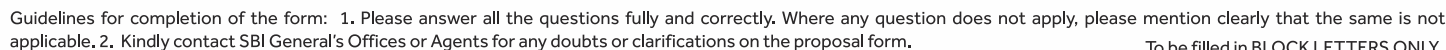


PRIVATE CAR INSURANCE POLICY



☐ New: ☐ Roll over ☐ Endorsement

[illegible]

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.

[illegible]

Disclaimer: SBI General Insurance Company Limited I 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.

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

[illegible]

Active Liability Only Policy Insurer's Name:

a. Declined The Proposal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	b. Cancelled The Policy Or refused To Renew	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Required An Increase Of Premium	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	d. Imposed Special Conditions Or Excess	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DRIVER's DETAILS

[illegible]

OD	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M
TP	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M
PA	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M

BUNDLED	<input type="checkbox"/>	STAND-ALONE OD	<input type="checkbox"/>	COMPREHENSIVE	<input type="checkbox"/>	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:											

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
Not Exceeding 6 months	5%
Exceeding 6 months but not Exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%

Age of the Vehicle	% of Depreciation
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
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)

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: _____

2

Kms Opted	Tick Box	Kms Opted	Tick Box
500 Kms	<input type="checkbox"/>	3,000 Kms	<input type="checkbox"/>
1,000 Kms	<input type="checkbox"/>	3,500 Kms	<input type="checkbox"/>
1,500 Kms	<input type="checkbox"/>	4,000 Kms	<input type="checkbox"/>
2,000 Kms	<input type="checkbox"/>	4,500 Kms	<input type="checkbox"/>
2,500 Kms	<input type="checkbox"/>	5,000 Kms	<input type="checkbox"/>

- 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).

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

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

4

Yes

[illegible]

Recent photograph of proposer:
(Photograph is required. if customer does not have CKYC ID)

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AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of _____, the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No. _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place:

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Signature of Agent:

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/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place:

--

Signature of the Witness: _____

Signature/Thumb impression of the Proposer: _____

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 Licence
<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

<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Aadhaar Card
<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill

PAYMENT DETAILS ☒ CHEQUE ☐ DD ☐ 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 No.:

--	--	--	--	--	--	--

 Amount:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible][illegible]

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place:

--

 Signature Of The Proposer: _____

SBIGI does not accept Cash for Premium Payments against the Policy.

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 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 in 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.

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.

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.

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).