

Please provide the details of claims reported in the past 5 years

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

If the expiring Policy is Stand-alone OD, then provide the below-mentioned details of "Active Liability Only Policy"

Active Liability Policy No.: Active Liability Policy Period:

Active Liability Only Policy insurer's name:

Has Any Insurance Company ever

- a. Declined the proposal Yes No b. Cancelled the policy or refused to renew Yes No
- c. Required an increase of premium Yes No d. Imposed special conditions or excess Yes No

If yes provide reasons thereof: _____

DRIVER'S DETAILS

Driver's Age: Driving experience in years:

Does the driver suffer from defective vision or hearing or any physical infirmity Yes No If yes please provide details of such infirmity: _____

Has the driver been involved /convicted for causing accident? Yes No If yes please provide details: _____

Driver's name: Date of accident:

Circumstances of accident/claim: Loss/Cost:

PROPOSED PERIOD OF INSURANCE

OD FROM: TIME: DATE:

TP FROM: TIME: DATE:

PA FROM: TIME: DATE:

PROPOSED COVER TYPE

BUNDLED STAND-ALONE OD COMPREHENSIVE If only Standalone cover is opted

INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

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	Age of the Vehicle	% of Depreciation
Not exceeding 6 months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

Vehicle Insured Declared Value R	Electrical accessories R	Non-electrical Accessories R	Side car	<input type="checkbox"/> CNG <input type="checkbox"/> LPG Kit ₹ (not provided by the manufacturer)	Total IDV ₹.
(A)	(B)	(C)	(D)	(E)	(A+B+C+D+E)

OTHER VEHICLE / COVERAGE INFORMATION

At the time of purchase the vehicle was: New Used

The vehicle is in good condition*: Yes No If 'No' Please Give Full Details _____

The vehicle is used for driving tuition Yes No Use Of My Vehicle Is Limited To Own Premises Yes No

The vehicle belongs to foreign embassy/consulate 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: _____

Membership No.: Membership Expiry Date:

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 required Yes No

If yes, state the name of the countries _____

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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 ₹500 ₹750 ₹1000 ₹1500 ₹3000

Restrict third party property damage cover limit to ₹6000/-

Yes No

OTHER OPTIONAL COVERS

Legal liability to paid driver

Yes No

If yes, No. of drivers

Legal liability to employees

Yes No

If yes, No. of employees

PA owner driver cover

Yes No

Note: Personal accident cover is mandatory when sum insured is Rs. 15,00,00/- when vehicle is owned by an individual.

PERSONAL ACCIDENT COVER

If selected as yes - nominee's Name:

Date of birth:

Relationship with owner:

Name of appointee:

Appointee's relationship:

PA to pillion rider

Yes No

Sum insured:

No. of persons

OPTIONAL ADD-ON COVERS

Depreciation reimbursement

Yes No

Engine guard

Yes No

Protection of NCB

Yes No

Return to invoice

Yes No

Basic roadside assistance

Yes No

Tyre & Rim guard

Yes No

Helmet protection

Yes No

Loss of accessories

Yes No

If yes Sum insured _____

DOCUMENTS LIST (Please Tick ✓)

Payment Advice/Instrument Renewal Notice / Policy Copy NCB Reserving Declaration Letter RC Book Driving Licence Vehicle Inspection Report Sale Deed List of Electrical/Non-electrical Accessories Valuation Certificate

KYC DOCUMENTS ATTACHED

Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill Ration Card Driving Licence 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:

Bank Name:

Branch:

Bank account No.:

IFSC Code:

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

DECLARATIONS ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- 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:

Place:

Signature Of The Proposer: _____

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ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Two-wheeler Insurance 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: Corporation Government Non-Governmental Organisation Society Trust
(Only applicable if policy issued on Group Basis)
 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 :

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.

Signature of the Witness: _____

Date: Place: Signature/Thumb impression of the Proposer: _____

Prohibition of Rebates : Section 41 of Insurance Act 1938, as amended from time to time, states:

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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend up to ₹10 Lakhs.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required."

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.
- "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "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).

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