

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 DETAILS OF PROPOSER / OWNER (* Mandatory Fields)

1. Name of the Proposer's:

2. Address: of Proposer's:

City: State:

PIN code: Date of Birth Gender: M ☐ F ☐ Other ☐

Phone: 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 ☐

5. Period of Insurance: TP Section: From Hrs : To

Period of Insurance: PA Owner From Hrs : To

Driver Section:

6. 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 are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

A (II) VEHICLE DETAILS

7. Registration Number of the Vehicle:

8. Date of Registration of the Vehicle:

9. Registration Authority & Location:

10. Year of Manufacture:

11. Engine Number:

12. Chassis Number:

13. Make of the Vehicle:

14. Model:

15. Type of Body:

16. Cubic Capacity of the Vehicle:

17. Seating Capacity including driver:

18. Whether the vehicle is driven by non- conventional source of power CNG/LPG/BI-Fuel

If "YES", Please give details

19. Whether the use of vehicle is limited to own premises? YES ☐ NO ☐

20. Whether the vehicle is used for commercial purpose? YES ☐ NO ☐

21. Whether the vehicle is used for driving tuitions? YES ☐ NO ☐

22. Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance

(i) Under Hire Purchase? YES ☐ NO ☐

(ii) Under Lease Agreement? YES ☐ NO ☐

(iii) Under Hypothecation? YES ☐ NO ☐

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)

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.

A (III) LIABILITY SECTION: COVERAGE

THIRD PARTY RISKS: DEATH / BODILY INJURY

23. 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

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 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? 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'?

[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, liability under the Fatal Accidents Act-1855 and the Common Law] YES ☐ NO ☐

(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 DRIVER28. 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.)

29. Do you wish to include Personal Accident cover for named persons? YES ☐ NO ☐

If YES, give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted (Rs.)	Nominee	Relationship
1)			
2)			
3)			

(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 Two Wheelers)

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. Previous policy type: _____

h. Period of Insurance : From: _____ To: _____

Year	No. Of Claims	Claim Amount (Rs.)

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: _____

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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 be let out on occasional Hire? YES ☐ NO ☐

16. Where the vehicle will be generally parked
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 ☐

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 the insurers immediately.

Date: Place:

Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Private Cars / Two Wheeler Policy and related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

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

☐ 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).

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

If Non-Indian, please specify the Country: _____

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

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust

☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes

☐ No. Customer can submit CKYC form for updation.

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

Signature of Proposer :

PAYMENT DETAILS CHEQUE/DD/EFT/ DEBIT/CREDIT CARD[illegible]

Premium payment option: Cash ☐ Cheque ☐ DD ☐ Debit Card / Credit Card ☐

Bank Name: IFSC Code:

Bank Account Number:

Branch Name: Card details: Master ☐ Visa ☐

Card No.:

 Card Expiry Date:

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.

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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Signature of the Proposer

VERNACULAR DECLARATION

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/Primary Insured) _____ adult and inhabitant of (city) _____ and residing at _____ do hereby

certify that I 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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary Insured

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 of risk relating to lives or property in India, any rebate of the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any Person Making Default In Complying With The Provisions Of This Section Shall Be Punishable With Fine Which May Extend Up To Rupees Ten Lakhs.