

**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:**

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:

Present Address\*:

Village/City:  PIN Code:

Gram Panchayat:  State:

My Present Address is same as Permanent Address:

Permanent Address\*:

Village/City:  PIN Code:

Gram Panchayat:  State:

Mobile No.:  Alternate Mobile 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.

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.

## 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:  M  M  Y  Y  Y  Y 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

## NOMINEE DETAILS\*:

### Nominee 1

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:  D  D  M  M  Y  Y  Y  Y

Mobile no. \*:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

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

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\*Relationship with Nominee:

Mobile no.\*:

Percent of Claim Payable:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Date of Birth of Appointee:

Email Id:

**Nominee 2**

\*Name:

\*Relationship with Nominee:

Mobile no.\*:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Date of Birth of Nominee:

Email Id:

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

\*Relationship with Nominee:

Mobile no.\*:

Percent of Claim Payable:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Date of Birth of Appointee:

Email Id:

**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:

EFT No:

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

**BANK ACCOUNT DETAILS FOR PROCESS OF REFUND\*:**

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder:

Bank Name:  Branch Name:

Bank Account No.:  IFSC Code:

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.

## DECLARATION BY INSURED

1. 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 herein above, 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 statement, answers or particulars are incorrect or untrue in any respect, the SBI General Insurance Co. Ltd. shall have no liability under this insurance.
2. 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.
3. 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.
4. The details filled in the proposal form would be used for new as well as for renewal purpose

Date:         Place:  Signature \_\_\_\_\_

## 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 Database Management Ltd.  Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited).  Karvy Insurance Repository Ltd.

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: \_\_\_\_\_ Date:

Kindly visit our website [www.sbigeneral.in](http://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)

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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary Insured

Date:         Place:

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

**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.: \_\_\_\_\_

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 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 to Ten Lakh rupees.

**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.