

Vehicle Make, Model & Variant	Body Type	Month & Year of Mfg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used

Vehicle Insured Declared Value R	Electrical Accessories R	Non-Electrical Accessories R	Trailer Value R	Side Car Value (Two wheeler)	<input type="checkbox"/> CNG/ <input type="checkbox"/> LPG Kit (not provided by manufacturers)	Total IDV.
(A)	(B)	(C)	(D)	(E)	(F)	(A+B+C+D+E+F)

Vehicle modification: Yes No If Yes, provide details _____

Legal Liability to Paid Driver Legal Liability to Employees PA To Owner Driver (₹15,00,000 Please give details of Nomination) PA cover for paid driver: _____

Nominee Details: Name: _____

DOB: Relation: _____

Name of the Appointee: _____ Appointee Relationship to the Nominee: _____
(If Nominee is a Minor)

ADD-ON COVER DETAILS

Return To Invoice Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility)

HYPOTHECATION HIRE PURCHASE LEASE PURCHASE

Name of Financial Institution: _____

Branch: _____ Loan Account No.: _____

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 schedule below:

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%

VOLUNTARY DEDUCTIBLE

Standard minimum deductible is ₹100/- for Two Wheelers for each and every claim.

Two Wheeler	Deductible
<input type="checkbox"/> Standard minimum Deductible Plus	₹ 500
<input type="checkbox"/> Standard minimum Deductible Plus	₹ 750
<input type="checkbox"/> Standard minimum Deductible Plus	₹ 1000
<input type="checkbox"/> Standard minimum Deductible Plus	₹ 1500
<input type="checkbox"/> Standard minimum Deductible Plus	₹ 3000

GEOGRAPHICAL EXTENSION COUNTRIES

Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

ADDITIONAL DISCOUNT

Automobile Association of India. Membership No.: _____

Date of Expiry: Anti-theft device Vehicle specifically designed for Blind / Handicapped / Mentally challenged Person

Usage Restricted to own premises (only if not licensed for general road use by RTO)

Limit the Third Party Property Damage Cover to the statutory limit of ₹ 6000/- (The Policy otherwise provides Third Party Property Damage cover of ₹ 1 Lac for 2 wheelers and ₹ 7.5 Lacs for Private Cars)

OTHER COVERS

Foreign Embassy / Consulate Driving Tuition Fiber Glass Tank

(Applicable only for Two-Wheelers)

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. | UIN: Two Wheeler Insurance Policy Package IRDAN144RP0006V02201112.

SECTION 41 OF INSURANCE ACT, 1938

- No person shall 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 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 liable for a penalty which may extend up to ₹ 10 Lacs.

PERSONAL ACCIDENT COVER

A. Owner Driver

- Personal Accident Cover for owner driver is compulsory for sum insured of ₹ 15,00,000/- for two wheelers.
- Compulsory PA cover to owner driver can not be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving license.

B. Unnamed Occupants/Passengers

The sum insured per person in multiples of ₹ 10,000/- for a max of ₹ 1,00,000/- per person for two wheelers. The number of persons to be covered for the purpose of this Cover will be equivalent to the registered carrying capacity of the vehicle.

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	

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)

<input type="checkbox"/> NSDL Data Management Ltd.	<input type="checkbox"/> CDSL Insurance Repository Ltd.	<input type="checkbox"/> Karvy Insurance Repository Ltd.	<input type="checkbox"/> 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).

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 Number: <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"/>		

AML GUIDELINES

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 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/No- Indian If Non-Indian, please specify the Country: _____

Type of Organization: Corporations/Governments/Non-Governmental Organizations/Society/Trust/Partnership/International Organization/Cooperatives/Section 25 Companies

NCB DECLARATION BY PROPOSER

I/We hereby declare that the rate of NCB claimed by me/us is correct and that No Claim has arisen in the expiring policy period(Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited"

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. | UIN: Two Wheeler Insurance Policy Package IRDAN144RP0006V02201112.

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 State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place:

Signature of the 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) _____ (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 knowledge and belief.

Signature of the Witness: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place:

Signature/Thumb impression of the Proposer: _____