PROPOSAL FORM

LONG TERM TWO WHEELER INSURANCE POLICY-PACKAGE

SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form. To be filled in BLOCK LETTERS ONLY

BUSINESS TYPE									
Proposal for : New	Renewal	Roll-Over	Endorsem	ent		Policy Term:	2 Ye	ears 3 Ye	ears
FOR OFFICE USE									
RM Code:		Agree	ment Code:		Re	ceipt Date: D	DMN	Y Y N	Y
Secondary RM Code:		Receip	ot No.:		SP	Code:			
Customer Segment : Agenc	y Ban	nca	Corporate / Ba	inking	Direct Co	rporate: Yes	No		
Agreement Name:									
INTERMEDIARY									
Intermediary's Name:	FIR	S T N	A M E	MI	D D L E N A	A M E	S U I	RNAM	Е
Intermediary's Code:				\neg					
Policy Issuing Office Address:									
The event proposed for insurance is	not covered un	ntil the proposa	l is accepted and	l premium is paid	and the same is realized	l by the SBI General In	isurance Co	. Ltd.	
PROPOSER DETAILS:									
If you have existing relationship with SI please provide Customer ID / Policy Nu		ance then							
Title: Name*:		S T N	A M E	MI	D D L E N	A M E	S U I	R N A M	Е
Gender*: Male Female	e Third G	Gender Date o	of Birth*:		YYY	Marital Status	*: Si	ngle Marr	ried
Mobile No.*:			Alternate Mobil	e No.*:					
Occupation of the Insured:					il ID*:				
PAN*:		/ Form 60/63			Aadhaar Card No.:				
Present Address*:									
Village/City:						Pin co	ode:		
Gram Pancha	ayat:				State:				
My Present Address is same as Perm	anent Address								
Permanent Address*:									
Village/City:						Pin co	ode:		
Gram Pancha	ayat:				State:				
GSTIN/ISDN:		IF AF	PLICABLE		Are You or any of the relatives is/are asso	proposed applicants ciated to Politically Exp	or close oosed Perso	n?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.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

NOMINEE DETAILS*																									
Nominee 1					_																				
*Name:																									
*Relationship with Nominee:								*D	ate	of Bi	rth c	ofNo	omir	nee:	D	D	\sim	\mathbb{M}	Y	Y	Y	Y]		
Mobile no.:												E	Emai	il Id:											
Percent of Claim Payable:																									
Permanent Address:																									

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. | Long Term Two dated 15/12/2009 | CIN: Ubb000MH2009FLC190946 | Sbi Logo displayed beings to state bain of mole and date 15/09 constant and the second state bain of mole and date 15/09 constant and the second state bain of mole and date 15/09 constant and the second state bain of the company for the c sourcing of insurance products.

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PREVIOUS INSURAN	ICE D	ETA	AILS																													
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Address of Previous Insurer:	l			7.4.0	741									111	7.7.1			T		_ 						<u> </u>	T	\top	\top	T		
Has any Insurance Company e	l ever: D	eclin	ed yo	ur Pr	opos	al Rea	ason:		Re	quirea	d an ir	ncrea	se in	Prem	l ium:		Car	ncelle	d or i	refuse	d Rei	l newa	 :	 Im	pose	d spe	cial C	L Cond	itions	or Exc	cess:	
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thereof by the Company.			Г																													
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Usage of Vehicle: Bu	isiness		F	Privat	e					Dr	river'	s Driv	ving	Expe	rienco	e:		Pa	arkin	ід Тур	e	C	arag	e 🗌		vublic	c Stre	əet	L		Withi Com	n pound
Disclaimer: SBI General Insur the risk factor, terms and cor dated 15/12/2009 CIN: U66 Wheeler Insurance Policy- Pa sourcing of insurance product	ndition 6000MH ackage	s, ple 1200	ease r 9PLC	efer 1905	to the	e Sale SBI L	es Bro ogo o	ochur displa	e and yed l	l Polic	cy Wo gs to	ording State	gs cai e Bar	refully nk of l	befo ndia a	re co and u	nduc sed l	ting aby SB	a sale I Gei	e. Fo neral	r SBI Insura	Gene ance	ral In Com	surar pany	ce C Limit	ompa ed ur	any Li nder I	imite licen	ed IRD ce. L	Al Reg _ong T	g. No Term	. 144 Two

📞 Call (Toll Free)	1800 22 1111	1800 102 1111	•	www.sbigeneral.in

Date of Registration:	M	M	Y	Y	/ Y		Y								RTOS	State	e:				Τ							1					
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Name of the Financial Institution:																																	
Branch:																				Loai	n Aco	coun	t No	o.: [
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Customer Name: Kindly visit our website www.sbi	igene	ral	.in to	vie	ew th	e lis	stof	KYC	OVD) (Off	icia	lly Val	lid Г	Docum	ents)									Dat	te:	D	D	Μ	Μ	Y	Y	Y	Y
Disclaimer: SBI General Insurance the risk factor, terms and conditio dated 15/12/2009 CIN: U66000M Wheeler Insurance Policy- Packag sourcing of insurance products.	Comp ins, ple 1H200 je UIN	eas 99Pl 1: IR	y Limi e refe LC190 RDAN1	ite er te 054 144	d I Co o the 46 S 4RP00	orpo Sale BI L 001	rate es Br .ogo V022	& Re ochu disp 015:	giste ure an layed 16 S	red C d Pol belo BI G	office icy \ ngs ener	e: Fulc Vordir to Sta ral Ins	rum ngs ate E urar	n Buildi careful	ng, 9tł ly befo	n Floc ore co	onduc	ting	a sal	e. Fo	or SB	l Gen	era	l Insu	rand	e Co	mpa	any Li	mited	IRD	Al Reg	. No	. 144

VOLUNTARY DEDUCTIBLE		GEOGRAPHICAL EXTENSION COUNTRIES
Standard minimum deductible is ₹ 100/- for Two when	eler, for each and every claim.	
TWO WHEELER	DEDUCTIBLE	
Std. Min. Deductible Plus	₹500	
Std. Min. Deductible Plus	₹750	Bangladesh Bhutan Maldives
Std. Min. Deductible Plus	₹1000	Nepal Pakistan Sri Lanka
Std. Min. Deductible Plus	₹1500	
Std. Min. Deductible Plus	₹2000	
ADDITIONAL DISCOUNT		
Automobile Association of India. Membership N	No.:	
Date of Exp	piry: D D M M Y Y Y	×
	designed for the Blind / Handicapped / Ment	Lally challenged Person Usage restricted to own premises
Limit the Third Party Property Damage Cover t (The Policy otherwise provides Third Party Prop		elers)
OTHER COVERS		
Foreign Embassy / Consulate Vehicle Us	sed For Driving Tuition Fiberglass	a Tank Cover for Vehicle imported without Customs Duty Fibre tank
OPTIONAL ADD-ON COVERS		
Cover for Consumables Protection of N	ICB Return to Invoice	Depreciation Reimbursement Engine Guard Tyre and Rim Guard
Inconvenience Allowance Basic Road-Sic	de Assistance Helmet Protection	
NCB DECLARATION BY PROPOSER		
	us is correct and that NO CLAIM has aris	en in the Policy expiry period (Copy of Policy enclosed). I/We further undertake that it
this declaration is found incorrect, all benefits under th		
PERSONAL ACCIDENT COVER		
A. Owner Driver		
1.Personal Accident Cover for Owner Driver is	compulsory for Sum Insured of ₹ 15,00,0	00/- for two wheelers. Compulsory Personal Accident Cover to Owner Driver cannot
	pany, a partnership firm or a similar body	y corporate or where the owner does not hold an effective driving licence.
B. Unnamed Occupants/Passengers The Sum Insured per person is in multiples of ₹	10.000/- for a max. of ₹100.000/- per pe	erson for two wheelers. The number of persons to be covered for the purpose of this
cover will be equivalent to the registered carry		
DOCUMENTS LIST (Please Tick ✓)		
	ewal Notice / Policy Copy	NCB Reserving Declaration Letter RC Book
Payment Advice / Instrument Rene		NCB Reserving Declaration Letter
Vehicle Inspection Report Sale	Deed	List of Electrical/Non-electrical Accessories Valuation Certificate
Driving Licence Serv	ice Tax Exemptions Driving License	
KYC DOCUMENTS ATTACHED		
Passport Gov	rernment UID V	oter's Identity Card Telephone Bill
Ration Card Driv	ring Licence	lectricity Bill
PREMIUM PAYMENT AND BANK ACCOUN		
Premium Amount:	Cheque/Journal No*.:	Date: D D M Y Y Y
Premium payment Cheque EFT DE	D Debit Card/Credit Card	
Bank Account No.:		IFSC Code:
Bank Account Number*:		Branch Name*:
Card details*: Master Visa	Card No*.:	Card Expiry Date: D M M Y Y Y
SBIGI does not accept Cash for Premium Payments ac	gainst the Policy.	

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. | Long Term Two Wheeler Insurance Policy- Package UIN: IRDAN144RP0001V02201516 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

INSURED BANK DETAILS*	
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In case of cancellat details and a copy o																	0						ovide 1	the f	ollow	ing bank
Bank Name*:				Τ											Branch:											
Name as in Bank Account*:															Bank Accoun [.] No.*:	t										
IFSC Code:															MICR Code:											
Note: The Propose instruction form av	-					ntimate	in writ	ing to S	BI Ger	neral	Insur	ance a	abo	out an	y change in bank	accoui	nt deta	ils. If	f ECS	is sele	ecteo	d, plea	ase su	bmit	t the	standing
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(Applicable where t (Note: The below m						-			-				-			ie Prop	oser ha	as si	gned	in veri	nacu	llar lar	iguag	e).		
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and inhabitant of (contents of the Pro he/she/they have u	pos	al Form	n and a	ll otł	her doo	cuments	incide	ental to	availin	g the	e Insu	rance	Po	licy fr	om SBI General li	nsuran	ce Con	npar	ny Ltd	., to tl	he Pi	ropos	ser/Pri	imar		
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Date: D D M	M	Y	ΥY	· · ·	Y P	lace:									Signa	ture of	the w	iune.	<u> </u>							
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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.

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. | Long Term Two Wheeler Insurance Policy- Package UIN: IRDAN144RP0001V02201516 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.