

PROPOSAL FORM

MOTOR - TRAILER INSURANCE - TRAILER



For Office Use only:

Quote No. : Inward No. :
 Receipt No. : Receipt Date :

INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type: ☐ Corporate ☐ Retail ☐ SME Business Sector: ☐ Urban ☐ Rural ☐ Social
 Business Type: ☐ New ☐ Roll-over ☐ Renewal Sales Channel Type: ☐ Banca ☐ Agency ☐ Direct
 Sales Channel Code: Specified Persons Code*:
 Specified Persons Name*:

INDIVIDUAL (* Mandatory Fields)

1.* Do you have existing relationship with SBI General Insurance? ☐ Yes ☐ No
 If Yes, then please mention your Contact ID:
 2.* Title ☐ Mr. ☐ Miss ☐ Mrs.
 3.* Name F I R S T N A M E
 M I D D L E N A M E S U R N A M E
 4.* Gender ☐ Male ☐ Female
 5. Date of birth D D M M Y Y Y Y
 6.* Unique Identification (minimum one is required) ☐ PAN Card ☐ Ration Card ☐ Passport ☐ Biometrics Card ☐ Gov UID ☐ Voter ID
☐ Driver's License
 7.* Unique Identification No.
 8. Marital status: ☐ Single ☐ Married ☐ Others
 9.* Nationality
 10. Education ☐ Non-Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate ☐ Professional
 11. Occupation ☐ Salaried ☐ Self Employed ☐ Business ☐ Student ☐ Retired ☐ Agriculture & allied ☐ Others
 12. E-Mail address
 13. Telephone details Contact No. Mobile No.
 14.* Preferred Contact Mode ☐ Email ☐ Paper Mail ☐ Phone
 15. Preferred Payment Mode ☐ EFT ☐ Cheque
 16.* Address of the Proposer
 Plot No/Door No. and building name
 Road name Area
 City Pin code State
 17. PAN*: / Form 60/61 (if Available): Aadhaar Card No.:

18. Are You or any of the proposed applicants are Politically Exposed Person? 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.

RISK COVERAGE PROPOSAL DETAILS

1. Proposal For: ☐ New Policy ☐ Roll-Over ☐ Renewal ☐ Endorsements
 2. Type of Policy ☐ Package ☐ Liability Only

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. | Motor - Trailer Insurance, UIN: IRDAN144RP0013V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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Vehicle is ☐ Brand New ☐ Used

2. Date of Registration/New Purchase

Year of Manufacture of the vehicle

3. RTO State

RTO City/District

4. RTO Location

5. Foreign Embassy Vehicle (Reg.) Yes ☐ No ☐

6. Maximum Licensed Carrying Capacity (No. of Passengers including Driver)

7. Trailer Details: No. of Trailers

Sr. No.	Trailer type	Make	Model & Variant	Year of Make	Registration No.	Chassis No.	GVW

8. Colour of Vehicle

9. What will be the vehicle used for? ☐ Goods Carrying (Public Carrier) ☐ Goods Carrying (Private Carrier) ☐ Miscellaneous & Special Class

☐ Others (Pls specify) _____

10. Vehicle Sub - Class

11. What type of goods will the vehicle carry? (applicable only to goods carrying vehicles)

☐ Hazardous Goods ☐ Non-Hazardous Goods

12. What is the vehicle permit type? ☐ Local ☐ State ☐ National

13. Is the vehicle Company maintained? Yes ☐ No ☐

14.* Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes ☐ No ☐

If Yes, give details of such modifications/conversions

15. Is the vehicle in good state of repair? Yes ☐ No ☐

16. Will the vehicle be used for Private purposes too? (IMT- 34) Yes ☐ No ☐

17. What will be the average monthly use of the vehicle?

☐ Less Than 500 Kms ☐ Between 501 & 2500 Kms ☐ Between 2501 to 5000 Kms ☐ Above 5001 Kms

18. Whether the use of the vehicle will be restricted to own premises? Yes ☐ No ☐

If Yes, please give address

19. Will the vehicle be used for driving tuitions? Yes ☐ No ☐

20. Where will the vehicle be generally parked

a) During the Day ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open

☐ Pay & Park ☐ On Public Road ☐ Others

b) During the Night ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open

☐ Pay & Park ☐ On Public Road ☐ Others

21. Whether extension of Geographical Area to the following countries required? Yes ☐ No ☐

If Yes, pls tick the countries to which the extension is required

☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka

22. 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 and will be fixed on the basis of the manufacturer's listed selling price of the brand & model as the vehicle proposed for insurance at the time of commencement of insurance/renewal & adjusted for depreciation as per the schedule specified below:

Age of the Vehicle	% 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	% 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%

For vehicles more than 5 years of age, please contact the Company for fixing the

IDV Vehicle Value (Chassis Price)	Rs.	<input type="text"/>
Vehicle Value (Body Price)	Rs.	<input type="text"/>
Non Electrical Accessories (other than factory fitted)	Rs.	<input type="text"/>
Trailer(s) / Side Car (Two Wheelers) Value	Rs.	<input type="text"/>
TOTAL IDV	Rs.	<input type="text"/>

23. Type of Cover Required ☐ Goods Carrying (Private Carrier) ☐ Third Party Liability Only Cover

24. Do you wish to limit the Third Party Property Damage Cover to the statutory limit of Rs.6000/-? Yes ☐ No ☐
(The Policy otherwise provides Third Party Property Damage of Rs.1 lakh for 2 wheelers and Rs.7.5 lakhs for other class of vehicles)

25. Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy? Yes ☐ No ☐
If Yes, kindly provide the following information;

i) Name of the Financial Institution	<input type="text"/>
ii) Branch of the Financial Institution	<input type="text"/>
iii) Loan Account No.	<input type="text"/>

26. Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? Yes ☐ No ☐
(Not applicable for taxis) (IMT - 23)

PAYMENT DETAILS

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

Mode of Payment	Cheque <input type="checkbox"/> DD / P.O <input type="checkbox"/> Saving Bank A/C <input type="checkbox"/> Credit <input type="checkbox"/> Debit card <input type="checkbox"/>
Cheque No/DD No.	<input type="text"/>
Dated	<input type="text"/>
Bank Name	<input type="text"/>
Amount	<input type="text"/>
Branch	<input type="text"/>

SBIGI does not accept Cash for Premium Payments against the Policy.

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 to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company/ies has/have 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 If Non-Indian, please specify Country:

Type of Organisation (Only applicable if policy issued on Group Basis):

<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 25 Companies	

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

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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the 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 Proposer

DOCUMENTS LIST (PLEASE TICK)

- | | | |
|---|--|---|
| <input type="checkbox"/> Proposal cum Questionnaire | <input type="checkbox"/> List of Electronic Equipments | <input type="checkbox"/> NCB Reserving Letter |
| <input type="checkbox"/> Payment Advice/Instrument | <input type="checkbox"/> RC Book | <input type="checkbox"/> Form No. 28 & 29 |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Sale Deed | <input type="checkbox"/> Renewal Notice / Policy Copy |
| <input type="checkbox"/> Valuation Certificate | <input type="checkbox"/> Service Tax Exemptions | <input type="checkbox"/> Vehicle Inspection Report |

KYC DOCUMENTS ATTACHED (#Must in case of annual premium of Rs.1 Lac 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"/> Telephone Bill | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Electricity Bill |

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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.

Licence No.: _____

Date:

Place:

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Commercial Vehicle Insurance Policy - trailer and related information in:

Physical Format ☐ e-Format (electronic) ☐

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

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

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. | Motor - Trailer Insurance, UIN: IRDAN144RP0013V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

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

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 liable for a penalty, which may extend to Ten Lakh rupees.

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."

2. 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 **fifteen percent of capital or profits of the partnership**.

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.

3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).