

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

PROPOSAL TYPE

1. New Policy: ☐ Roll-Over: ☐ Renewal: ☐ Endorsements: ☐

A (I) PERSONAL DETAILS OF PROPOSER / OWNER (* Mandatory Fields)

1. Name of the Proposer's:

2. Address: of Proposer's:

City: State:

PIN code: Gender: M ☐ F ☐ Other ☐

Phone: Mobile No.:

Aadhaar No.: PAN*: / Form 60/61: (if Available)

3. Occupation / Business: Salaried ☐ Self-Employed ☐ Others ☐ Email ID:

4. Type of Cover: Liability Only Policy ☐

Period of Insurance: From to

Preferred mode of contact: Phone: Mobile No.:

Email ID:

5. Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ? ☐ Yes ☐ No

Politically Exposed Persons (PEPs) are individuals who 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.

A (II) VEHICLE DETAILS

6 Registration Number of the Vehicle:

7 Date of Registration of the Vehicle:

8 Registration Authority & Location:

9 Year of Manufacture: 10 Engine Number:

11 Chassis Number: 12 Make of the Vehicle:

13 Model: 14 Type of Body:

15 Gross Vehicle Weight (GVW) & Cubic Capacity (C C):

16 Maximum licensed carrying capacity (No. of Passengers) in case of passenger carrying vehicles

17 Whether the vehicle is driven by non- conventional source of power CNG/LPG/Bi-Fuel ☐

If "YES", Please give details _____

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

19 Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)? YES ☐ NO ☐

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

21 Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance

(i) Under Hire Purchase? YES ☐ NO ☐ (ii) Under Lease Agreement? YES ☐ NO ☐(iii) Under Hypothecation? YES ☐ NO ☐

b) If "YES", give name and address of concerned party / parties: _____

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

A (III) LIABILITY SECTION: COVERAGE

THIRD PARTY RISKS: DEATH / BODILY INJURY

22 Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

(i) Owner Driver only ☐ YES ☐ NO (ii) Any person other than Paid Driver ☐ YES ☐ NO

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If, "YES", give details of such other persons:

1. _____
2. _____
3. _____

(Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver. 2. As per Section 147 (2) (a) The liability is "as incurred" in the case of death / bodily injury of a third party)

THIRD PARTY RISKS: TPPD

23. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES ☐ NO ☐
[For additional TPPD limits, please see Q. No. 25]

THIRD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988)

24. Legal liability to persons employed in connection with operation of the vehicle who are "workmen". [The liability of the Employer under the Workmen's Compensation Act – 1923 is covered under the Motor Vehicles Act – 1988].
1) Drivers : (No. of persons: _____) 2) Employees (Workmen): (No. of persons: _____)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]

B. QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS

ADDITIONAL TPPD

- 25 The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles.
Do you wish to cover the additional limit? YES ☐ NO ☐
[Refer to Q. No. 23]

ADDITIONAL LIABILITY TO WORKMEN

- 26 Do you wish to cover wider legal liability to employees who are 'workmen'? YES ☐ NO ☐
[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement) [Refer to Q. No. 24]

LIABILITY TO EMPLOYEES WHO ARE NOT WORKMEN

- 27 Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES ☐ NO ☐

(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).

PERSONAL ACCIDENT COVER FOR OWNER DRIVER

- 28 Do you hold a valid driving license? YES ☐ NO ☐

Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

- (a) Name of the Nominee & Date of Birth : _____
(b) Relationship : _____
(c) Name of the Appointee : _____
(If Nominee is a Minor)
(d) Relationship to the Nominee : _____

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15, 00, 000/-. 2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license.)

NFPP

29 Do you wish to include Legal liability to Non fare paying passengers ? YES ☐ NO ☐

If YES, give number of persons:

PA COVER FOR UNNAMED OCCUPANTS

30 Do you wish to include Personal Accident cover for Unnamed Passengers/hirer/pillion passengers (Two Wheelers)?

YES ☐ NO ☐

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons: _____ C.S.I (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Wheelers)

GEOGRAPHICAL EXTENSION

31 Whether extension of geographical area to the following countries required?

(1) Bangladesh YES ☐ NO ☐ (2) Bhutan YES ☐ NO ☐ (3) Maldives YES ☐ NO ☐
(4) Nepal YES ☐ NO ☐ (5) Pakistan YES ☐ NO ☐ (6) Sri Lanka YES ☐ NO ☐

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

C. QUESTIONS THAT ARE ELICITED FOR INFORMATION AND DATA COLLECTION PURPOSES

32 Previous History:

a. Date of purchase of the vehicle by the proposer: ____/____/____

b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES ☐ NO ☐

(ii) Carriage of goods other than samples or personal luggage? YES ☐ NO ☐

d. Is the vehicle in good condition? YES ☐ NO ☐

If NO, please give details: _____

e. Name and Address of the previous insurance company: _____

f. Previous policy number: _____ g. Period of Insurance : From: _____ To: _____

h. Claims logged during the preceding 3 years:

Year	No. Of Claims	Claim Amount (Rs.)

33 Details of the Driver:

a. Age & Date of Birth of the Owner: Age: Yrs DOB:

b. Age & Date of Birth of the Driver: Age: Yrs DOB:

c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES ☐ NO ☐

d. Has the driver ever been involved / convicted for causing any accident of loss? YES ☐ NO ☐

If YES, give details as under including the pending prosecutions:

Driver's Name : _____

Date of Accident: Loss / Cost (Rs.):

Circumstances of Accident / Loss: _____

ADDITIONAL INFORMATION (OFFICE USE ONLY)

- [illegible]

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During the Night - Roadside Public parking ☐ Roadside Outside Parking ☐ Open parking lot ☐
Covered parking lot ☐ Locked covered garage ☐ Within enclosed compound of residence/office/factory ☐

DRIVER DETAILS

17. The vehicle will be driven by

Sr. No.	Name	Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1.									
2.									
3.									
4.									
5.									

DECLARATION BY PROPOSER

I / we hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to SBI General immediately.

Date: Place: Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicles 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).

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: _____ Date:

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 ☐ 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 _____

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☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

☐ No. Customer can submit CKYC form for updation.

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

PAYMENT DETAILS CHEQUE DD EFT DEBIT/CREDIT CARD

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

AGENT DECLARATION

Place:

--

Signature of Agent

DECLARATION BY INSURED:

Place:

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Signature of the Proposer

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VERNACULAR DECLARATION

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/We have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) _____ (Relationship with the Proposer)

_____ 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 knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness Insured

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Signature/Thumb impression of the
Proposer/Primary Insured

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

- (1) 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 or 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 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.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten 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:

- 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;
 - 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**.
 - 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**.
 - 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.
 - 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).