

Motor- Compulsory Personal Accident (Owner-Driver) Insurance

INTERMEDIARY

Intermediary's Name:

Intermediary's Code:

Policy Issuing Office Address:

The event proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by the SBI General Insurance Co. Ltd.

Proposal For: ☐ New Policy ☐ Renewal ☐ Endorsements ☐ Rollover

PROPOSER's DETAILS (* Mandatory Fields)

Name of the Proposer:

Date of Birth: / Age: Gender: M ☐ F ☐ Others ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Occupation / Business: Salaried ☐ Self-Employed ☐ Others ☐ Educational Qualification:

Address:

City: State:

PIN Code: Mobile No.:

Phone No.:

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 INSURED

Do you have a valid driving licence: Yes ☐ No ☐

If Yes, please provide the details: DL No.: Expiry:

Please provide the list of vehicles of which you are the Registered owner:

Vehicle 1- Registration No.: Vehicle 2- Registration No.:

Vehicle 3- Registration No.:

Do you suffer from defective vision or hearing or any physical infirmity? Yes ☐ No ☐

If YES, please give details of such infirmity

Do you suffer from any existing physical injury? Yes ☐ No ☐

If Yes, please give details of such injury

Sum Insured of Compulsory Personal Accident Cover for Owner-Driver is Rs.15,00,000/-

Period of Insurance: From: to:

Are You or any of the proposed applicants are 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.

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. | 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.

CURRENT INSURANCE DETAILS

Do you have any existing Personal Accident Insurance:

Yes ☐ No ☐

If Yes, please provide the details:

Name of the Insurance Co.:

Period of Insurance:

Capital Sum Insured:

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 in premium Yes ☐ No ☐ d. Imposed special conditions or excess Yes ☐ No ☐

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 _____

Type of Organisation (Only applicable if policy issued on Group Basis):

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

PAYMENT DETAILS (Cheque, DD, EFT, DEBIT/CREDIT CARD)

Premium Amount ₹: Cheque No.: Date:

Premium payment option: Cheque ☐ DD ☐ Debit Card / Credit Card ☐

Bank Name: IFS Code:

Bank Account Number:

Branch Name: Card details: Master ☐ Visa ☐

Card No.: Card Expiry Date:

SBI GI does not accept Cash for Premium Payments against the Policy.

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

DECLARATION BY INSURED

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..

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.

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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 Signature of the Witness _____

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I want Motor- Compulsory Personal Accident (Owner-Driver) Insurance 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

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My CKYC No. (Central Know Your Customer Registry Number) is

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 (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:

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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) _____

(Relation with the Proposer/Primary insured) _____ adult and inhabitant of (city) _____ and residing at _____

do hereby certify that I 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 knowledge and belief.

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer/Primary Insured

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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Sharing of Information: The information sought from the insured is for the purpose of Policy issuance and Policy servicing. This 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.

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information / response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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 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.