

## PRIVATE CAR/TWO WHEELER INSURANCE POLICY

हिंदी प्रस्ताव प्रपत्र [www.sbigeneral.in/download](http://www.sbigeneral.in/download) पर उपलब्ध है।

Call (Toll Free) 1800 22 1111 | 1800 102 1111

[www.sbigeneral.in](http://www.sbigeneral.in)

## Proposal Form

☐ Package ☐ Liability

The queries stated below are minimum requirement to be furnished by a Proposer. The insurer may seek more information as desired for underwriting purpose.

☐ Pvt Car ☐ Two Wheeler Proposal for : ☐ New ☐ Renewal ☐ Roll Over ☐ Used ☐ Endorsement To be filled in BLOCK LETTERS ONLY

## FOR OFFICE USE

Proposal No.		RM Code		Agreement Code	
Quote No.		Secondary RM Code		Agreement Name	
Inward No.		Receipt No.		Receipt Date	D D M M Y Y Y Y
Break-in Inspection No.		State		SP Code	
Business Sector	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social	GSTIN/ISDN	IF APPLICABLE	Customer Segment	<input type="checkbox"/> Agency <input type="checkbox"/> Banca <input type="checkbox"/> Corporate/Broking <input type="checkbox"/> Direct

## PROPOSER DETAILS

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

Title		Name	FIRST NAME MIDDLE NAME SURNAME
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	Date of Birth	D D M M Y Y Y Y
Email ID		Contact No.	
Occupation of the Insured		Mobile No.	
DOB of Proposer	D D M M Y Y Y Y	PAN No.	
Address of the Proposer	House No.	Block	Building
	Locality	Street	City
	State	Pin code	Country I N D I A
Corporate	Yes <input type="checkbox"/> No <input type="checkbox"/>	GSTIN/ISDN	IF APPLICABLE

## RISK COVERAGE DETAILS

Period of Insurance: From	H H M M	hrs of	D D M M Y Y Y Y	till midnight of	D D M M Y Y Y Y	NCB on Expiring Policy		%
Previous Year Policy Period	D D M M Y Y Y Y	to	D D M M Y Y Y Y	OD Claim in Expiring Policy	Y <input type="checkbox"/> N <input type="checkbox"/>	No of Claims in last 3 years		Amount
Previous Policy No.		Name of Previous Insurer						
Address of Previous Insurer								
Usage of Vehicle	<input type="checkbox"/> Business <input type="checkbox"/> Private	Driver Age		Driver's Driving Experience		Parking Type	<input type="checkbox"/> Garage <input type="checkbox"/> Public Street <input type="checkbox"/> Within Compound	
Date of Registration	D D M M Y Y Y Y	RTO State		RTO City		RTO Location		
Vehicle Make, Model & Variant	Month & Year of Mfg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used	
Vehicle Insured Declared Value Rs.	Electrical Accessories Rs.	Non-Electrical Accessories Rs.	Trailer Value Rs.	Side Car Value Rs. (Two wheeler)	<input type="checkbox"/> CNG/ <input type="checkbox"/> LPG Kit Rs. (not provided by manufacturers)	Total IDV Rs.		
(A)	(B)	(C)	(D)	(E)	(F)	(A+B+C+D+E+F)		

Vehicle modification	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details	
Legal Liability to Paid Driver	<input type="checkbox"/> No of Persons <input type="checkbox"/> PA To Owner Driver (Please give details of Nomination)	PA to Unnamed Passenger	Sum Insured Rs.
Nominee Details: Name		DOB	D D M M Y Y Y Y
Name of the Appointee (If Nominee is a Minor)		Appointee Relationship to the Nominee	

## ADD-ON COVER DETAILS

<input type="checkbox"/> Depreciation Reimbursement (Pvt Car Only)	<input type="checkbox"/> Cover for Consumables (Pvt Car only)	<input type="checkbox"/> Engine guard (Pvt Car only)	<input type="checkbox"/> Return To Invoice
<input type="checkbox"/> Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility)	<input type="checkbox"/> Basic road side assistance (Pvt Car only)	<input type="checkbox"/> Additional road side assistance (Pvt Car only)	
<input type="checkbox"/> Loss of Personal Belongings (Pvt Car Only) Rs.	<input type="checkbox"/> Cover for Key Replacement (Pvt Car only)	<input type="checkbox"/> Inconvenience Allowance (Pvt Car Only) Rs.	
<input type="checkbox"/> Enhance PA Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) sum Insured per person Rs.			
<input type="checkbox"/> Hospital Cash Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) Rs.		<input type="checkbox"/> EMI Protector (Private car only)	

☐ 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 &amp; 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	Age of the Vehicle	% of Depreciation
Not Exceeding 6 months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not Exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

## VOLUNTARY DEDUCTIBLE

Standard minimum deductible is Rs. 100/- for two wheelers, Rs. 1000 for private cars with CC upto 1500 &amp; Rs. 2000/- for private cars above 1500 cc from each and every claim

PRIVATE CAR	DEDUCTIBLE	TWO WHEELER	DEDUCTIBLE
<input type="checkbox"/> Std min deductible Plus	Rs. 2500	<input type="checkbox"/> Std min deductible Plus	Rs. 500
<input type="checkbox"/> Std min deductible Plus	Rs. 5000	<input type="checkbox"/> Std min deductible Plus	Rs. 750
<input type="checkbox"/> Std min deductible Plus	Rs. 7500	<input type="checkbox"/> Std min deductible Plus	Rs. 1000
<input type="checkbox"/> Std min deductible Plus	Rs. 15000	<input type="checkbox"/> Std min deductible Plus	Rs. 1500
		<input type="checkbox"/> Std min deductible Plus	Rs. 3000

## GEOGRAPHICAL EXTENSION COUNTRIES

<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Bhutan	<input type="checkbox"/> Maldives	<input type="checkbox"/> Nepal	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Sri Lanka
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## ADDITIONAL DISCOUNT

<input type="checkbox"/> Automobile Association of India. Membership No.	<input type="text"/>	Date of Expiry	<input type="text"/>
<input type="checkbox"/> Anti-theft device	<input type="checkbox"/> Vehicle specifically designed for Blind / Handicapped / Mentally challenged Person	<input type="checkbox"/> Usage Restricted to own premises	(only if not licensed for general road use by RTO)
<input type="checkbox"/> Limit the Third Party Property Damage Cover to the statutory limit of Rs 6000/- (The Policy otherwise provides Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private Cars)			

## OTHER COVERS

<input type="checkbox"/> Foreign Embassy / Consulate	<input type="checkbox"/> Driving Tuition	<input type="checkbox"/> Fiber Glass Tank	<input type="checkbox"/> Cover for vehicles imported without customs duty
<input type="checkbox"/> Racing, Rallies, Speed Trials	<input type="checkbox"/> Vintage Car	<input type="checkbox"/> Cover loss of accessories due to burglary, housebreaking or theft	(Applicable only for Two-Wheelers)

## SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 TO RUPEES TEN LAKHS.

## PERSONAL ACCIDENT COVER

**A. Owner Driver**

1. Personal Accident Cover for owner driver is compulsory for sum insured of Rs. 15,00,000/-.

2. Compulsory PA cover to owner driver cannot 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 Rs 10,000/- for a max of Rs. 100,000/- per person for two wheelers & Rs 200,000/- per person for private cars. 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 License
<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 Rs. 50,000 and above & for Cheque Rs.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"/> Aadhar Card
<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Electricity Bill	

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want PRIVATE CAR/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)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd

☐ I have e Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is  (If available)

## PAYMENT DETAILS ☐ CHEQUE ☐ DD ☐ CASH ☐ 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian/ No- Indian If Non-Indian, please specify 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 Section 1 of the Policy will stand forfeited"

## 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:  Place:  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) \_\_\_\_\_ 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date:  Place:  Signature of the Witness \_\_\_\_\_

Signature/Thumb impression of the Proposer \_\_\_\_\_