

(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: Renewal: Endorsements:

GO SMART FLEXI COVER (Pay As You Drive):

Do you want to opt for GO Smart Flexi cover (Pay as you drive)? Yes 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*: M F Other

Mobile No*: Alternate Mobile No.*:

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

3. Occupation / Business: Salaried Self-Employed Others Email ID:

4. Type of Cover: Liability Only Policy Date of Birth*:

Period of Insurance: From to

Preferred mode of contact: Phone: Mobile No.:

Email ID: Marital Status*: Married Unmarried

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:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name: Branch Name:

Name of Account holder:

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 of Appointee:

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. | Act Only Insurance Policy UIN : IRDAN144RP0001V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

b) If "YES", give name and address of concerned party / parties: _____

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

A (III) LIABILITY SECTION: COVERAGE

THIRD 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

If, "YES", give details of such other persons:

1. _____
2. _____
3. _____

(Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts 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)

THIRD 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]

THIRD 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: _____)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]

B. QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS

ADDITIONAL 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]

ADDITIONAL 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]

(Note: 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]

LIABILITY TO EMPLOYEES WHO ARE NOT WORKMEN

27 Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES NO

(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).

PERSONAL 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 : _____
(If Nominee is a Minor)

(d) Relationship to the Nominee : _____

(Note: 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-driver does not hold an effective driving license.)

NFPP

29 Do you wish to include Legal liability to Non fare paying passengers? YES NO

If YES, give number of persons:

PA COVER FOR UNNAMED OCCUPANTS

30 Do you wish to include Personal Accident cover for Unnamed Passengers/hirer/pillion passengers (Two Wheelers)?

YES NO

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons: _____ C.S.I (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Wheelers)

GEOGRAPHICAL EXTENSION

31 Whether extension of geographical area to the following countries required?

(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

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

C. QUESTIONS THAT ARE ELICITED FOR INFORMATION AND DATA COLLECTION PURPOSES

32 Previous History:

a. Date of purchase of the vehicle by the proposer: ___ / ___ / ___

b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES NO
 (ii) Carriage of goods other than samples 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 insurance company: _____

f. Previous policy number: _____ g. Period of Insurance : From: _____ To: _____

h. Claims logged during the preceding 3 years:

| Year | No. Of Claims | Claim Amount (Rs.) |
|------|---------------|--------------------|
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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? YES NO

d. Has the driver ever been involved / convicted for causing any accident of loss? YES NO

If YES, give details as under including the pending prosecutions:

Driver's Name : _____

Date of Accident: Loss / Cost (Rs.):

Circumstances of Accident / Loss: _____

DRIVER DETAILS

17. The 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. | | | | | | | | | |

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 _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to SBI General immediately.

Date: Place:

Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicles and related information in: Physical Format e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

- NSDL Database Management Ltd. Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
 Karvy Insurance Repository Ltd. CAMS Insurance 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

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. | Act Only Insurance Policy UIN : IRDAN144RP0001V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

DECLARATION BY INSURED:

I/We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and 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 _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.

The details filled in the proposal form would be used for new as well as for renewal purpose

Date:

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Place:

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Signature of the 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) _____ (Relationship with the Proposer) _____
adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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 my knowledge and belief.

Date:

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Place:

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Signature of the Witness Insured

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Signature/Thumb impression of the
Proposer/Primary Insured

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.
- (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 |
|--------|-----------------------------------|-----------------|-----------------|
| | | | |
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*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.