PROPOSAL FORM

Motor- Compulsory Personal Accident



(Owner-Driver) Insurance

INTERMEDIARY	
Intermediary's Name:	
Intermediary's Code:	
Policy Issuing Office Address	
The event proposed for insur SBI General Insurance Co. Ltd	rance is not covered until the proposal is accepted and premium is paid and the same is realized by the d.
Proposal For:	New Policy Renewal Endorsements Rollover
GO SMART FLEXI COVER (Pay As You Drive):
Do you want to opt for GO S	mart Flexi cover (Pay as you drive) ? 🔄 Yes 🔄 No
If yes, kindly fill the details in	the "OPTIONAL ADD ON COVERS" section.
PROPOSER's DETAILS:	
Name of the Proposer*:	
Date of Birth*:	D D M Y Y Y Age: Gender*: M F Others
Marital Status*:	Single Married Divorced Widowed
Occupation / Business:	Salaried Self-Employed Others Educational Qualification:
Present Address*:	
	Village/City: PIN Code: Discrete Stress Stre
	Gram Panchayat:
My Present Address is same	as Permanent Address:
Permanent Address*:	
	Village/City:
	Gram Panchayat:
	Mobile No.: Alternate
Email ID*:	
Aadhaar card No.*:	PAN*: //Form 60/61: (if Available)
Nominee's Name:	
	Nominee's Relationship:
Appointee's Name:	
(if Nominee is a minor)	Appointee's Relationship with the Nominee:
DETAILS ABOUT THE INSU	IRED
Do you have a valid driving lic	cence: Yes No
If Yes, please provide the det	ails: DL No.: D M M Y Y Y
Please provide the list of veh	icles of which you are the Registered owner:
Vehicle 1- Registration No.:	Vehicle 2- Registration No.:
Vehicle 3- Registration No.:	
Do you suffer from defective If YES, please give details of s	vision or hearing or any physical infirmity? Yes No such infirmity
Do you suffer from any existi If Yes, please give details of su Sum Insured of Compulsory	
Period of Insurance: From:	
Are You or any of the propos	ed applicants are Politically Exposed Person? Yes No
Mumbai 400 099. For more details of a sale. I For SBI General Insurance C State Bank of India and used by SBI C	Company Limited Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting company Limited IRDAI Reg. No. 144 dated 15/12/2009 CIN: U66000MH2009PLC190546 SBI Logo displayed belongs to General Insurance Company Limited under licence. Motor- Compulsory Personal Accident (Owner-Driver) Insurance, UIN: General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of

insurance products.

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.

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CURRENT INSURANCE DE	TAILS																				
Do you have any existing Per	sonal Acc	cident l	nsurar	nce:									Y	es 🗌	۱ (No [
If Yes, please provide the det	ails:																				
Name of the Insurance Co.:																					
Period of Insurance:	MMY	ΥY	Y		Capi	tal S	Sum	Insu	red:												
Has any Insurance company	ever:																				
a. Declined the proposal		Ye	s	No			b. C	Canc	elled	l the	e Polic	cy or	⁻ refu	sed	to re	new	Yes	5] No	o	7
c. Required an increase in	premium	n Ye	s 🗌	No			d. lı	mpo	sed	spe	cial co	ondi	tions	or e	xces	s	Yes	;] No	o [
AML GUIDELINES (Premiur	m Paymer	nt shall	be ma	de b	y the	Pol	icyho	olde	oft	he F	Policy	')									
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Percent of Claim Payable:																					
Permanent Address:																					
Bank details of nominee:	Bank Na												lame								
	Bank Aco Number										IF	SCO	Code:								
Disclaimer: SBI General Insurance (Mumbai 400 099. For more details a a sale. For SBI General Insurance (State Bank of India and used by SBI (IRDAN144RP0038V02201819 SBI insurance products.	on the risk f Company Lii General Inst	actor, te mited IRI urance Co	rms and DAI Reg ompany	cond No. 1 Limit	tions, 44 da ed uno	plea ited der li	ase ref 15/12 icence	fer to :/2009 e. Mo	the S CIN tor- (ales I N: U6 Comp	Brochu 6000M pulsory	ure ar 1H20 / Pers	nd Poli 09PLC sonal A	cy Wo 1905 Accide	ording 46 S ent (C	s care Bl Log Wner	fully bo jo disp •Drivei	efore layed) Insu	cond I belo Jranc	uctin ngs t e, UIN	g 0 1: 2

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

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Nominee 2																																
*Name:										Τ																				Γ		
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MICR Code: Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

IFSC Code:

DECLARATION BY INSURED

Bank Account No.:

I/We hereby declare that the statements, answers and particulars made by me/us in this Proposal Form are correct, complete and true in all respects 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 SBI General Insurance Co. Ltd. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the SBI General Insurance Co. Ltd. Shall have no liability under this insurance. I/We hereby declare that there is no other information which is relevant to my application for Insurance under this Proposal which is not disclosed to the SBI General Insurance Co. Ltd.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. |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- Compulsory Personal Accident (Owner-Driver) Insurance, UIN: IRDAN144RP0038V02201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

I/We also declare that any additions or alterations carried out in the risk proposed after the submission of this Proposal Form would
be conveyed to SBI General Insurance Co. Ltd. immediately and in such event it shall be at the discretion of the Company as to
whether to continue with the cover as may be granted.

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

The details filled in the proposal form would be used for new as well as for renewal purpose
Date: D M Y Y Y Place: Signature of the Witness
ELECTRONIC INSURANCE ACCOUNTS DETAILS
I want Motor- Compulsory Personal Accident (Owner-Driver) Insurance Physical Format
e-Format (electronic); as & when applicable.
Choose your Insurance Repository (For those selecting e-Format)
NSDL Database Management Ltd. Centrico Insurance Repository Limited (Formerly Karvy Insurance Repository Ltd. Known as CDSL Insurance Repository Limited).
CAMS Insurance Repository Services Ltd.
I have an e-Insurance Account & the No. is
My CKYC No. (Central Know Your Customer Registry Number) is (If available).
I,, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.
Customer Name: D D M Y Y Y
Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).
DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)
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).
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)
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information sought and the details of Policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is/are sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This Policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals any fact for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, it will render the Policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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AGENT DECLARATION

Licence No.:_____

D D M M Y Y Y Y Place:

Signature of the Agent:_____

INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES

- 1. No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown in the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹10 Lacs.

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual 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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