

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

Machinery Breakdown Insurance (MB)

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid).

- Information given herein will be treated in strict Confidence.
- Put a (☑) mark wherever applicable.

OFFICE USE ONLY:

Policy Issuing Office Address :
 Code:

Intermediary/Agent Name:
 Code (if any):

APPLICANT INFORMATION:

Proposer's Name*:

Proposer's Trade or Business :

Present Address*:
(Current Residing Address)
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

Gender*: M F Other Marital Status: Married Unmarried

Date of Birth*: Nationality:

Contact Details*:
Mobile No.: Email*:

PAN* : /Form 60/61 (if Available): Aadhaar No.*:

Address where plant to be insured is located:
Nearest Railway station and distance :

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.
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:

Mobile no.: Email :

Percent of Claim Payable:

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:

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. | Machinery Breakdown Insurance (MB), UIN: IRDAN144RP0004V01201011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee 2

Mobile no.:

Email:

Percent of Claim Payable:

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:

	Details	Answer
1.	Do the items listed represent the whole of the plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	a) Are you at present Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, with whom?	
3.	Has any Company -	
	a) declined to insure any of the machinery now proposed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a) Are you aware of any defects/ damages existing in the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, give details thereof	
5.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, give details of damage(s) and repairing cost.	
6.	a) Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, by whom and at what intervals?	
7.	On payment of additional premium do you wish to cover the following?	If yes, provide limits of indemnity
	a) Escalation Amount/percentage	₹. _____ <input type="checkbox"/> No Or %age _____
	b) Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages.	₹. _____ <input type="checkbox"/> No
	c) Air Freight	₹. _____ <input type="checkbox"/> No
	d) Owners surrounding property	₹. _____ <input type="checkbox"/> No
	e) Third Party Liability	
	- AOA	₹. _____ <input type="checkbox"/> No
- AOA	₹. _____ <input type="checkbox"/> No	
8.	a) Additional Customs Duty	₹. _____ <input type="checkbox"/> No
	Period of Insurance	From <input type="text"/> To <input type="text"/>

SCHEDULE OF MACHINERY TO BE INSURED –

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
- b) The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this Policy.
- c) If any of the Machinery is a 'stand by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately.
- e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required

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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).

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer

AGENT 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:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number

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(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

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

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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: _____

Dated:

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

VERNACULAR DECLARATION

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) _____

_____ 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.

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature of the Witness

Signature/Thumb impression of the Proposer

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.”

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.