PROPOSAL FORM

MOTOR - TRAILER INSURANCE - TRAILER



FOR OFFICE USE																																
Quote No.:]	Ir	nwar	d No	o.:															
Receipt No.:														R	lecei	pt D	ate:	D	D	Μ	Μ	Y	Y	Y	Y							
GO SMART FLEXI CO	VER	(Pay	y As	You	Dri	ve):						-																				
Do you want to opt for GO If yes, kindly fill the details in					-	-		L		Yes n.		No																				
INTERMEDIARY'S DE	TAIL	. S ((* Ma	anda	atory	y Fiel	ds if	Sale	es Cl	hann	iel T	уре	sele	ected	d is E	Band	ca)															
Segment Type:		Co	rpora	ate	Γ		Retai	il	[SM	1E		Bus	ines	s Se	ctor:		Urt	oan 🛛		Met	ro		Ru	ıral		Vil	llage		So	cial
Business Type:		Ne	w				Roll-	Over			Re	newa	al		S	ales	Char	nel	_ Гуре:				A	gen	cy			Dire	ct			
Sales Channel Code:																Sp	ecifie	d Pei	rson's	s Cod	le*:											
Specified Person's Nam ^{e*} :																																
GSTIN/ISDN:						IF A	PPLI	CABL	.E																							
PART I - INDIVIDUAL																																
1.* Do you have existing rel	ation	ship	with	SBIC	Gene	eral In	surar	nce?				Ye	s		No																	
If Yes, then please men	tion y	our C	Custo	omer	ID:																											
2.*Title:		Mr.			м	iss		M	lrs.																							
3.*Name:													F	1	R	S	Т	Ν	А	Μ	E											
		Μ	I	D	D	L	E	Ν	А	Μ	E			Ī					Ī			S	U	R	Ν	А	М	E	\square			
4.*Gender:		Mal	le		Fer	male																										
5. *Date of Birth:	D	D	М	М	Υ	Y	Υ	Υ																								
6.*Unique Identification: (minimum one is required)		Rat	tion (Card			Pass	sport	[Bio	metr	ic Ca	ard		0	Govu	ID		v	oter l	D			rivin	g Lic	ence					
7.* Unique Identification No.:																																
8. *Aadhaar Card No.:	\square	\boxtimes	\searrow	\searrow	\searrow	\searrow	\searrow]	PA	N*:										,	Forr /	m 60 Avail]			
9. *Marital Status:		Sin	ngle			Marri	ed			Othe	ers																					
10.*Nationality:]																			
11. Education:		Nor	n-Ma	itricu	late		M	1atrio	culate	е		Gra	adua	te		Po	st-Gr	adua	ite		Prot	fessi	onal									
12. Occupation:		Sala	aried				emp essio		4/			Bu	sine	ss		St	uden	t			Re	tired				ricul [.] Allied			С	Other	S	
13. Email Address:																																
14. Contact details*:	Mob	ile No	o.:]		Alt	ernat	e Mo	bile N	lo.:										
15.* Preferred Contact Mode:		En	nail			P	aper	Mail				Ph	one		1	6. P	referi	ed P	ayme	ent M	ode:		EF	т			C	hequ	ıe			
17. Present Address*: (Current Residing																																
Address)	Villag	ge/Ci	ity:																					F	Pinco	de:						
	Gran	n Par	nchay	yat:]				Sta	te:											
My Present Address is same	e as Po	erma	nent	Add	ress																											
Permanent Address*:																																
	Villag																							F	Pinco	de:			Щ			
	Gran	n Par	nchay	yat:																Sta	te:											
18. Corporate:		Yes		N	0		G	STIN	I / ISI	DN:										IF 1	APPL	ICA	BLE									
19. Are You or any of the pro	opose	ed ap	plica	nts c	or clo	se re	lative	es is/	are a	ssoc	iateo	d to F	oliti	cally	Expc	sed	Perso	on?		Yes		No	>									

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. I 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. | Motor - Trailer Insurance, UIN: IRDAN144RP0013V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products. Version: 1.0 Jan 2025

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.

	e digital copy of your policy doc cument, please send SMS "PRIN					nail ID However, if	you need a physical	copy of the policy
F	PART II (RISK COVERAGE PF	ROPOSAL DET <u>AILS)</u>						
	Г							
1.	Proposal For:	New Policy	Roll-Over	Renewal	Endo	orsements		
2.	Type of Policy:	Package	Liability Only					
3.	Period of Insurance: From	D D M M Y	Y Y Y hrs	of	till midnig	ght of DD	M M Y Y	ΥY
4.	Have you been previously insu	ired in respect of this ve	hicle?			Yes	No	
	If Yes, please provide the name	e & address of your prev	ious Insurer:					
5.a.	Previous Policy No.:							
5.b.	Previous Policy Type:	Comprehensive	Liability					
6.	Previous Insurance History: D	Date of Purchase of the v	rehicle: D D M	M Y Y Y	Y			
	Was it new at the time of purch	hase?				Yes	No	
	Has any Insurance company ev	ver				Yes	No	
a.	Declined the proposal					Yes	No	
b.	Cancelled the policy or refuse t	to renew				Yes	No	
c.	Required an increase of Premiu	ım				Yes	No	
d.	Imposed special conditions or o	excess				Yes	No	
7.	Previous Policy Start Date:	DMMY	Y Y Y		Previous Polic	cy End Date:	D M M Y	Y Y Y
8.a.	Are you entitled to 'No Claim' E	Bonus (NCB) at this Ren	ewal?			Yes	No	
8.b.	Kindly indicate the 'No Claim' B	Bonus (NCB) percentage	e(%) n	mentioned in your e	piring Policy			
9.	Have you made any OD Claims	s on your expiring Policy	?			Yes	No	
	I/We hereby declare that the ra	ate of NCB claimed by m	e/us is correct & that	No Claim has arise	n in the expiring Po	licy Period (Copy o	f Policy enclosed). I	/We further undertake

that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited.

Signature of the Proposer

ABOUT THE DRIVER

1.* The vehicle will be driven by:

Sr. No.		Full Name			ionship Proposer	Date of Birth	Driving Experience		Driving cence No.	Gender
1.				s	ielf					
2.				Spo	ouse					
3.				Paid	Driver					
4.										
5.										
2. H	as a claim been ma	ide in the last 5 years for any re	gular driver?				Y	'es 📃 N	lo	

Year	1	2	3	4	5
No of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount					

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PROPOSER'S DETAILS (REGISTERED OWNER OF THE VEHICLE)

	PROPOSER'S DETA	ILS (REGISTE	REDC	OWNE	ERO	FΤŀ	HE VI	EHIC	CLE)	:																				
1.	Registered Address of	:						-1													1				1					<u> </u>
	the Vehicle:	House No.:																Blo	ock:											
		Building:															I	Loca	lity:											
		Street:																												
		City:																Distr	ict:											
		State:			T	T			T					Pin	code:			1					(Coun	try:					
2.	City where the vehicle primarily be used:	will			T	T			T		T	T	-				1													
	ABOUT THE MOTO			NSUE	RED:															1					1					
				_						_																				
1.	Vehicle Type:			3 W	/heele	er		4 WI	neele	er		Мо	re tha	an 4 v	vheels															
	Vehicle is:			Bra	nd Ne	ew		Use	d																					
2.	Date of Registration/N	lew Purchase:	D	D	Μ	М	Y	Y	Y	Υ]	Year	^r of M	lanuf	acture	ofthe	e veł	nicle:	Y	Y	Υ	Υ								
3.	RTO State:														RTC) City	/Dis	trict:												
4.	RTO Location:																													
5.	Foreign Embassy Vehic	cle (Reg.):		Yes	s [No																							
6.	Registration No.:																													
7.*	Where will the vehicle b	pe generally driv	/en on	?																										
				Exp	ressw	vays		Nati	ional	High	nway	/s	S	tate	Highw	ays		City	Road	s	Т	own/	Villa	ge Ro	bads		Priv	ate R	oad	5
8.	Engine No.:															Cha	ssis l	No.:												
9.	Make:]		Mo	del:												
10.	Variant:														Cu	bic Ca	арас	ity o	HP:											
11.	Gross Vehicle Weight:																													
12.	Maximum Licensed Ca	rrying Capacity	(No. o	fPass	engei	rs in	cludir	ng Dr	iver)	:																				
13.	*Fuel Used:			Petr	ol		Dies	el	C	NG		LP	G	E	lectric		Ну	/brid		An	y Otł	ner (P	ls. sp	pecify	y):					
14.	Trailer Details:		No	. of Tra	ailers																									
Sr	r. No.	Trailer T	уре									Т	raile	r Reg	istratio	on No								Traile	er Ch	assis	No.			
15.	Is the vehicle fitted wit	h Fibre Glass Fu	iel Tan	k?																		Yes			No					
16	Colour of the Vehicle:			Τ								1			7															
-0.					<u> </u>					L	L	-																		
17.	What will be the vehicle	e used for?											_	_																
	Goods Carrying (Public Carrier)												'	Goods	Carry	/ing ((Priva	ite Ca	arrier	-)									
	Passenger Carryi	ng (Passenger C	Carryin	ig capa	acity	equa	al to o	rles	s tha	n 6)			L	F	assen	ger C	arryi	ing (P	asse	nger	Carr	ying o	capa	city r	nore	than	6)			
	Miscellaneous & S	Special Class													Others	(Pls.	spec	;ify):												
17 <i>F</i>	A. Vehicle Sub - Class:																													Τ

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18. Proposed usage of the vehicle (applicable only to passenger carrying vehicles with seating capacity not exceeding up to 6:

10.	Driven by the owner(s) only	Driven by the ow				Driven by oth	er drivers	
[]		For rent to individ	-		5	Radio Taxis		
l		Business purpose					oses by Foreign Emba	assy/Consulate
10	What type of goods will the vehicle carry? (applicable							
15.		Non-Hazardous (, ,	1				
20.	What is the vehicle permit type?		30003					
20.	20A. For Passenger Carrying Vehicles:							
	Maxicab Contract Carriage Bus	All India Touri	st Permit (AITP)-Contract Ca	rriage	Stage Carriage	Interstate Stag	ge Carriage
	Institution School Bus	 Taxi	All India To	ourist Permit C	ab	Rent-A-Cab permit	Auto Rickshaw	Others
	20B. For Goods Carrying Vehicles:	Local	State	National		State		
21.	Is the vehicle Company maintained?	Yes	No					
22.	*Whether any modification or conversion has been o	done in the vehicle	e from the make	er's standard s	pecification	?	Yes No	
	If Yes, give details of such modifications/conversion	s:						
27	Is the vehicle in good state of repair?						Yes No	
24.	Is the vehicle fitted with anti-theft device? If Yes, please provide:						Yes No	
	Name of the Manufacturer:				Type of [Device:		
25.	Whether approved by ARAI, Pune?		1 1 1 1				Yes No	
	Will the vehicle be used for Private purposes too? (IM	1T - 34)					Yes No	
27.	What will be the average monthly use of the vehicle?	,						
27.		01 to 5000 Km	Abo	ove 5001 Km				
		01 to 5000 Km	Abo	ove 5001 Km			Yes No	
	Less Than 500 Km Between 250	01 to 5000 Km	Abo	ove 5001 Km			Yes No	
	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to o	01 to 5000 Km	Abc	ove 5001 Km			Yes No	
28. 29.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to o If Yes, please give address: Will the vehicle be used for driving tuitions?	01 to 5000 Km	Abc	ove 5001 Km			Yes No	
28. 29.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to o If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked:	01 to 5000 Km					Yes No	ompound in Open
28. 29.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage	01 to 5000 Km] Inside Covere	ed		Unlocked Garage	Yes No	ompound in Open
28. 29.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park	01 to 5000 Km	Inside Covere	ed		Others	Yes No	
28. 29.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage	01 to 5000 Km	Inside Covere On Public Roa Inside Covere	ed ad ed] Others] Unlocked Garage	Yes No	ompound in Open
28. 29. 30.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage Pay & Park	01 to 5000 Km wn premises?] Inside Covere] On Public Roa] Inside Covere] On Public Roa	ed ad ed		Others	Yes No	
28. 29. 30.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage Pay & Park Whether extension of Geographical Area to the follo	01 to 5000 Km wn premises?] Inside Covera] On Public Roa] Inside Covera] On Public Roa equired?	ed ad ed		Others Unlocked Garage Others	Yes No	ompound in Open
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Pay & Park b) During the Night: During the Night: Pay & Park Whether extension of Geographical Area to the folloo If Yes, please tick the countries to which the extension	01 to 5000 Km wn premises?] Inside Covere] On Public Roa] Inside Covere] On Public Roa	ed ad ed	n Mal] Others] Unlocked Garage	Yes No	
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage Pay & Park Whether extension of Geographical Area to the follo If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-Ir	D1 to 5000 Km wn premises?] Inside Covere] On Public Roa] Inside Covere] On Public Roa equired?] Bangladesh	ed ad ed ad Bhutan	ked on the ba	J Others J Unlocked Garage J Others J Others J Image: Comparison of the Manufacture	Yes No Inside C Yes No Yes No Yes No Yes No Yes Yes No	ompound in Open
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: During the Day: During the Night: During	D1 to 5000 Km wn premises?	Inside Covera On Public Roa Inside Covera On Public Roa equired? Bangladesh pose of the Polic	ed ad ed ad Bhutan Bhutan gand will be fix al& adjusted for	ked on the ba r Depreciatio	Others Unlocked Garage Others dives Nepal sis of the Manufacture onas per the schedules	Yes No Inside C Yes No Yes No Yes No Yes No Yes Yes No	ompound in Open Sri Lanka of the brand & model as
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage Pay & Park Whether extension of Geographical Area to the follo If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-In the vehicle proposed for insurance at the time of comp	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere On Public Roa equired? Bangladesh pose of the Polic urance/renewa ciation	ed ad ed ad Cy and will be fix al& adjusted for	ked on the ba r Depreciation Age of the V	Others Unlocked Garage Others dives Nepal sis of the Manufacture onas per the schedules Yehicle	Yes No Inside C Yes No Yes No Yes No Yes No Yes Yes No Yes Pakistan Yes	ompound in Open Sri Lanka of the brand & model as % Depreciation
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: During the Day: During the Night: During the Night: During the Night: During the Night: During the Night: Decked Garage Pay & Park Whether extension of Geographical Area to the follo If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-In the vehicle proposed for insurance at the time of comr	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere On Public Roa equired? Bangladesh pose of the Polic urance/renewa ciation	ed ad ed ad cy and will be fix al& adjusted for	ed on the ba r Depreciatic Age of the V Exceeding 2	Others Unlocked Garage Others dives Nepal sis of the Manufacture onas per the schedules	Yes No Inside C Yes No N	ompound in Open Sri Lanka of the brand & model as
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: During the Night: Docked Garage Pay & Park b) During the Night: Docked Garage Pay & Park Whether extension of Geographical Area to the folloor If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-In the vehicle proposed for insurance at the time of common formation of the Vehicle Age of the Vehicle Not exceeding 6 months	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere Inside Covere On Public Roa equired? Bangladesh boose of the Polic urance/renewa ciation	ed ad ed ad cyand will be fix al& adjusted for	xed on the ba r Depreciation Age of the V Exceeding 2 Exceeding 3	Others Unlocked Garage Others Others dives Nepal sis of the Manufacture nasper the schedules Years but not exceed	Yes No Inside C Yes No No Yes No Yes No N	ompound in Open Sri Lanka of the brand & model as % Depreciation 30%
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: During the Night: Pay & Park b) During the Night: Day & Park Whether extension of Geographical Area to the folloor If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-Inthe vehicle proposed for insurance at the time of common Age of the Vehicle Not exceeding 6 months Exceeding 6 months but not exceeding 1 year	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere On Public Roa equired? Bangladesh pose of the Polic urance/renewa ciation	ed ad ed ad cy and will be fix al& adjusted for	xed on the ba r Depreciation Age of the V Exceeding 2 Exceeding 3	Others Unlocked Garage Others Others dives Nepal sis of the Manufacture masper the schedules 'ehicle years but not exceed	Yes No Inside C Yes No No Yes No Yes No N	ompound in Open Sri Lanka of the brand & model as % Depreciation 30% 40%
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: Locked Garage Pay & Park b) During the Night: Locked Garage Pay & Park Whether extension of Geographical Area to the folloo If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-Inthe vehicle proposed for insurance at the time of common Age of the Vehicle Not exceeding 6 months Exceeding 6 months but not exceeding 1 year Exceeding 1 year but not exceeding 2 years	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere On Public Roa equired? Bangladesh pose of the Polic urance/renewa ciation	ed ad ed ad cy and will be fix al& adjusted for	xed on the ba r Depreciation Age of the V Exceeding 2 Exceeding 3	Conters Conte	Yes No Inside C Yes No Yes No Yes No Yes No Yes No Yes Silsted selling price specified below: Ing 3 years ing 4 years ing 5 years	ompound in Open Sri Lanka of the brand & model as % Depreciation 30% 40% 50%
28. 29. 30. 31.	Less Than 500 Km Between 250 Whether the use of the vehicle will be restricted to or If Yes, please give address: Will the vehicle be used for driving tuitions? Where will the vehicle be generally parked: a) During the Day: During the Night: Pay & Park b) During the Night: Day & Park Whether extension of Geographical Area to the folloor If Yes, please tick the countries to which the extension Insured's Declared Value (IDV) of the Vehicle: The IDV of the vehicle will be deemed to be the Sum-Inthe vehicle proposed for insurance at the time of common Age of the Vehicle Not exceeding 6 months Exceeding 6 months but not exceeding 1 year Exceeding 1 year but not exceeding 2 years For vehicles more than 5 years of age, please contact	D1 to 5000 Km wn premises?	Inside Covere On Public Roa Inside Covere On Public Roa equired? Bangladesh pose of the Polic urance/renewa ciation	ed ad ed ad cy and will be fix al& adjusted for	xed on the ba r Depreciation Age of the V Exceeding 2 Exceeding 3	Conters Conte	Yes No Inside C Yes No No Yes No Yes No N	ompound in Open Sri Lanka of the brand & model as % Depreciation 30% 40% 50%

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4

	Electrical Accessories (other than fact	ory	fitted)																	₹_										
	(Please provide the details of such Acc	ess	ories)																											
	Bi-fuel/CNG/LPG Kit:																			₹_										
	Trailer(s) / Side Car (Two Wheelers) Va	lue:	:																	₹_										
	TOTAL IDV:																			₹.										
33.	Do you wish to limit the Third Party Pro	•	2	5					2													Y	'es		No	> [
	(The Policy otherwise provides Third P	-		-	-					ele	ers and	₹ 7.5	Lac	cs for	r oth	ner cl	ass o	fve	ehicles)										
34.	Personal Accident Cover for Owner Dr												Г	D	D	м	М	\vee	V	V	V	1_								
	(a) Name of the Nominee:									- '	Date of	Birtl	י: [D	D	Μ	Μ	Ť	T	Ĭ	Ť	Re	latio	nshi	p:					
Not	(b) Name of the Appointee (If Nominee) e:1. Personal accident cover for owner								Rs 1	5.0	20 000/	_			Re	latio	nship	to	the N	omin	ee:_									
	 Compulsory PA cover to owner driv an effective driving license. 			-	-								ny,a	Part	ner	shipl	irmo	ora	simila	Bod	уCо	rpora	ateor	whe	ereth	eov	vner d	oes	noth	old
35.	Do you want to opt for wider legal liabi	lity	cover	to:																										
	a) Paid Driver:			Yes	I	No																								
	b) Cleaner / Conductor / Coolies:			Yes		No		lfY	es, No	o. c	ofperso	on to	be c	over	ed:															
	c) Other Employees:			Yes	Ē	No		lf Y	es, No	o. c	ofperso	onsto	be	cove	ered	l:														
36.	Do you want to cover Legal Liability fo	r no	n fare	 paying p	 bass	senger	rs?																		Yes	5		Nc)	
	If Yes, No. of passengers to be covered	d:																							_			-		
37.	Do you wish to include Personal Accide	ent (Cover	for paid	driv	ver / cl	leane	r/c	ondu	cto	or?														Yes	5		Nc)	
	If Yes, please indicate the number of p	ersc	ons and	d Sum Ir	nsur	red for	each	per	son (l	Max	x.₹1lao	c per	per	son f	or T	「wo \	Vhee	lers	s&₹2	lacsp	oer p	oerso	n for	oth	⊐ ier cla	ss c	fvehi	cles).	
	No. of persons			Su	m lr	nsured	l per p	bers	on to	be	e:₹	_	-				/-													
38.	Do you wish to cover Legal Liability for	Pas	ssenge	ers (App	lica	ble for	Amb	ular	nce/H	lea	arses)		Yes	;		N)		ı	۰. o	Pas	seng	ers:							
39.	Is there any Hypothecation / Hire Purc	has	e / Lea	ise Inter	rest	to be	noted	d in t	the Po	olic	cy?														Yes	5		No		
	If Yes, kindly provide the following info	rma	ition;																						_			1		
	i) Name of the Financial Institution:									Γ												Τ		Τ		Τ				
	ii) Branch of the Financial Institution:				T										T			T			T	+		\pm	+	T		T		٦
	iii) Loan Account No.									Γ								T	+					\pm	+	\pm				
40.	l Do you wish to opt for any of the below	v-m	entior	ied Add	-Or	ns by p	aying	add	litiona	al P	Premiun	n?													Yes	5]No	 	
	a) Cover for overturning Loading of Mo Dragline Excavators, Mobile Drilling											-		Exca	avat	tors,									Yes	s		No		
	b) Do you wish to cover for loss or dam	-	tola	mns Tv	roc	Tube	с Ми	dau	ard B	on	net side	o nar	te F	lumr	or a	and P	ainty	vor	k2						Yes	5] _{No}		
	(Not applicable for taxis) (IMT - 23)	lage	, to La	прз, гу	165	, rube	5, Mu	ugu	aru, D	011	inet side	e pai	L3, L	Jump				voi	K:					_		,		,		
	c) Do you want to cover for Additional	Том	ving Cl	narges?																					Yes	5		No		
	If 'Yes', Sum Insured:																													
	d) Return to Invoice in case the vehicle	me	ets wi	th total	loss	s withir	n the	first	2 yea	irs	ofman	ufact	ure												Yes	5		No		
	e) Do you want to protect your 'No Cla	im' l	Bonus	in case	ofa	single	accio	dent	t in th	e P	Policy Pe	eriod	?												Yes	5		No		
	f) Do you wish to have an enhanced Pe	rsor	nal Acc	ident C	ove	er for y	ousel	lf/yc	our Pa	id	driver o	fthe	veh	icle?	•										Yes	5		No		
	If Yes, please provide the Sum Insure	ed p	er per	son:																										
	g) Do you wish to cover Hospital Cash of the vehicle?	for l	Hospit	alisatio	n ar	ising c	out of	acci	ident	for	r Yourse	elf / Y	'our	Paid	Dri	ver									Yes	5		No		
	h) Do you wish to opt for Theft & Conv	ersi	on Co	ver (Ava	ilab	ole only	y for F	ass	engei	r Ci	arrying	Vehi	cles	-Car	ryin	ng ca	bacit	/ le:	ss thai	ה 6)					Yes	5		No		
	i) Do you want to cover for Key Replace	eme	ent? (A	pplicabl	le oi	nly for	Taxis	5)																	Yes	3]No		

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k) Do you wish to opt for EMI Pro	otecto	or?																							Y	'es		N	D	
Please specify the EMI amount	t and p	orovid	le a co	ору с	ofthe	loan	арр	rova	llett	er wi	th EM	11 Am	nount	t:					Dedu	ictib	le: ₹	500	₹1	000	₹20	000	₹25	₹	500	0
I) Do you wish to opt for Loss of																									Y	'es		N	0	
If yes, please indicate the limi Please select the per day ben																														
Type/ Class of Vehicle				Ben	efit -	Per l	Dayl	Limit]			Γ	Ту	pe/C	lass d	ofVeh	nicle						B	enefi	t - Pe	r Da	y Lim	it	
			٨	1inim				aximu						-	-										imur			, 1axin		
Three wheelers (Goods Carryin Passenger Carrying Vehicles)	g &		₹	500			₹2	2000						Goo			to G			-	500	0.14		₹10				4000		_
Taxis		-	₹	100	0		₹4	000									VW>7 VW >				5000	JKg	-	₹15 ₹20		\rightarrow		6000 8000		-
Buses		-		200				8000					ŀ				s Clas				5			₹20		-		8000		-
										_													_							
NOMINEE DETAILS:																														
Nominee 1																														
*Name:																														
*Relationship with Nominee:]					*Da	ate o	fBir	rth o	fNc	omin	ee:	D	D	М	Μ	Y	Y	Y	Y
Mobile no.*:]					Ema	ail Id:													
Percent of Claim Payable:		\square																												\square
Permanent Address:																														
Bank details of nominee:	Bank	Nam	ne:													E	Branc	:h N	ame	:										
	Bank	Acco	ount			Ī				T		T	İ	Ī			IFS	SC C	Code	:				İ						
*Where Nominee is a minor, ple	Numl ease g		the d	letail	ls of	Арр	oint	tee//	Autł	noriz	zed p	erso	on.											I				1		
*Name:																														
*Relationship with Nominee:		+									1		-	-					*Da	nte c	f Bir	th:	D	D	М	Μ	Y	Y	Y	Y
Nominee 2		_				1					-															I				
*Name:																														
*Relationship with Nominee:]	-				*Da	ate o	fBir	-th o	fNc	min	ee:	D	D	М	М	Y	Y	Y	Y
Mobile no.*:]					Ema	ail Id:													
Percent of Claim Payable:																														
Permanent Address:																														
Bank details of nominee:	Bank	Nam	ne:													E	Branc	:h N	ame	:										
	Bank	Acco	ount											٦			IFS	SC C	Code	:				<u> </u>						\square
*Where Nominee is a minor, ple	Numl		the d	letail	ls of	Ann	oint		Autł	noriz	zed n	erso																		
*Name:]				, ibb																								
*Relationship with Nominee:		+																I	*Da	ateo	f Bi	rth:	D	D	М	М	Y	Y	Y	Y
Note (*) marked fields are man	dator	у				1		1		1													L	L						
PAYMENT DETAILS*																														
Please draw your Cheque (A/c paye	e only)) in the	e nam	ne of	"SBI	Gen	eral	Insu	ranc	e Co	mpan	ıy Lir	nited	d″																
Cheque No./DD No.:					Amou	unt:]	Da	ate:	D	D	М	М	Y	Y	Y	Y			
Bank Name:	•													•				Brar	nch:											
Bank Account No.*:		T] IFSC	Coc	de*:											
Card Details: Master	V	/isa	Car	d No	· 🗌												Car	rd E>	cpiry	Date	e: [M	M	ŕ	Y	Y	Ý			
Period of Insurance: From:	D	Μ	Μ	Y	Y	Y	Y	To:	D	D	Μ	Μ	Y	Y	Y	Y] E	EFTI	No:											

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

j) Do you wish to opt for Engine Guard cover? (Applicable only Taxis)

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No

BANK ACCOUNT DETAILS FOR PROCESS OF REFUND*:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Holder	
Bank Name: Branch Name: Branch Name:	
Bank Account No.: IFSC Code:	
MICR Code:	
Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank accoun instruction form available at our branches.	t details. If ECS is selected, please submit the standing
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 listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to est right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, Laundering in India.	ablish source of funds. The Insurance Company has the
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	
I hereby declare that the current address is different from the available in the Central identities Data Repository.	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

DECLARATION BY PROPOSER

1. I/We hereby declare that the statement made by me/us in the 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 statement made by me and this declaration shall from 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. 2. 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. 3. I/We hereby undertake that if any additions/alternations 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. 4. I/We understand that SBI General is under no obligation to accept my/our Proposal has been accepted by SBI General does not commence on the receipt of this Proposal by SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest. 5. I/We hereby give my/our consent to SBI General Inst SBI General does not accept this Proposal, it will inform the information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or which aw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us. 6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank G

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

Please tick mark if Authorized Person has explained the product features and benefits and I have understood the questions in the form and

the an	swer	s give	en ar	e cor	rect.	Yes		No).	
Date:	D	D	Μ	Μ	Y	Υ	Υ	Υ	Place	e:

Signature of Proposer: ____

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AGENT DECLARATION

Licence No.		
Date: D M M Y Y Y Place:	Signature of Ager	t:
DOCUMENTS LIST (Please Tick 3)		
Proposal cum Questionnaire	List of Electronic Equipment	NCB Reserving Letter
Payment Advice/Instrument	RC Book	Form No. 28 & 29
Driving Licence	Sale Deed	Renewal Notice / Policy Copy
Valuation Certificate	GST Exemptions	Vehicle Inspection Report
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 d (Note: The below must be witnessed by someone other than the Advisor/	5	oser has signed in vernacular language.
 I/We certify that the product applied for by me/us and the contents of the certify that the replies in the Proposal Form have been recorded as per the I, (Full name of the witness) and residing at do her documents incidental to availing the Insurance Policy from SBI General I I/We declare that whatever I/We have stated herein above is true and corr 	e information provided by me/us. (Relationship with the Proposer) eby certify that I/We have read out and explain nsurance Company Ltd., to the Proposer/Prima	adult and inhabitant of (City) ned the contents of the Proposal Form and all other
Date: D D M M Y Y Y Y P		Signature of the Witness
		Signature/Thumb impression of the Proposer
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION		
I want Commercial Vehicle Insurance Policy-Package and related informa Choose your Insurance Repository (For those selecting e-Format)	tion in: Physical Format e	-Format (electronic); as & when applicable.
NSDL Database Management Ltd. Centrico Insurance Repos Known as CDSL Insurance		pository Ltd. CAMS Insurance Repository Services
I have an e-Insurance Account & the No. is		
My CKYC No. (Central Know Your Customer Registry Number) is		(If available).
I,, hereb record from the Central KYC Records Registry. I understand that this inf acknowledge that SBI General Insurance Company will handle my CKYC in revoked in writing by me. I have read and understood the terms and condit Customer Name:	formation is essential for the purpose of ensuring formation in compliance with all applicable data p	rotection laws and regulations. This consent is valid until
		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).

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8

CONSENT CODE AND ACCOUNT DEBIT MANDATE					
is the consent code to authorize SBI to Debit the customer account					
1	authorize SBI to debit my Account Number	with ₹ for premium of			
Date: D D M M Y Y Y Y Place:					
		Signature of the Witness			

Signature/Thumb impression of the Proposer

*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 twenty-five 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 fifteen 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.

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:

- 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.

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