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

New: Roll over Endorsement FOR OFFICE USE Agreement Code: Agreement Name: Secondary RM Code: SP Code: SP Code:						
Agreement Code: Agreement Name:						
RM Code: Secondary RM Code: SP Code: SP Code:						
	$\overline{\Box}$					
Inspection Lead No.:						
Quote No.: Receipt No.: Receipt D D M M Y Y Y	Y					
Business Sector: Urban Rural Social Customer Segment: Agency Banca Broking	Direct					
PROPOSER DETAILS (* Mandatory Fields)						
If you have an existing relationship with SBI General Insurance then please provide Customer ID / Policy Number:	\Box					
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 N	1 E					
Gender: Male Female Third Gender Date of Birth: D D M M Y Y Y Mobile No.:	$\overline{1}$					
Alternate Mobile No.: Email ID:						
PAN*: / Form 60/61 (if Available): Aadhaar Card No.:						
GSTIN/ISDN: IF APPLICABLE Occupation of the Insured:	$\overline{1}$					
Address of House No.: Block: Building: Building:						
the Proposer Locality: Street: City:						
State: PIN Code: Country: I N D I	А					
Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?						
Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Govern senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.	ments,					
VEHICLE DETAILS						
Vehicle Registration No.: Month & Mfg. Year: D D M M Y Y Y	Y					
Vehicle Make, Model & Variant:	$\overline{\Box}$					
Engine No.: Chassis No.:						
Fuel Type: Seating Capacity: Body Type:						
First Purchase / Registration Date:						
RTO State: Usage Of Vehicle: Business Privat	e					
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: Branch:						
Loan Account Number:						
VEHICLE INSURANCE HISTORY						
Previous Insurer's Name:	=					
Previous Insurer's Name: Previous Insurer's Address:						
Previous Insurer's Name: Previous Insurer's Address: Previous Insurer's Address: Previous Insurer's Address: Previous Insurer's Address:						
Previous Insurer's Name: Previous Insurer's Address: Previous Policy Number:						
Previous Insurer's Name: Previous Insurer's Address: Previous Insurer's Address: Previous Insurer's Address: PIN Code:						

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	s Of Claims Reported In The Pa									
Years	1	2		3 4			5			
No. of Claims										
Type of Claim	OD/TP	OD/TP	OD/TP OD/TP					OD/	ГР	
Amount (₹)										
xpiring Policy Stand-alor	ne Then Provide Below Details	Of Active Liability Only Po	licy:							
Active Liability Policy No.	:		Active Liabil	ity Policy Period:						
ctive Liability Only Policy	y Insurer's Name:									
as Any Insurance Compa	any ever						-			
Declined The Proposal	Yes	No No	b. Cancelled The	Policy Or refused	I To Renew Yes	No				
. Required An Increase O	f Premium Yes	No No	d. Imposed Speci	al Conditions Or	Excess Yes	No E				
yes provide reasons the	reof:									
DRIVER'S DETAILS										
river's Age:	Driving	Experience In Years:								
oes The Driver Suffer Fro	om Defective Vision Or Hearin	ـــــــــ g Or Any Physical Infirmity	Yes No	If Yes Please	e Provide Details Of Su	ch Infirmity:				
as The Driver Been Invol	ved /convicted For Causing Ac	cident? Yes No	If Yes	— Please Provide D	Petails:					
river's Name:					Date of Accident	D D	MM	Y	Υ	Υ
ircumstances of Accider	nt/claim:	Loss/Cost:								
PROPOSED PERIOR	D OF INSURANCE									
DD FROM:	D M M Y Y Y	DATE: D D M	MYYY	Y TIME:	H H : M M					
P FROM:				<u> </u>						
	D M M Y Y Y			H H						
A FROM: D	D M M Y Y Y Y	DATE: D D M	MYYY	Y TIME:	H					
PROPOSED COVER	RTYPE									
UNDLED S	TAND-ALONE OD	COMPREHENSIVE	If only Standal	one cover is opte	ed					
active Liability Policy Num	nber:			Act	ive Liability Policy Date	D D	M	Υ	Υ	Y
active Liability Policy Insu	ırer's Name:									
active TP Policy Start Dat	te: DDMM	YYYY	А	ctive TP Policy E	xpiry date:	D D	M	Υ	Υ	Y
INSURED'S DECLA	RED VALUE (IDV) OF THE	VEHICLE								
he IDV of the vehicle will Depreciation as per the sch	be deemed to be the sum insur edule below:	red for the purpose of the F	Policy & will be fixed o	on the basis of the	e manufacturer's listed	selling price	of the b	rand a	nd adj	justed
Age of the Vehicle		% of Depreciation	Ag	e of the Vehicle			q	% of D	eprec	iation
Not Exceeding 6 month	ıs	5%	Exceeding 2 years but not exceeding 3 years				30%			
Exceeding 6 months bu		15%		Exceeding 3 years but not exceeding 4 years				40%		
Exceeding 1 year but no	ot exceeding 2 years	20%	Ex	ceeding 4 years t	out not exceeding 5 yea	ars				50%
Vehicle Insured Declared	d Value R	Electrical	Non-Electrical	Trailer Value R	CNG/	LPG K	it₹	То	tal ID	<i>I</i> V₹.
(1)		Accessories R	Accessories R	(=)	(not provided by t		turer)	/		
(A)		(B)	(C)	(D)	(1	F)		(A+B	+C+L	D+E+F
OTHER VEHICLE /	COVERAGE INFORMATIO	N								
t The Time Of Purchase	The Vehicle Was: New	Used	Are you the	e first owner? Ye	es No					
he Vehicle Is In Good Co	ndition*: Yes No	If 'No' Please Give Full D	etails					_		
he Vehicle Is Used by driv	ving class	Yes No		Use Of My	Vehicle Is Limited To 0	Own Premis	es Yes		١	No
he Vehicle Belongs To Fo	reign Embassy/consulate	Yes No								
intage And Classic Car C	Club Of India									

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No

No

No

 $The \ Vehicle \ Is \ Designed \ For \ Use \ Of \ Blind/handic apped/Mentally \ Challenged \ Person \ And \ Duly \ Endorsed \ As \ Such \ By \ RTO \ Yes$

The Car Is Certified As Vintage Car By

If Yes, Association's Name:

Are You A Member of the Automobile Association Of India: $\;\;$ Yes

Membership No.: Membership Expiry Date: D D M M Y Y Y Y					
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. of drivers Legal Liability To Employees 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: D D M M Y Y Y Y					
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					
only applicable for vehicle 1 st ownership 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 Inconvenience Allowance Yes No If Yes Daily Limit Rs					
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					
Kindly select the Kilometers you wish to opt from below mentioned options, at the inception of the policy 1. Less than 1,000 Kms 7. Greater than 6,000 Kms and Less than 7,000 Kms					
2. Greater than 1,000 Kms and Less than 2,000 Kms 8. Greater than 7,000 Kms and Less than 8,000 Kms					
3. Greater than 2,000 Kms and Less than 3,000 Kms 9. Greater than 8,000 Kms and Less than 9,000 Kms					
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					
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:					

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

Kms Opted	Tick Box
500 Kms	
1,000 Kms	
1,500 Kms	
2,000 Kms	
2,500 Kms	

Kms Opted	Tick Box
3,000 Kms	
3,500 Kms	
4,000 Kms	
4,500 Kms	
5,000 Kms	

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: D D M M Y Y Y Y Place: Signature Of The Proposer:					
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION					
I want Private Car Insurance Policy and related information in: Choose your Insurance Repository (For those selecting e-Format) Physical Format e-Format (electronic); as & when applicable.					
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,					
Customer Name: Date: D D M M Y Y Y Y					
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 statues, directly or indirectly governing the Prevention of Money Laundering in India. Nationality: Indian Non-Indian Non-resident Indian(NRI) Others					
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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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 Yo	ur Customer Registry Number) is								(If available).		
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)											
									Signa	ture of Proposer	
AGENT DECLARATION											
Form to the Proposer including will form the basis of the Contiexplained that if any untrue furnished/to be furnished, the Contiexplained that if any untrue furnished to be furnished.	r, do hereby declare that I have e statement(s), information and re ract of Insurance between the Co statement(s)/ information/respo Company shall have the right to va bursuant to this Proposal may be tr	xplained all t sponse(s) su mpany and nse(s) is/ar ry the benef	he conte bmitted the Prop e contai its which	ents of by him, ooser, if ined in may be	this Pro /her in this Pr this P e payab	oposal I this Pro oposal roposa le and f	Form, incomposal Fo is accept I Form/in urther m	luding th rm to que ted by th ncluding ore if the	e nature of the q estions contained e Company for is addendum(s), afi re has been a non	herein or any details sou suance of the Policy. I ha fidavits, statements, sul -disclosure of any materi	s Proposal ght herein ve further omissions, al fact, the
Date: D D M M Y	Y Y Y Place:					Sig	nature o	f Agent: _			
DECLARATION (If signed	l in Vernacular language / I f yo	u have affix	ed Thui	mb im	pressio	on abov	v)				
certify that the replies in the Pr I, (Full name of the witness) _ and inhabitant of (city) _ contents of the Proposal Form	(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)								adult plained the nsured and		
				S	ignatur	e/Thun	nb impre:	ssion of t	he Proposer:		
DOCUMENTS LIST (Please	se Tick 🗸)										
Payment Advice/Instrume Vehicle Inspection Report		у Сору	_				on Letter	cessorie	RC Book	Drivi n Certificate	ng Licence
KYC DOCUMENTS ATTA	KYC DOCUMENTS ATTACHED										
Passport	Government UID	Vote	er's Iden	tity Car	·d		Aadl	naar Carc	i		
Telephone Bill	Ration Card	Driv	ing Lice	nce			Elec	tricity Bill	I		
PAYMENT DETAILS CHEQUE DD FFT 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 p	payee only) in the name of "SBI Ge	neral Insura	nce Con	npany L	imited	"					
Instrument No.:	Amo	unt:			Ш				Date:	D D M M Y Y	YY
Bank Name:									Branch:		
Bank Account No.:						IFS	SC Code:				
Date: D D M M Y Y Y Y Place: Signature Of The Proposer:											
SBIGI does not accept Cash for	Premium Payments against the Po	olicy.									

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.

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AML Declaration as per AML Master Guideline 2022:

- 1. KYC Details for Individual Memebers 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).