1			+	<u> </u>]						mai		_							7 7 1	141				
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*Where Nominee is a minor	r, please	give	the d	etails	s of A	Appoi	ntee	/Aut	horiz	zed p	erso	on.				_	- 1			ı										
*Name:	<u> </u>	+		-	+	+	+	╄		<u> </u>										<u> </u>	C D:				4.4					
Relationship with Nomine Note_() marked fields are n		 ory																	*D	ate	of Bir	th:	D	D	Μ	Μ	Υ	Y	Υ	Υ
Coverages:		,																												
Section 1: Standard Fire	o and Si	noci:	l no	rile lı	ncui	rance	R.,	ildir	20.0	`ont	ont		ad A	orio	~	.	- L I	to	me											
Details of the Property:	e and S	pecia	ıı pe	riis ii	nsu	ance	e-Du	IIair	ıg, c	JOHU	ent	LS ai	IU A	gric	cui	tur	aii	itei	ns											
1) Construction of Building	: Standa	ırd	Ku	ıtcha			2) Ag	e of	the E	Build	ing																			
3) Type of Building: Flat	Bung	alow		Fai	rm H	ouse		Ro	ow H	ouse	e		Floo	r [4)	lsy	our/	pro	perty	in t	he b	aser	nent	t : Ye	s	N	lo	
5) Adjoining Area of the Dw	elling is	occup	oied b	y: Re	side	ntial E	Buildi	ng		Cor	nme	ercia	ıl Bui	lding	9		Op	oen	Spa	ce							_		_	
6) Are all openings protecte	ed with d	loors/	wind	dows	/ gril	ls : Ye	s] N	lo						_															
Building is insured on Reins	Building is insured on Reinstatement value basis and Contents are insured on 50% first loss basis and Agricultural items are insured on full value basis A) Building Sum Insured																													
A) Building a) Please indicate the pr	resent d	ay co	st of	const	truct	ion																		S	Sum	Insu	red			
(This cover does not inc		-																												
B) Contents (to be insured a) Furniture			Loss	Basi	s)				1 (ء)om	octi	c Elo	ctric	2 10.	Ela	· c+r	oni	α Λ	nnlis	nco										
1 '	d) Crockery/ Utensils e) Agricultural Items& Stocks including farm																													
Contents (excluding Jewellery & Valuables) belonging to proposer and members of his/her family permanently residing with him/ her (Please indicate present replacement value)																														
residing with him/ her (Please indicate present replacement value) Do you want to opt for Earthquake Cover on payment of additional premium Yes No																														
	•																				_									
A) Contents	House	Бгеа	iking	and	ıın	етс																								\neg
B) Agricultural Items																					+									\dashv
Note: Insurance on Conte	nts shou	uld be	for v	alue (equi	valent	to th	ne va	alue r	ment	tione	ed u	nder																	
Contents- All Conte		-					orem	ises	state	ed at	abo	ve a	ddre	SS.																
Contents (to be insi			•				ultur	al Ite	ems	and S	Stoc	ks to	o be	insu	red	lon	full	l va	lue b	asis	5)									
Section 3: Animal Drive	n Cart		1												Г						7									
1) Type of Cart: Cart	Tonga	<u> </u>						,		•			: Wo					St	eel	<u>L</u>	<u> </u>			_		_				
3) The identification of Carr	t:								4) T	ype	of A	nima	al us	ed to	ıb c	raw	it:	Ļ												
5) Age of Animal:									_	_ (6) Ge	ende	er of	Anin	nal	: M	Ļ	_	F											
7) Place where it is usually k	ept:	\perp								{	3) No	o. of	anin	nals:																
Sum Insured Details:																														
Animal Cart ₹								nima	ı																					
Section 4: Personal Acc			lent	1					_	-																	1			
Name of the Age Person to be	Occupa	ation		1	atior h the	nship			ails c ting		Nam Nom				_	of t nine		- 1	Nam appo		f the ee		Relat with		hip		Su	ım İn	sure	ed
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Total																											_			

I/ We hereby assign the money payable by SBI General Insurance Company Limited, in the event of my death to the nominee named above and I further declare that his/ her/ their receipt shall be sufficient discharge to the Company.

Section	5. Talas	ision and	Set Ton	Roy

Make and Model	Yea	ar of M	lanu	facti	ure					Ide	Identification Number									Sum Insured										
Section 6: Agricultural Tractors	Powe	er Till	ers/	'Har	ves	ter	S																							
Registration Number:												RT	O Lo	catio	ո:															
Year of Manufacture:	M	MY	Υ	Υ	Υ							En	gine	No.:																
Chassis No.:												Ma	ike o	fthe \	ehic/	:le:														
Type of Body/Model:												Cu	bic C	apaci	ty/G	iVW	/ :													
Fuel Used: Petrol Diesel	CNG		LPG			Ele	ctric			Hybi	rid		01	thers	Plea	se:	specify	/)												
Trailer Details:																														
Sr. No.	Tra	ailer Ty	/pe							Tra	ailer	Reg	. No.						Trail	er Cl	nass	is No	Э.							
	+																													
IDV Non-Electrical Acc	essori	es		Ele	ctric	al A	cces	sori	es	Bi-Fuel/CNG/LPG Kit Ti								Trail	er			Tota	al ID'	V						
Whether Vehicle is limited to own	remis	es? Ye	 s [No	_	7																							
2. Whether vehicle is used for private						 of hir	 _e & :	rewa	ırd)	? Yes		N	10 T																	
3. Are you entitled to No Claim Bonu	? Yes		No] If	yes,	plea	ise p	rov	ide th	ne pr	J oof	_ ther	eof.																
Liability to Third Parties (Property Do you wish to restrict the above I	Damag	-			_									No																
NB: The Policy provides Third Party		-		-																										
5. Compulsory Personal Accident Co	er for	Owne	r Dr	iver.	Plea	ise g	ive o	deta	ils c	of non	nina [.]	tion	: T						1					_	1	l				
Name of the Nominee:		1					<u> </u>											\perp	<u> </u>			<u> </u>		<u> </u>						
Date of Birth:	DA		Υ	Y	Υ	Υ			I					 	Relat	ion	ship:					<u> </u>								
Name of the Appointee (If Nominee	s mino	r):								1					$\frac{\perp}{}$	_														
Relationship with the Nominee:			L	L_		<u> </u>					<u> </u>																			
Note: 1. Personal Accident Cove 2. Compulsory PA cover to where the owner does	owne	r drive	r car	nnot	be ç	gran [.]	ted v	wher								any,	a part	nersh	nip fi	rm o	ras	imila	ar bo	dy c	orpo	rate	or			
Do you want to cover Legal Liability t	0:																													
a) Paid Driver : Yes N	o					b)	Clea	ner			Cond	uct	or [Coo	olie														
If yes, no of persons to be covered:																														
Do you wish to include Personal Acci	dent C	over fo	or pa	id dr	river	/ cle	eane	r/c	onc	lucto	rs? Y	es [No																
If Yes, please indicate the number of	persor																													
of vehicles) No. of persons			_												/	/ Is	s there	any l	Нурс	othe	catio	on / I	Hire	Pur	chase	e / Le	ease			
Interest to be noted in the Policy? Ye	s	No		If Ye	s, ki	ndly	pro	vide	the	follo	wing	info	orma	tion;																
Name of the Financial Institution:																														
Branch of the Financial Institution:															L	.oar	n Acco	unt N	lo.:											
Section 7: Agricultural Pump set		_						_	_		_																			
Make:		<u></u>	S	erial T	No.		VDD.		<u> </u>								f Make			D	D	Μ	M	Υ	Υ	Υ	Υ			
Type of Engine: Electrical	L	Diesel				r1f	/RP	''' L							эu		nsure	4.			<u> </u>		<u> </u>							
Section 8: Pedal Cycle			ı			ı	ı	1	l						V		C14	c		_	_	1 4								
Make and Model :		\perp	<u> </u>			<u> </u>			 								f Manu		ıre:	D	D	M	M	Y	Υ	Υ	Υ			
Serial number (if any):	_	\perp								1					Su	ım l	Insure	d: 		L										
Previous Insurance Details:								<u></u>		<u> </u>			<u> </u>		<u> </u>	_		_				<u></u>								
Name & Address of Previous Insurer:		- 1	1	1	l	1		1	1		1	l		1 1					1	1	1		I	1	1	l				

State: PIN: PIN:									
Policy Number: Expiry Date: D D M M Y Y Y Y									
Claims Under Section:									
Claims during preceding three Years: Year: Year: No. of Claims: Amount: Amount:									
Payment Details*:									
Premium Amount ₹: Cheque No./ Pay Ref. No.: Premium payment option: Cheque DD Debit Card / Credit Card									
Bank Name: Branch Name:									
IFSC Code: Bank Account No Bank Account No									
SBIGI does not accept Cash for Premium Payments against the Policy.									
Bank Account Details For Process Of Refund*:									
Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).									
Name of Account Holder									
Bank Name: Branch Name: Branch Name:									
Bank Account No.: IFSC Code:									
MICR Code:									
Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.									
KYC Documents Attached:									
Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill									
Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate									
Electronic Insurance Account Details Section:									
I want Gramin Samriddhi Bima related information in – Physical Format- Yes No e-Format (electronic) as & when applicable- Yes No									
Choose your Insurance Repository (For those selecting e-Format)									
(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)									
(c) Karvy Insurance Repository Ltd. (d) 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: D D M M Y Y Y Y									
Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)									
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 bona fide sources and no premiums have been/will be paid out of proceeds of crime related 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 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 statue directly or indirectly governing the Prevention of Money Laundering in India.									
Nationality: Indian Non-Indian Non-resident Indian(NRI) Others									
If Non-Indian please specify the nationality and country address									

Type of Organisation (Only applicable if policy issued on Group Basis):	
Corporation Government Non-Governmental Organisation Society	Trust
Partnership International Organisation Cooperative Section 8 Co	Companies
I hereby declare that the current address is different from the available in the Central identities Data Reposit	ory.
Yes No. Customer can submit CKYC form for updation.	
Recent photograph of proposer:	
(Photographis required. if customer	
does not have CKYC ID)	
	Signature of Proposer:
Declaration:	
 I/ We hereby declare that the statements made by me/ us in this proposal form are true to the best of my, that this declaration shall form the basis of the contract between me/ us and SBI General Insurance Corcarried out in the risk proposed after the submission of this proposal form then the same should be contact. I declare that the details provided in the proposal form will be used for both new and renewal purposes. 	mpany Limited. If any additions or alterations are
Put. To loui vi vi vi vi vi	
Date: D D M M Y Y Y Y	
Place: Insurance is subject matter of solicitation. For more detailed risk factors, terms & conditions, please read sales	Proposer's Signature
· · · · · · · · · · · · · · · · · · ·	s brochure carefully, before concluding a sale.
Agent's Declaration:	
I,	this Proposal Form, including the nature of the (s) submitted by him/her in this Proposal Form to between the Company and the Proposer, if this are statement(s)/ information/response(s) is/are furnished, the Company shall have the right to ct, the policy issued to his/her favour pursuant to
Licence No.:	
Date: D D M M Y Y Y	
Place:	Signature of the Agent
Vernacular Declaration:	
** Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted 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 exthem. I/We further certify that the replies in the Proposal Form have been recorded as per the information	•
(Relationship with the Proposer/Primary insured)	adult and inhabitant of dout and explained the contents of the Proposal
Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Com he/she/they have understood the same. I/We declare that whatever I/we have stated herein above is true a belief.	pany Ltd., to the Proposer/Primary Insured and
Date:	Place:
Signature of the Witness	Signature/Thumb impression of the Proposer/Primary Insured

Insurance Act 1938 Section 41- Prohibition of Rebates:

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 rebates as may be allowed in accordance with the prospectus 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 ₹10 lacs.



AML Declaration as per AML Master Guideline 2022:

- 1. 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.
- 2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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:

- a) 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.
 - 1. "Controlling ownership interest" means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
 - 2. "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;
- b) 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
- c) 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.
- d) 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.
- e) 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.