PROPOSAL FORM



PRIVATE CAR/TWO WHEELER INSURANCE POLICY - PACKAGE

	quirement to be furnish	hed by a Proposer. The	insurer may seek mic	ore information as d	esired for underw	riting purpose	·.
Pvt. Car Two Wheeler	Proposal for: N	lew Renewal	Roll Over	Used E	indorsement To l	oe filled in BLC	OCK LETTERS ONLY
FOR OFFICE USE							
RM/SP Name:							
Proposal No.:		RM/	SP Code:		Agreement Code:		
Quote No.:			econdary		Agreement		
Inward No.:			eipt No.:		Receipt Date:	D M M	YYYY
Break-in		Sta	te:	RM/SP Contact No.:			
Inspection No.: Business Sector: Urban Rural	Social GSTIN/	15.400.10	ABLE Cus	stomer Ager	ncy Banca	Corpo	I IDITECT
PROPOSER DETAILS (* Mandator		13514	Seg	gment:	<u> </u>	Brokir	ng L
If you have existing relationship with SBI Ger							
please provide Customer ID / Policy Number							
Title: Name: F	I R S T N		M I D D	L E N A	M E	S U R	N A M E
Gender: Male Female	Third Gender Da		M M Y Y	Y Mobile N	lo.:		
Alternate Mobile No.:		Email ID:					
PAN*:	/ Form 60	/61 (if Available):	Aadh	aar Card No.:			
Occupation of the Insured:							
Address of House No.:		Block:		В	uilding:		
the Proposer Locality:		Street:			City:		
State:			Pincoo	de:		Country:	N D I A
Corporate: Yes	No	GSTIN/ISDN:		IF A	PPLICABLE		
Are you or any of the proposed applicants	or close relatives is/are	e associated to Political	y Exposed Person ?	Yes	No		'
Politically Exposed Persons (PEPs) are ind							es or Governments,
senior politicians, senior government or ju	dicial or military officer	rs, senior executives of	state-owned corpora	ations and importan	t political party of	ficials.	
RISK COVERAGE DETAILS						NCP on Evni	ring
Period of Insurance: From	Hrs. of D D	M M Y Y Y	Y till midnight of	D D M M	Y Y Y Y	NCB on Expi	ring %
Period of H H : M M Previous Year Policy Period:	M M Y Y Y	Y to D D	M M Y Y	D D M M	YYYY		- 70
Period of			M M Y Y	YY	YYYY		- 70
Period of	M M Y Y Y	Y to D D No of Claims in	MMYY	YY	Y Y Y Y		- 70
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir	M M Y Y Y	Y to D D No of Claims in	MMYY	YY	Y Y Y Y		olicy 78
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.:	M M Y Y Y	Y to D D No of Claims in last 3 years:	MMYY	YY	Y Y Y Y		olicy 76
Period of Insurance: From H H : M N Previous Year Policy Period: D D OD Cla Expirir Previous Policy No.: Name of the Previous Insurer:	M M Y Y Y im in the g Policy: N	Y to D D No of Claims in last 3 years:	M M Y Y Amount:	Y Y :	Y Y Y Y Garage	Pc	olicy Within
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Business	M M Y Y Y im in the g Policy: N	Y to D D No of Claims in last 3 years:	M M Y Y Amount:	Y Y :	Y Y Y Y Garage	Pc	olicy Within
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: D D M M Y RTO City:	M M Y Y Y im in the ng Policy: Private Driver's	Y to D D No of Claims in last 3 years: D Driver's Di	Amount: iving Experience RTO State:	Y Y :		Pc	olicy Within
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: D D M M Y RTO City:	M M Y Y Y im in the ng Policy: Private Driver's	Y to D D No of Claims in last 3 years: D Driver's Di	Amount: iving Experience RTO State: RTO Location:	Y Y :: Parking Type		Public Street	Within Compound
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: D D M M Y RTO City:	M M Y Y Y im in the gg Policy: Private Driver's Y Y Y A Y Driver's Driver's Driver's Regis	No of Claims in last 3 years: S Age Driver's Distration Number En	Amount: Amo	Parking Type Chassis Nun	nber Seatir	Public Street	Within Compound
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: Date of Registration: Vehicle Make, Model & Variant Vehicle Insured Declared Value R	M M Y Y Y im in the g Policy: Private Driver's Y Y Y A Year of Mfg. Regis Electrical Accessories R	No of Claims in last 3 years: S Age Driver's Distration Number En	Amount: Amount: iving Experience RTO State: RTO Location: gine Number railer Value R Side (Tw.)	Parking Type Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun	nber Seatir	Public Street Public Street	Within Compound CC Fuel Used Total IDV .
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: D D M M Y RTO City: Vehicle Make, Model & Variant Month	M M Y Y Y im in the gg Policy: Private Driver's Y Y Y A Y Driver's Driver's Driver's Regis	No of Claims in last 3 years: S Age Driver's Distration Number En	Amount: Amo	Parking Type Chassis Nun	nber Seatir	Public Street Public Street	Within Compound CC Fuel Used
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: Date of Registration: Vehicle Make, Model & Variant Vehicle Insured Declared Value R	M M Y Y Y im in the g Policy: Private Driver's Y Y Y Accessories R (B)	No of Claims in last 3 years: S Age Driver's Distration Number En	Amount: Amount: iving Experience RTO State: RTO Location: gine Number railer Value R Side (Tw.)	Parking Type Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun Chassis Nun	nber Seatir	Public Street Public Street	Within Compound CC Fuel Used Total IDV .
Period of Insurance: From Previous Year Policy Period: OD Cla Expirir Previous Policy No.: Name of the Previous Insurer: Usage of Vehicle: Date of Registration: Vehicle Make, Model & Variant Vehicle Insured Declared Value R (A)	M M Y Y Y im in the g Policy: Private Driver's Y Y Y A Y Y Driver's A Year of Mfg. Regis Electrical Accessories R (B)	No of Claims in last 3 years: S Age Driver's Distriction Number En	Amount: Amo	Parking Type Chassis Nun Car Value o wheeler) (not p	nber Seatir	Public Street Public Street Grapacity PG Kit Facturers)	Within Compound CC Fuel Used Total IDV . (A+B+C+D+E+F)

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 | Two Wheeler Insurance Policy UIN: IRDAN144RP0007V02201819 | Stand-Alone Motor Damage Cover for Two Wheeler UIN: IRDAN144RP0002V01201920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

DOB: D D M M Y Y Y Y	Relation:		Nominee contact No.:		
Name of the Appointee: (If Nominee is a Minor)			Appointee Relations to the Nominee:	hip	
Appointee contact No.:					
ADD-ON COVER DETAILS					
	Cover for Consum	aablaa (Dut Car an	hu) Engine guard (Dut)	Car ank ()	Deturn Te Inveige
Depreciation Reimbursement (Pvt Car Only)	Cover for Consun			\	Return To Invoice
Protection of NCB (Cover available to protect N			asic road side assistance (Pvt Car o	(PVt	Car only) nvenience Allowance
Loss of Personal Belongings (Pvt Car Only) ₹ _		C	over for Key Replacement (Pvt Car		Car Only)₹
Enhance PA Cover for Insured (Owner Driver) /	unnamed passengers / Paid	Drivers (Pvt Car o	only) sum Insured per person₹		
Hospital Cash Cover for Insured (Owner Driver) / unnamed passengers / Pa	id Drivers (Pvt Ca	ronly)₹		
EMI Protector (Private car only)					
GO Smart- Flexi Cover : Yes	No				
Kindly select the Kilometers you wish to opt from belo		•			
Less than 1,000 Kms	Greater than 4,000 K	ms and Less than	5,000 Kms Greater tha	ın 8,000 Kms and l	Less than 9,000 Kms
Greater than 1,000 Kms and Less than 2,000 Kms	Greater than 5,000 K	ms and Less than	6,000 Kms Greater tha	ın 9,000 Kms and I	Less than 10,000 Kms
Greater than 2,000 Kms and Less than 3,000 Kms	Greater than 6,000 K	ms and Less than	7,000 Kms More than o	or equal to 10,000	Kms
Greater than 3,000 Kms and Less than 4,000 Kms	Greater than 7,000 K	ms and Less than	8,000 Kms		
Insured vehicle Odometer (Kilometers) reading at the	¬ — `	-			
Wall charger and associated accessories Yes	╡	_	ntification number:		
Coverage for Additional charger required: Yes	-			charger identifica	tion number:
Battery Guard Yes	╡	cle Replacement E	dge Yes No		
Professional Fees for App Restoration Cover Yes	No SI Op	ted			
HYPOTHECATION HIRE PURCH	ASE LEASE PURC	HASE			
Name of Financial Institution:					
Branch:			Loan Account No.:		
INSURED'S DECLARED VALUE (IDV) OF TH	IE VEHICLE				
INSURED'S DECLARED VALUE (IDV) OF THE The IDV of the vehicle will be deemed to be the sum insupersciation as per schedule below:		olicy & will be fixed	on the basis of the manufacturer's	listed selling price	of the brand and adjusted t
The IDV of the vehicle will be deemed to be the sum ins		·	on the basis of the manufacturer's Age of the Vehicle	listed selling price	of the brand and adjusted to the brand and a
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below:	ured for the purpose of the p				- T
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle	ured for the purpose of the p		Age of the Vehicle	ng 3 years	% of Depreciation
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle Not Exceeding 6 months	wred for the purpose of the p % of Depreciation 5%	E E	Age of the Vehicle Exceeding 2 years but not exceeding	ng 3 years	% of Depreciation
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle Not Exceeding 6 months Exceeding 6 months but not Exceeding 1 year	% of Depreciation 5% 15%	E E	Age of the Vehicle Exceeding 2 years but not exceedin	ng 3 years	% of Depreciation 30% 40%
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle Not Exceeding 6 months Exceeding 6 months but not Exceeding 1 year Exceeding 1 year but not exceeding 2 years VOLUNTARY DEDUCTIBLE Standard minimum deductible is ₹ 100/- for two whee	wred for the purpose of the p % of Depreciation 5% 15% 20%	E E	Age of the Vehicle Exceeding 2 years but not exceeding Exceeding 3 years but not exceeding Exceeding 4 years but not exceeding O & ₹ 2000/- for private cars above	ng 3 years ng 4 years ng 5 years	% of Depreciation 30% 40% 50%
The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle Not Exceeding 6 months Exceeding 6 months but not Exceeding 1 year Exceeding 1 year but not exceeding 2 years VOLUNTARY DEDUCTIBLE Standard minimum deductible is ₹ 100/- for two whee	wred for the purpose of the p % of Depreciation 5% 15% 20% lers,₹1000 for private cars w Deductible	E E	Age of the Vehicle Exceeding 2 years but not exceeding 3 years but not exceeding 3 years but not exceeding 4 years but not exceeding 1 & ₹ 2000/- for private cars above	ng 3 years ng 4 years ng 5 years	% of Depreciation 30% 40% 50% h and every claim Deductible
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The IDV of the vehicle will be deemed to be the sum ins Depreciation as per schedule below: Age of the Vehicle Not Exceeding 6 months Exceeding 6 months but not Exceeding 1 year Exceeding 1 year but not exceeding 2 years VOLUNTARY DEDUCTIBLE Standard minimum deductible is ₹ 100/- for two wheeled the private Car Std min Deductible Plus Std min Deductible Plus	wred for the purpose of the p % of Depreciation 5% 15% 20% lers,₹1000 for private cars of Deductible ₹2500 ₹5000	E E	Age of the Vehicle Exceeding 2 years but not exceeding Exceeding 3 years but not exceeding Exceeding 4 years but not exceeding	ng 3 years ng 4 years ng 5 years	% of Depreciation 30% 40% 50% h and every claim Deductible ₹500 ₹750 ₹1000 ₹1500
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OTHER COVERS																									
Foreign Embassy /	/ Consulate	е	Dr	riving	Tuition				F	iber Gla	ass Tar	nk					Cove	er for vel	icles i	mpor	ted w	ithout	cust	oms	duty
Racing, Rallies, Spe	eed Trials		V	intage	e Car] c	Coverlo	ss of a	ccess	ories	due	to bu	urgla	ıry, ho	usebreak	ing or			e only t	for Tv	vo-W	Vheelers)
SECTION 41 OF I	NSURAN	CE A	CT, 19	38																					
No person shall or o to lives or property renewing or continu Any person making or	in India, a ing a polic	ny re y acce	bate of ept any	f whol rebat	le or par e except	t of the such reb	comm ate as	issior may	n pay be al	yable o llowed	r any r in acco	ebate rdane	e of t	he p	remi e pub	um s olishe	shown ed pros	on the properties	oolicy, s or to	nor s	shall a	ny pe	rson		
PERSONAL ACCII	DENT CO	VER																							
Owner Driver 1. Personal Accident 2. Compulsory PA concludent hold an effective of the sum insured perto be covered for the sum insured for the sum i	over to ow driving lice s/Passeng r person in	ner di nse. jers multi	river ca	in not	be grant	ed wher	e a veh of ₹1,0	nicle is	s ow 0/- p	ned by er pers	a comp son for	two	whee	lers &	k₹2,										
DOCUMENTS LIST	T (Please	Tick	~)																			_			
Payment Advice/I	nstrument	t	Ren	iewal l	Notice /	Policy Co	ору		NC	CB Rese	erving [Decla	ratio	n Let	ter			RC	Book				Dr	riving	J Licence
Vehicle Inspection	n Report		Sale	e Deed	d				Lis	t of Ele	ctrical	/Non	-elec	trica	l Acc	esso	ries	Va	uatior	Cer	ificat	е			
KYC DOCUMENTS	S ATTAC	HED																							
Pan Card*			Passp	ort			Gove	ernm	ent l	JID			V	oter	's Ide	entity	y Card			Aa	dhaar	Card			
Telephone Bill			Drivin	g Lice	ence		Elect	tricity	/ Bill				R	atior	Car	d									
Utility bills not older tha	n 2 month	ıs																							
ELECTRONIC INS	URANCE	ACC	оинт	DET	TAILS SE	CTION																			
I want Private Car/two National Choose your Insurance NSDL Data Mana I have an e-Insura My CKYC No. (Central K I, record from the Centra	Repository gement Lt ance Accor (now Your)	y (For d. unt & t Custo	those s CD the No. mer Re	select SL Ins is egistry	ing e-For surance F y Numbe derstand	rmat) Reposito r) is, h	ry Ltd.	grant	explon is	licit cor essent	Insurar	o SBI the p	Gene	tory	Ltd.	ance	Comp	até and	itory S able). ne reti update	ervic rieval ed rec	es Lto and d cords	d. ownlo	suran	ce se	
acknowledge that SBI G revoked in writing by me																							nsen	t is v	alid until
Customer Name:																		Da	te:		M	Μ	Υ	Υ	YY
Kindly visit our website www				ist of K		_																			
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Type of Organisation:	Corp	oratio	on		Govern	ment		Nor	n-Go	vernm	ental C)rgan	isatic	n		9	Society	, [Tr	ust					
(Only applicable if policy issued on Group Basis)	Partr	nershi	р	一	Internati	ional Ord	 ganisat	ion		С	oopera	tive	[Sect	 tion 2	25 Cor	 npanies							
I hereby declare that the									ntral		•		osito	ory.		Yes			omer (can sı	ubmit	CKYC	form	for u	updation.
My CKYC No. (Central K	(now Your	Custo	omer Re	egistr	y Numbe	er) is											(f availab	le).						

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

				Signature o	f Proposer
AGENT DECLARATION					
Form to the Proposer including will form the basis of the Contraction explained that if any untrue furnished/to be furnished, the Contraction of t	statement(s), informated to f Insurance betweent(s)/ informated to the statement(s)/ informated to the statement shall have the statement shall be statement shall be statement.	hat I have explained all the cont ation and response(s) submitted ween the Company and the Pro ation/response(s) is/are conta e right to vary the benefits which	y as an Insurance Advisor/ Speci ents of this Proposal Form, inclu- by him/her in this Proposal Forr coser, if this Proposal is accepte ined in this Proposal Form/ind may be payable and further mon my as null and void and all premiu	uding the nature of the question to questions contained hereined by the Company for issuance cluding addendum(s), affidavitive if there has been a non-disclosion.	nns contained in this Proposa n or any details sought hereir e of the Policy. I have furthe s, statements, submissions osure of any material fact, the
Date: D D M M Y	Y Y Y Place:			Signature of Agent:	
NCB DECLARATION BY	PROPOSER				
	-		aim has arisen in the expiring po tion1 of the Policy will stand forfe		osed). I/We further undertake
DECLARATION BY PRO	POSER				
no other information, which shall form the basis of the prescribed by SBI General a were uninsured. - I/We understand that the prescribed by SBI General and the prescribed by SBI General and the prescribed by SBI General immediately by mediately by mediately by SBI General and by SBI General and by SBI General. If SBI General information, if any) provided the insurance coverage and I/We hereby extend my/our	is relevant to my approntract between me nd to pay premium or colicy issued by the Cy material particulars is made. If any additions/alterious. General is under no obtit does not result in a all does not accept this consent to SBI General in this Proposal Form benefits requested by consent to the Comp	lication for insurance that has no /us and SBI General Insurance (in the amount estimated. I/We ur Company shall be voidable at the by me/us. My/our failure to com- ations are carried out in the risk digation to accept my/our Propo- concluded contract of insurance Proposal, it will inform me/us an I that it can disclose/use/handle in, whereas I/we have the option of time/us.	true and complete in all respects to been disclosed to you. I/We he company Limited (SBI General) andertake to exercise all ordinary in the apply with this obligation now may proposed after the submission of the proposed after the submission of the proposed after the submission of the control of the proposed has been according to the proposed after the submission of the proposed and the liabilities and the proposed has been according to the proposed after the submission of the proposed and the proposed has been according to the proposed after the submission of the proposed after the submission of the proposed and the proposed after the submission of the proposed after	ereby agree that statements may and I/We agree to accept a pol and reasonable precautions for the event of any mis-representate and result in the rejection of my/or of this Proposal Form then the state of SBI General does not competed by SBI General and upon from me/us without interest. The ty, the information (including the thorough the state of the st	ide by me and this declaration icy, subject to the conditions: safety of the property as if it it in, mis-description or non-ur claim and the avoidance of same shall be conveyed to SB immence on the receipt of this full realization of the premium he sensitive personal data of e purpose of and in relation to illing services offered by State
			J	Signa	ture of the Proposer
Applicable where the Proposer (Note: The below must be witned I/We certify that the product appreciation of the witness) — and inhabitant of (city) — contents of the Proposal Form	is illiterate or is sufferingssed by someone other opiled for by me/us an oposal Form have been and all other documenthe same. I/We declare	er than the Advisor/Employee or d the contents of the Proposal F n recorded as per the information and residing at nts incidental to availing the Insu	writing is restricted or where the fthe Company). Form have been clearly explained	to me/us and I/we have fully unship with the Proposer) hereby certify that I/We have surance Company Ltd., to the F	nderstood them. I/We furthe adul e read out and explained the Proposer/Primary Insured and
				consent code to authorize SBI to	
1	authorize SBI to	debit my Account Number _		with ₹	for premium o
			Sianat	ture of the Witness:	

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Signature/Thumb impression of the Proposer:

Place:

Date:



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).





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