

PROPOSAL FORM

PRIVATE CAR INSURANCE POLICY



Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form. To be filled in BLOCK LETTERS ONLY

BUSINESS TYPE

New: Roll over Endorsement

FOR OFFICE USE

Agreement Code: Agreement Name:
RM Code: Secondary RM Code: SP Code:
Inspection Lead No.: Inward No.:
Quote No.: Receipt No.: Receipt Date:
Business Sector: Urban Rural Social Customer Segment: Agency Banca Corporate/ Broking Direct

PROPOSER DETAILS (* Mandatory Fields)

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

Title: 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
Gender: Male Female Third Gender Date of Birth: D D M M Y Y Y Y Mobile No.:
Alternate Mobile No.: Email ID:
PAN*: / Form 60/61 (if Available): Aadhaar Card No.:
GSTIN/ISDN: IF APPLICABLE Occupation of the Insured:
Address of the Proposer House No.: Block: Building:
Locality: Street: City:
State: PIN Code: Country: I N D I A

Are You or any of the proposed applicants or close relatives is/are associated to 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.

VEHICLE DETAILS

Vehicle Registration No.: Month & Mfg. Year: D D M M Y Y Y Y
Vehicle Make, Model & Variant:
Engine No.: Chassis No.:
Fuel Type: Seating Capacity: Body Type:
First Purchase / Registration Date: D D M M Y Y Y Y RTO City: RTO Location:
RTO State: Colour of the vehicle: Usage Of Vehicle: Business Private
Parking Type: Garage Public Road Within Compound Vehicle Modification: Yes No If Yes, provide details _____
Is the vehicle proposed for insurance under: Hypothecation Hire Purchase Lease
Financial Institution's Name: Branch:
Loan Account Number:

VEHICLE INSURANCE HISTORY

Previous Insurer's Name:
Previous Insurer's Address: PIN Code:
Previous Policy Number:
Previous Policy Period: D D M M Y Y Y Y Previous policy expiry date: D D M M Y Y Y Y
Previous Policy Type: Comprehensive Liability Stand-alone Od Bundled
Are You Entitled To No Claim Bonus Yes No NCB % On Expiring Policy:

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 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. | Private Car Insurance Policy-package UIN : IRDAN144RP0005V03201112 | Bundled Private Car Insurance Policy UIN : IRDAN144RP0006V02201819 | Stand-Alone Motor Damage Cover for Private Car UIN : IRDAN144RP0001V01201920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Please Provide The Details Of Claims Reported In The Past 5 Years

Years	1	2	3	4	5
No. of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount (₹)					

Expiring Policy Stand-alone Then Provide Below Details Of Active Liability Only Policy:

Active Liability Policy No.: Active Liability Policy Period:

Active Liability Only Policy Insurer's Name:

Has Any Insurance Company ever

a. Declined The Proposal Yes No b. Cancelled The Policy Or refused To Renew Yes No
 c. Required An Increase Of Premium Yes No d. Imposed Special Conditions Or Excess Yes No

If yes provide reasons thereof: _____

DRIVER'S DETAILS

Driver's Age: Driving Experience In Years:
 Does The Driver Suffer From Defective Vision Or Hearing Or Any Physical Infirmary Yes No If Yes Please Provide Details Of Such Infirmary: _____
 Has The Driver Been Involved /convicted For Causing Accident? Yes No If Yes Please Provide Details: _____
 Driver's Name: Date of Accident:
 Circumstances of Accident/claim: Loss/Cost:

PROPOSED PERIOD OF INSURANCE

OD FROM: DATE: TIME:
 TP FROM: DATE: TIME:
 PA FROM: DATE: TIME:

PROPOSED COVER TYPE

BUNDLED STAND-ALONE OD COMPREHENSIVE If only Standalone cover is opted
 Active Liability Policy Number: Active Liability Policy Date:
 Active Liability Policy Insurer's Name:
 Active TP Policy Start Date: Active TP Policy Expiry date:

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 the 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%

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

OTHER VEHICLE / COVERAGE INFORMATION

At The Time Of Purchase The Vehicle Was: New Used Are you the first owner? Yes No
 The Vehicle Is In Good Condition*: Yes No If 'No' Please Give Full Details _____
 The Vehicle Is Used by driving class Yes No Use Of My Vehicle Is Limited To Own Premises Yes No
 The Vehicle Belongs To Foreign Embassy/consulate Yes No
 Vintage And Classic Car Club Of India
 The Car Is Certified As Vintage Car By Yes No
 The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes No
 Are You A Member of the Automobile Association Of India: Yes No
 If Yes, Association's Name: _____

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Membership No.:

Membership Expiry Date:

Is The Vehicle Fitted With Any Anti-theft Device Approved By The ARAI Yes No

Whether Vehicle Is Used For Commercial purpose? Yes No

Whether Extension Of Geographical Area To The Following Countries Required Yes No

If Yes, State The Name Of The Countries _____

Whether The Vehicle Is Driven By Non-conventional Source Of Power Yes No

If Yes, CNG, LPG, Bi-Fuel electric If Yes, Please Give Details _____

Whether The Vehicle Is Fitted With Fibre Glass Tank Yes No

Do You Wish To Opt For Voluntary Deductible Yes No

If Yes, Tick Amount You Wish To Opt For ₹2500 ₹5000 ₹7500 ₹15000 Restrict Third Party Property Damage Cover Limit To ₹6000 Yes No

OTHER OPTIONAL COVERS

Legal Liability To Paid Driver Yes No If yes, No. of drivers Legal Liability To Employees Yes No If yes, No. of employees

Legal Liability To Airmen/sailors /solider Yes No If yes, No. of persons PA Owner Driver Cover Yes No

PERSONAL ACCIDENT COVER

If selected as yes - Nominee Name: Date Of Birth:

Relationship With Owner: Nominee contact No.:

Name Of Appointee: Appointee Relationship:

Appointee contact No.:

PA to Unnamed Passenger Yes No Sum Insured No. of Persons

PA To Paid Driver Yes No Sum Insured PA cover for Named Persons Yes No

Names and Sum Insured matrix to be given _____

OPTIONAL ADD-ON COVERS

Depreciation Reimbursement Yes No Engine Guard Yes No

Cover For Consumables Yes No Protection Of NCB Yes No

Return to Invoice Yes No Basic Roadside Assistance Yes No

Additional Roadside Assitance Yes No Cover For Key Replacement Yes No

Loss Of Personal Belonging Yes No Enhance PA Cover For Insured (owner Driver) Yes No

Enhanced PA Cover For Insured (paid Driver) Yes No Enhanced PA Cover For Insured (unnamed Passenger) Yes No

If yes, sum Insured: No. of persons:

Hospital Cash Cover For Insured (owner Driver) (Not Applicable For bundled And Standaone OD Cover) Yes No

Hospital Cash Cover For Insured (paid Drivers) (Not Applicable For bundled And Standaone OD Cover) Yes No

Hospital Cash Cover For Insured (unnamed Passengers) (Not Applicable For bundled And Standaone OD Cover) Yes No

If yes, sum Insured: No. of persons EMI Protector (Not Applicable For bundled and standalone OD Cover) Yes No

If Yes, EMI Amount _____ Inconvenience Allowance Yes No If Yes, Daily Limit Rs. _____

Emergency Medical Expense : Yes No Sum Insured : ₹ 50,000/- ₹ 1,00,000/-

GO Smart- Flexi Cover : Yes No

Wall charger and associated accessories Yes No Serial no./ charger identification number: _____

Coverage for Additional charger required: Yes No If yes, provide: Invoice value _____ Serial no./ charger identification number: _____

Battery Guard Yes No Vehicle Replacement Edge Yes No

Kindly select the Kilometers you wish to opt from below mentioned options, at the inception of the policy

- 1. Less than 1,000 Kms
- 2. Greater than 1,000 Kms and Less than 2,000 Kms
- 3. Greater than 2,000 Kms and Less than 3,000 Kms
- 4. Greater than 3,000 Kms and Less than 4,000 Kms
- 5. Greater than 4,000 Kms and Less than 5,000 Kms
- 6. Greater than 5,000 Kms and Less than 6,000 Kms
- 7. Greater than 6,000 Kms and Less than 7,000 Kms
- 8. Greater than 7,000 Kms and Less than 8,000 Kms
- 9. Greater than 8,000 Kms and Less than 9,000 Kms

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4. Greater than 3,000 Kms and Less than 4,000 Kms

10. Greater than 9,000 Kms and Less than 10,000 Kms

5. Greater than 4,000 Kms and Less than 5,000 Kms

11. More than or equal to 10,000 Kms

6. Greater than 5,000 Kms and Less than 6,000 Kms

Insured vehicle Odometer (Kilometers) reading at the time of inception of the Policy :

Kindly select the Kilometers you wish to TOP- UP from below mentioned table

Kms Opted	Tick Box
500 Kms	<input type="checkbox"/>
1,000 Kms	<input type="checkbox"/>
1,500 Kms	<input type="checkbox"/>
2,000 Kms	<input type="checkbox"/>
2,500 Kms	<input type="checkbox"/>

Kms Opted	Tick Box
3,000 Kms	<input type="checkbox"/>
3,500 Kms	<input type="checkbox"/>
4,000 Kms	<input type="checkbox"/>
4,500 Kms	<input type="checkbox"/>
5,000 Kms	<input type="checkbox"/>

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 The Proposer: _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Private Car 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 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:

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 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 Non-Indian Non-resident Indian(NRI) Others

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

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

Corporation Government Non-Governmental Organisation Society Trust

Partnership International Organisation Cooperative Section 25 Companies

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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).