PROPOSAL FORM

ACT ONLY INSURANCE POLICY



(For Private Cars / Two Wheelers)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

A (I) PERSONAL DETA	AILS OF PROPOSER / OWNER		
1. Name of the Proposer	r's*:		
2. Present Address*:		\Box	
	Village/City: PIN code:	亩	
	Gram Panchayat: State: State:	一	
My Present Address is	same as Permanent Address:		
Permanent Address:			
Permanent Address:		+	
	Village/City: PIN code:	Щ	
	Gram Panchayat: State:	Ш	
	Gender*: M F Other		
	Mobile No*: Alternate Mobile No.*:		
Aadhaar No.:	PAN*: / Form 60/61		
3. Occupation / Busines			
Marital Status	*: Married Unmarried Date of Birth*: D D M M Y Y Y Gender*: M F Other	r	
4. Type of Cover:	Liability Only Policy Liability Only Policy		
5. Period of Insurance: 7	TP Section: From D D M M Y Y Y Hrs : To D D M M Y Y Y	Y	
Period of Insurance: I Driver Section:	PA Owner From DDMMYYYY Hrs : To DDMMYYYY	Υ	
6. Are You or any of the	e proposed applicants or close relatives is/are associated to Politically Exposed Person ? Yes 1	Vo	
	ns (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of S politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important po		
	licy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copse send SMS "PRINT < Policy Number> "to 561612 from your registered mobile number.	y of	
NOMINEE DETAILS*			
Nominee 1			
*Name:			
*Relationship with Nominee:	*Date of Birth of Nominee:		
*Mobile no.:	Email Id:		
Percent of Claim			
Payable: Permanent Address:		\Box	
Bank details of nominee:	Bank Name: Branch Name:	$\overline{\Box}$	
nominee.	Name of Account holder:	$\overline{\Box}$	
	Bank Account IFSC Code:	$\overline{\Box}$	
*Where Nominee is a r	Number: in Sc code minor, please give the details of Appointee/Authorized person.		
*Name:			
*Relationship with	*Date of Birth of Appointee: D D M M Y Y Y Y		
Nominee: Mobile no.: Fmail Id:			

Percent of Claim Payable: Permanent Address:							7
Bank details of	Bank Name:					Branch Name:	ĺ
appointee:	Name of Account						j
	holder:					IFSC Code:	7
Namely as 2	Number:						J
Nominee 2							٦
*Name: *Relationship with				*	ate of Birth	h of Nominee: DDMMMYYYY	
Nominee:					acc 0. 5. c.	Email Id:	٦
*Mobile no.: Percent of Claim						Email d.	_
Payable:			$\frac{1}{1}$	+++			7
Permanent Address: Bank details of	Danis Naması 📗					Duna de Marca de Cara	_
nominee:	Bank Name: Name of Account					Branch Name:	_
	holder:						_
	Bank Account Number:					IFSC Code:	
	minor, please give the	details	of App	ointee	/Authorize	ed person.	_
*Name:							_
*Relationship with Nominee:				*[Date of Birt	h of Appointee:	_
Mobile no.:						Email Id:	
Percent of Claim Payable:							
Permanent Address:							
Bank details of	Bank Name:					Branch Name:	
appointee:	Name of Account $\ \ \Box$						٦
	holder:			$\frac{1}{1}$		IFSC Code:]]
Note (*) marked fields	holder: Bank Account Number:					IFSC Code:	
Note (*) marked fields	holder: Bank Account Number: are mandatory					IFSC Code:]
A (II) VEHICLE DETA	holder: Bank Account Number: are mandatory					IFSC Code:	
A (II) VEHICLE DETA 7. Registration Numb	holder: Bank Account Number: are mandatory LS per of the Vehicle:				Ty)	IFSC Code:	
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration	holder: Bank Account Number: are mandatory LS per of the Vehicle: on of the Vehicle:) D M	MY	YYY	Y	IFSC Code:	
A (II) VEHICLE DETAIL 7. Registration Number 8. Date of Registration 9. Registration Author	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location:				Y	IFSC Code:	
7. Registration Numbers. Date of Registration Authors. 10. Year of Manufacture.	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location:			Y Y Y Y Y Y Y Y Y Y Y	Y	IFSC Code:	
A (II) VEHICLE DETAIL 7. Registration Number 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number:	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location:			Y Y Y	Y	IFSC Code:	
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number:	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re:			Y Y Y Y Y	Y	IFSC Code:	
A (II) VEHICLE DETAINMENT A (III) VEHICLE DETAINMENT AND THE PROPERTY OF THE P	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re:				Y	IFSC Code:	
A (II) VEHICLE DETAIN 7. Registration Numbers 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Numbers 12. Chassis Numbers 13. Make of the Vehicle 14. Models	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re:			Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	IFSC Code:	
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body:	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re:			Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	IFSC Code:	
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle:			Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	IFSC Code:	
A (III) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicl 14. Model: 15. Type of Body: 16. Cubic Capacity of 17. Seating Capacity in	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: e: the Vehicle: prity & Location:		MY		Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle: cthe Vehic		MY		Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
A (III) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of 17. Seating Capacity if 18. Whether the vehicle	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle: chicked a series of the Vehi	DDM	M Y	l l l l l l l l l l l l l l l l l l l	YES		
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of 17. Seating Capacity if 18. Whether the vehicle of the	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle: cle is driven by non-core details f vehicle is limited to o	D D M	M Y A A A A A A A A A A A A A A A A A A	l l l l l l l l l l l l l l l l l l l		G/LPG/BI-Fuel	
A (III) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of 17. Seating Capacity of 18. Whether the vehicle 19. Whether the use of 20. Whether the vehicle 21. Whether the vehicle 21. Whether the vehicle	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle: cle is driven by non-core details f vehicle is limited to ole is used for commerciale is used for driving turns.	nvention win prer itial purp itions?	mal sou	l l l l l l l l l l l l l l l l l l l	YES	G/LPG/BI-Fuel NO	
A (II) VEHICLE DETA 7. Registration Numb 8. Date of Registration 9. Registration Author 10. Year of Manufactur 11. Engine Number: 12. Chassis Number: 13. Make of the Vehicle 14. Model: 15. Type of Body: 16. Cubic Capacity of 17. Seating Capacity of 18. Whether the vehicle 19. Whether the use of 20. Whether the vehicle 21. Whether the vehicle 22. Details of Hire Pur	holder: Bank Account Number: are mandatory LS per of the Vehicle: prity & Location: re: the Vehicle: cle is driven by non-core details f vehicle is limited to ole is used for commerciale is used for driving turns.	nvention wn prer itions?	mal sou	l l l l l l l l l l l l l l l l l l l	YES YES	G/LPG/BI-Fuel NO N	

,	ii) Onder Lease Agreement?
	iii) Under Hypothecation? YES NO
	f "YES", give name and address of concerned party / parties:
	e: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form) II) LIABILITY SECTION: COVERAGE
	RD PARTY RISKS: DEATH / BODILY INJURY
	Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:
	(i) Owner Driver only YES NO
	(ii) Any person other than Paid Driver YES NO
lf, "Y	ES", give details of such other persons:
	1
	2
/NI - 4	3
	e: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other on authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146
	npts the paid driver. 2. As per Section 147 (2) (a) The liability is "as incurred" in the case of death / bodily injury of a third party)
тни	RD PARTY RISKS: TPPD
Doy	ou wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES 🔃 NO 🗌
	additional TPPD limits, please see Q. No. 25]
	RD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988) Legal liability to persons employed in connection with operation of the vehicle who are "workmen". [The liability of the Employer under the Workmen's Compensation Act – 1923 is covered under the Motor Vehicles Act – 1988].
	1) Drivers (No. of persons:)
	2) Employees (Workmen) (No. of persons:)
/NIad	
	e: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning o Norkmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]
uie	To additional coverage, please refer to Q. No. 201
В. 0	QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS
ADE	OITIONAL TPPD
25.	The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/- for Two Wheelers and Rs. 7, 50,000/- for other classes of vehicles.
	Do you wish to cover the additional limit?
	[Refer to Q. No. 23]
ADE	OITIONAL LIABILITY TO WORKMEN
26.	Do you wish to cover wider legal liability to employees who are 'workmen'?
	[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, liability under
	Fatal Accidents Act-1855 and the Common Law] YES NO STATE Action 1985 are set of a replaced as the control of a replaced as the con
	e: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered er this endorsement) [Refer to Q. No. 24]
	BILITY TO EMPLOYEES WHO ARE NOT WORKMEN
	Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES NO STATE And Additional Action of the State
	e: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered er this endorsement).
PER	SONAL ACCIDENT COVER FOR OWNER DRIVER
28.	Do you hold a valid driving license? YES NO
	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:
	(a) Name of the Nominee & Date of Birth:
	(b) Relationship :
	(a) Notationship

	(c) Name of the Appointee (If Nominee is a Minor)	:		
	(d) Relationship to the Nominee	:		
owr	te: 1. Personal Accident cover for owner- ner driver cannot be granted where a vehi ner-driver does not hold an effective drivi	icle is owned by a company, a		
29.	Do you wish to include Personal Accide	nt cover for named persons?	YES NO	
If YE	ES, give name and Capital Sum Insured (C	SI) opted for:		
	Name	CSI Opted (Rs.)	Nominee	Relationship
1)				
2)				
3)				
	te: The maximum CSI available per pers eelers)	on is Rs. 2 Lakhs in case of	Private Cars and Rs. 1 Lal	kh in the case of Motorized Two
30.	Do you wish to include Personal Acciden	nt cover for Unnamed Passe	ngers/hirer/pillion passen	gers (Two Wheelers)?
	If YES, give number of persons and Cap	sital Sum Insured (CSI) Ontec	ı.	
	No. of Persons:	C.S.I (Per Person):		
(No	te: The maximum CSI available per perso			the case of Motorized Wheelers)
	OGRAPHICAL EXTENSION	113 N3. 2 Lakii3 iii casc of i iiv	ate cars and Ns. 1 Eakimin	the case of Flotoffzed Wheelers,
	Whether extension of geographical are	a to the following countries	required?	
J1.	(1) Bangladesh YES NO	(2) Bhutai		
	(3) Maldives YES NO	(4) Nepal	YES NO	
	(5) Pakistan YES NO	(6) Sri Lar		
(No	te: Presently the territory covered is geo			cover can be availed by use of
	endorsement)	g. apca. a. ca ca.a. = /100.	oron or goograpmourarea	cover carried availed by about
C.	QUESTIONS THAT ARE ELICITED FOR I	NFORMATION AND DATA O	OLLECTION PURPOSES	
32.	Previous History:			
	a. Date of purchase of the vehicle by th	ne proposer:	_/_/	
	b. Whether the vehicle was new or sec	ond hand at the time of purc	hase? New/Second Hand	i
	c. Will the vehicle by used exclusively for	or		
	(i) Private, Social, Domestic, Pleasure &	ù Professional Purpose? Y	ES NO	
	(ii) Carriage of goods other than sample	es or personal luggage? Y	ES NO	
d.	Is the vehicle in good condition?	Υ	ES NO	
	If NO, please give details:			
e.	Name and Address of the previous insu	rance company:		
f.	Previous policy number:	g. Pr	evious policy type:	
h	Period of Insurance : From:	To:		
i.	Claims logged during the preceding 3 y	ears:		
Ye	ar	No. Of Claims	Claim Am	ount (Rs.)

33.	Details of the Driver:
	a. Age & Date of Birth of the Owner: Age: Yrs DOB://
	b. Age & Date of Birth of the Driver: Age: Yrs DOB://
	c. Does the driver suffer from defective vision or hearing or any physical infirmity?
d.	Has the driver ever been involved / convicted for causing any accident of loss?
	If YES, give details as under including the pending prosecutions:
	Driver's Name :
	Date of Accident:
	Loss / Cost (Rs.):
	Circumstances of Accident / Loss:
AD	DDITIONAL INFORMATION (OFFICE USE ONLY)
PRC	DPOSAL TYPE
1.	New Policy: Roll-Over:
	Renewal: Endorsements:
PER	RSONAL DETAILS
2. M	Nother's maiden Name:
3. A	Address: of Proposer's:
	City: State:
	PINcode: Gender: M F Other
	Phone: Mobile No.:
	Aadhaar No.: PAN: PAN:
	rital Status: Single Married Divorced Widowed
	cational Qualification:
	Preferred Mode of Contact:
	/ehicle Type: 2 Wheeler 3 Wheeler 4 Wheeler More than 4 Wheeler
	/ehicle Colour:
	City where the vehicle will primarily be used:
	/ehicle category & Use: Conveyance of passenger for Hire/reward Courier & express delivery Camper van/Motor
	omes Racing Rallies Speed Trials Amusement centre Tourist or charter operator
	ast food/ Restaurant – Delivery service Special Purpose vehicle Airfield/Airside operation
	'ehicle specifically designed or adapted for military and law enforcement use Others
	Whether any modification or conversion has been done in the vehicle from the maker's standard specification? YES NO
	If YES, please give details of such modifications/conversions
11.	Whether the vehicle is certified as Vintage Car by Vintage & Classic car club of India?
12.	Is the vehicle in good state of repair?
	If NO, please furnish details
13.	What will be the Average Daily use of the vehicle?
	Less than 500 Kms Between 501 & 2500 Kms Between 2501 to 5000 Kms Above 5000 Kms
14.	Where will the vehicle be generally driven on?
	Expressway National Highway State Highway City Roads Town Village Roads Private Road
15	Will the vehicle he let out on occasional Hire? YES NO

16. V	Vhere the vehi	cle will be	generally parked	I						
Durin	During the Day – Roadside Public parking									
Roadside Outside Parking										
		Open pa	rking lot							
		Covered	parking lot							
		Locked	covered garage							
			nclosed compou	nd of residen	ce/office/fact	ory				
Durin	g the Night -	Roadside	e Public parking							
	5		e Outside Parking	3						
		Open pa	rking lot							
		Covered	parking lot							
			covered garage							
			nclosed compou	nd of residen	ce/office/fact	ory				
DRIV	ER DETAILS		•			, <u> </u>				
17. TI	ne vehicle will l	oe driven l	by							
Sr. No.	Name		Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1.										
2.										
3.										
4.										
5.										
DEC	LARATION BY	PROPOS	ER							
			statements made this declaration s						nowledge	e and belief
16				. 11 2.1			Cultina			
-	additions or a nveyed to the		are carried out ir nmediately.	n the risk proj	posed after tr	ie submission	of this pro	posal form, tr	nen the sa	me should
Б.		V V V								
Date:	D D M M	1 1 1	Y Place:				Signati	ure of the Pro	noser	
							Olgilati		posei	
			ACCOUNT DETA							
I want	t Private Cars /	Two Whe	eler Policy and re	elated inform	ation in:					
	hysical Forma				s & when appl	icable				
Choo	se your Insura	nce Repos	sitory (For those	9						
	NSDL Database Management Ltd. Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited).									
k	Karvy Insurance Repository Ltd. CAMS Insurance Repository Services Ltd.									
	I have an e-Insurance Account & the No. is									
My Cl	My CKYC No. (Central Know Your Customer Registry Number) is (If available).									
Ι,					, he	reby grant e	xplicit con	sent to SBI	General	Insurance
	•		nd downloading o	•	record from t	he Central KY	C Records	Registry. I u	nderstand	d that this
			ne purpose of en	_					_	
	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.										
Custo	omer Name: _							Date: D D	MMY	YYY
							_			

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

AME GOIDELINES (Fremium rayment shall be made by the Folicyholder of the Folicy)
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 statues, 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
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 I hereby declare that the current address is different from the avalilable in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation. My CKYC No. (Central Know Your Customer Registry Number) is (If available).
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID) Signature of Proposer:
PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*:
Premium Amount: Cheque/Journal Date: D D M M Y Y Y Y
Premium payment Option: Debit Card/Credit Card
Bank Account No.: Bank Account Number*: Card details*: Master Visa Card No*.: IFSC Code: Branch Name*: Card Expiry Date: Card Expiry Date: Card Expiry Date: D M M Y Y Y Y
SBIGI does not accept Cash for Premium Payments against the Policy.
INSURED BANK DETAILS*
In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund/claim needs to be credited directly)
Bank Name*: Branch: Branch:
Name as in Bank Account Bank Account No.*:
IFSC Code: MICR Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

AGENT DECLARATION	
I,	need in this Proposal Form to the Proposer including oposal Form to questions contained herein or any in the Company and the Proposer, if this Proposal is er explained that if any untrue statement(s)/addendum(s), affidavits, statements, submissions, fits which may be payable and further more if there our pursuant to this Proposal may be treated by the
Licence No	
Date: D D M M Y Y Y Y	
Place:	Signature of Agent
DECLARATION BY INSURED:	
I/we hereby declare that the value of insurable assets is less than $\stackrel{?}{\sim} 5$ made by me/us in this Proposal Form are true to the best of my/our know declaration shall form the basis of the contract between me/us and the If any additions or alterations are carried out in the risk proposed after the subbe conveyed to the Insurers immediately. The details filled in the proposal form would be used for new as well as for rener	vledge and belief and I/we hereby agree that this mission of this proposal form then the same should
Date: D D M M Y Y Y Place:	Signature of the Proposer
DECLARATION (If signed in vernacular language / If you have affixed thumb in	npression above)
Applicable where the Proposer is illiterate or is suffering from a disability Proposer has signed in vernacular language. (Note: The below must be witnesse the Company). I/We certify that the product applied for by me/us and the contents of the Propose we have fully understood them. I/We further certify that the replies in the Proposerovided by me/us. I, (Full name of the witness)	ed by someone other than the Advisor/Employee of sal Form have been clearly explained to me/us and I/ sal Form have been recorded as per the information
and inhabitant of (city) and residing at	do hereby
certify that I have read out and explained the contents of the Proposal Form Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Pri same. I/we declare that whatever I/We have stated herein above is true and cor	mary Insured and he/she/they have understood the
Signature of the Witness Insured Signature/	 Thumb impression of the Proposer/Primary Insured
Date: D D M M Y Y Y Place:	impression of the Freposei/Frinary insured
INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES	
/4/81	

- (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 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 Insure.
- (2) 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.



AML Declaration as per AML Master Guideline 2022:

- ${\bf 1.\,KYC\,Details\,for\,Individual\,Members\,covered\,under\,the\,Group\,Insurance:}$
 - "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.