### **PROPOSAL FORM**

## **ACT ONLY INSURANCE POLICY**



(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988. **PROPOSAL TYPE** New Policy: Roll-Over: **Endorsements:** Renewal: **GO SMART FLEXI COVER (Pay As You Drive):** Do you want to opt for GO Smart Flexi cover (Pay as you drive)? No If yes, kindly fill the details in the "OPTIONAL ADD ON COVERS" section. A (I) PERSONAL DETAILS OF PROPOSER / OWNER 1. Name of the Proposer's\*: 2. Present Address\*: Village/City: PIN code: Gram Panchayat: State: My Present Address is same as Permanent Address: Permanent Address: Village/City: PIN code: Gram Panchayat: State: Gender\*: М F Other Alternate Mobile No.\*: Mobile No \*: Form 60/61: Aadhaar No: (if Available) Self-Employed Others 3. Occupation / Business: Salaried Email ID: Date of Liability Only Policy 4. Type of Cover: Birth\*: Period of Insurance: From Mobile No.: Preferred mode of contact: Phone: Marital Status\*: Married Unmarried Email ID: 5. 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 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: \*Date of Birth of Nominee: \*Relationship with Nominee: Email Id: \*Mobile no.: Percent of Claim Payable: Permanent Address: Bank details of Bank Name: **Branch Name:** nominee: Name of Account holder: **Bank Account** IFSC Code: Number: \*Where Nominee is a minor, please give the details of Appointee/Authorized person. \*Name:

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\*Date of Birth of Appointee:

\*Relationship with

Nominee:

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A (II) VEHICLE DETAI																																
6 Registration Numb of the Vehicle:	er												]			7		Date the `				rati	on	of	D	D	М	М	Y	Y	Υ	Y
8 Registration Autho	rity										 	 	] 					T	,			l	l				I		H		<u> </u>	<u> </u>
& Location:	•						_	_										$\vdash$										느	느	<u> </u>		<u> </u>
9 Year of Manufactur	e:		Μ	Μ	Υ	Υ	Υ	Υ			:	LO	Eng	gine	Nu	ımb	er	:										L	L			
11 Chassis Number:														12	Μ	lake	e 01	fthe	e Vel	hicl	e:											
13 Model:														14	Ty	уре	of	Вос	ly:													
15 Gross Vehicle Weig	ght (	GV	W)	& C	ubi	c Ca	pa	city	(C	C):													•			•		-			•	
16 Maximum licensed	6 Maximum licensed carrying capacity (No. of Passengers) in case of passenger carrying vehicles																															
17 Whether the vehic	le is	dri	ver	by	nor	n- co	onv	ent	ion	al s	our	ce o	of p	owe	er C	NG	i/L	PG/	BI-F	ue												
If "YES", Please give de	tails																															
18 Whether the use o	fvel	nicl	e is	lim	ite	d to	owi	n pr	em	ise	s? \	/ES			Ν	10																
	8 Whether the use of vehicle is limited to own premises? YES NO NO 9 Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)? YES NO																															
20 Whether the vehicl												/ES	_			10													_			
21 Details of Hire Purc						-											_															
a) Is the vehicle p																																
(i) Under Hire Pur	chas	se?		/ES		N	0			(i	i) U	nde	er Lo	eas	e A	gre	em	ent	? Y	ΈS		$\neg$	NC	) [								
(iii) Under Hypoth	ecat	ior	12 \	/FS	F	Īĸ	0								•						_	_		L								

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b)	If "YES", give name and address of concerned party / parties:
(No	te: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)
Α (	III) LIABILITY SECTION: COVERAGE
THI	RD PARTY RISKS: DEATH / BODILY INJURY
22	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, "\	YES", give details of such other persons:  1.
	2
	3.
pers	te: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any othe son authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 mpts 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
тні	RD PARTY RISKS: TPPD
23.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES NO [For additional TPPD limits, please see Q. No. 25]
THI	RD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988)
24.	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:)
	te: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning o Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]
В.	QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS
ADI	DITIONAL TPPD
25	The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles
	Do you wish to cover the additional limit? YES NO Refer to Q. No. 23]
ADI	DITIONAL LIABILITY TO WORKMEN
26	Do you wish to cover wider legal liability to employees who are 'workmen'?  YES  NO
	[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]
(No	te: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement) [Refer to Q. No. 24]
LIA	BILITY TO EMPLOYEES WHO ARE NOT WORKMEN
27	Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES NO
	te: 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 :
	(c) Name of the Appointee :
	(d) Relationship to the Nominee :

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wn	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 partne			•
NFP		3			
9	Do you wish to include Legal liability to l	Non fare paying passengers ? YE	s 🗌	NO	
	If YES, give number of persons:				
A C	COVER FOR UNNAMED OCCUPANTS				
0	Do you wish to include Personal Accider	nt cover for Unnamed Passengers/ł	nirer/pill	lion passengers	(Two Wheelers)?
	YES NO	-			
	If YES, give number of persons and Cap	ital Sum Insured (CSI) Opted:			
	No. of Persons:	C.S.I (Per Person):			
Not	te: The maximum CSI available per persoi	n is Rs. 2 Lakhs in case of Private Ca	rs and R	s. 1 Lakh in the o	case of Motorized Wheelers)
GEC	OGRAPHICAL EXTENSION				
1	Whether extension of geographical are	a to the following countries require	d?		
	(1) Bangladesh YES NO	(2) Bhutan YES NO		(3) Maldives	YES NO
	(4) Nepal YES NO	(5) Pakistan YES NO		(6) Sri Lanka	YES NO
Not	te: Presently the territory covered is geo this endorsement)	ographical area of India. Extension o	of geog	raphical area co	ver can be availed by use of
C.	QUESTIONS THAT ARE ELICITED FOR I	NFORMATION AND DATA COLLEG	CTION	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 purchase?	New/Se	econd Hand	
	c. Will the vehicle be used exclusively for	or			
	(i) Private, Social, Domestic, Pleasure &	& Professional Purpose? YES	] NO [		
	(ii) Carriage of goods other than sample	es or personal luggage? YES	] NO [		
	d. Is the vehicle in good condition?	YES	] NO [		
	If NO, please give details:				
	e. Name and Address of the previous in	nsurance company:			
	f. Previous policy number:	g. Period of Insu	ırance :	From:	To:
	h. Claims logged during the preceding	3 years:			
Yea	ar	No. Of Claims		Claim Amount	(Rs.)
3	Details of the Driver:				
	a. Age & Date of Birth of the Owner: Ag	ge: Yrs DOB: D M M	\ Y Y	YY	
	b. Age & Date of Birth of the Driver: Ag	je: Trs DOB: D D M N	1 Y	YY	
	c. Does the driver suffer from defectiv	e vision or hearing or any physical ir	nfirmity	? YES	NO
	d. Has the driver ever been involved / c	onvicted for causing any accident c	of loss?	YES	NO
	If YES, give details as under including th	e pending prosecutions:			
	Driver's Name :				
	Date of Accident:	Y Y Loss / Cost (Rs.):			

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Circumstances of Accident / Loss:\_

ADDITIONAL INFORMATION (OFFICE USE ONLY)						
1. Vehicle Type: 2 Wheeler 3 Wheeler 4 Wheeler More than 4 V	Wheeler					
2. Vehicle Colour:						
3. City where the vehicle will primarily be used:						
4. Fuel Type: Petrol Diesel CNG LPG Electric	Hybrid Other					
5. Vehicle category & Use: Imported vehicle Conveyance of passenger for Hire/reward	Courier & express delivery					
Campervan/Motor homes Racing, Rallies Speed Trials Amusement centr	Tourist or charter operator					
Fast food/ Restaurant – Delivery service   Special Purpose vehicle   Airfield/Airside	operation Vehicle specifically					
designed or adapted for military and law enforcement use Collection / Disposal/ Dis	charge of Industrial Trade waste					
Logging or Timber Haulage Carriage of Live Stock Underground Mining	Transporting refrigerated stocks					
	d/leased to Municipal or State Govt					
authority Others	·					
6. Whether any modification or conversion has been done in the vehicle from the maker's sta	andard specification? YES NO					
If YES, please give details of such modifications/conversions						
7. Whether any Trailer attached? YES NO If YES, please give following details:						
No. of Trailers:						
Trailer Registration No.:						
Trailer Serial/Chassis No.:						
8. Is the vehicle in good state of repair?  YES NO						
If NO, please furnish details						
9. What will be the Average Daily use of the vehicle?						
Less than 500 Kms Between 501 & 2500 Kms Between 2501 to 5000 kms	Kms Above 5000 Kms					
10. Where will the vehicle be generally driven on?	_					
Expressway National Highway State Highway City Roads Town	Village Roads Private Road					
11. Do you want to cover legal liability to passengers? YES NO	<del>-</del>					
(Applicable to ambulance/hearses only) If YES, give number of passengers						
12. What is the vehicle permit type?						
Contract carriage Stage carriage Local State Zonal Nationa	al Hilly Areas					
13. What will the vehicle be used for?						
Goods Carrying (Public Carrier) Goods Carrying (Private	Carrier)					
Passenger Carrying (Capacity equal to or less than 9) Passenger Carrying (Cap						
Misc. & special vehicle Others (Please specify)_						
14. What types of Goods will the vehicle carry?						
Hazardous Goods Non-Hazardous Goods						
15. Proposed usage of vehicle? (Applicable only to passenger carrying vehicles carrying cap	pacity not exceeding 9)					
Driven by the owners only Driven by the owners only along with drivers	Driven by other drivers					
For rent to tourists For rent to individuals for personal use	Radio Taxis					
Business purpose by hotels Business purpose by Corporate	Official purpose by foreign					
16. Where will the vehicle be generally parked	embassy / consulate					
During the Day – Roadside Public parking Roadside Outside Parking	Open parking lot					
Covered parking lot Locked covered garage	Within enclosed compound					
	of residence/office/factory					
During the Night - Roadside Public parking Roadside Outside Parking	Open parking lot					
Covered parking lot Locked covered garage	Within enclosed compound of residence/office/factory					

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#### **DRIVER DETAILS**

17. Th	ne vehicle will be driven	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	SER							
	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								
-	additions or alterations nveyed to SBI General in		n the risk prop	posed after th	ne submission	of this pro	posal form, tl	nen the s	ame should
Date:	Date: D D M M Y Y Y Y Y S Signature of the Proposer								
ELEC	TRONIC INSURANCE	ACCOUNT DETA	ILS SECTION	N					
l want	Commercial Vehicles a	and related inform	ation in:	Physical Forr	mat	e-Format	(electronic); a	s & wher	applicable.
Choo	se your Insurance Repo	-	•						
N	ISDL Database Manage				ory Limited ( F Repository Lin				
K	arvy Insurance Reposit	ory Ltd.	AMS Insuran	ce Repositor	y Services Ltd				
	have an e-Insurance A	ccount & the No.	is 📗						
Ш My Cŀ	(YC No. (Central Know )	Your Customer Re	egistry Numb	er) is				(If ava	ilable).
I.				. he	reby grant e	xplicit cor	sent to SBI	General	Insurance
inform Gene This c	pany for the retrieval and the sessential for the rall Insurance Company onsent is valid until reventormation and volunt	he purpose of en: will handle my CK oked in writing by	suring accura YC information me. I have re	record from t ate and updat on in compliar	the Central KY ed records for nce with all app	C Records insurance	s Registry. I u services. I ac aprotection la	inderstar knowled aws and r	nd that this Ige that SBI egulations.
Custo	omer Name:						Date: D D	MMY	YYY
	omer Name: visit our website www.sbi				Valid Documen	ts).	Date: D D	MMY	YYY

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)

If Non-Indian please specify the nationality and country address

Others

Thor indian please specify the flationality and country address\_\_\_\_

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

Corporation Government Non-Governmental Organisation

Society Trust

Partnership International Organisation

If NRI please give details for resident country and address\_

Cooperative Section 25 Companies

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I hereby declare that the current address is different from the avalilable in the C	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 Cheque/Journal No*.:  Premium payment Cheque EFT DD Debit Card/Credit Ca	Date: D D M M Y Y Y Y
Bank Account IFSC	Code:
	anch ame*:  Card Expiry Date: D 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 designated bank account. Please provide the following bank details and a copy of the same bank account in which the refund/claim needs to be credited direct	of Cancelled Cheque: (Cancelled Cheque should be
Bank Name*: Brai	nch:
Name as in Bank Account*:  Bank A No.*:	ccount
IFSC Code: MICR C	Code:
Note: The Proposer agrees and undertakes to intimate in writing to SBI Gendetails. If ECS is selected, please submit the standing instruction form available	· · · · · · · · · · · · · · · · · · ·
AGENT DECLARATION	
I,	need in this Proposal Form to the Proposer including aposal 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)/iddendum(s), affidavits, statements, submissions, fits which may be payable and further more if there our pursuant to this Proposal may be treated by the
Date: D D M M Y Y Y Y	
Place:	Signature of Agent

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DECLARATION BY INSURED:		
made by me/us in this Proposal declaration shall form the basis	Form are true to the best of my/our know of the contract between me/us and the	
If any additions or alterations are obe conveyed to the Insurers imme		nission of this proposal form then the same should
The details filled in the proposal fo	rm would be used for new as well as for renew	al purpose
Date: D D M M Y Y Y Y		
Place:		
		Signature of the Proposer
<b>DECLARATION</b> (If signed in vern	acular language / If you have affixed thumb im	pression above)
Applicable where the Proposer is i	lliterate or is suffering from a disability due to	which writing is restricted or where the Proposer
has signed in vernacular language.		, , , , , , , , , , , , , , , , , , ,
	ed by someone other than the Advisor/Emplo	
		osal Form have been clearly explained to me/us
•	em. I/We further certify that the replies in the	Proposal Form have been recorded as per the
information provided by me/us.		
•		do hereby certify that I/We have
	•	nts incidental to availing the Insurance Policy from
	td., to the Proposer/Primary Insured and he/s	
I/We declare that whatever I/We h	nave stated herein above is true and correct to	the best of my knowledge and belief.
Date: D D M M Y Y Y Y		
Place:	Signature of the Witness Insur	red Signature/Thumb impression of the

# **INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES**

(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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary Insured

(2) Any person making default in complying with the provisions of this section shall be punishable with penalty, which may extend to Rupees Ten Lakhs.



# 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.