

# PROPOSAL FORM

## PORTABLE ELECTRONIC EQUIPMENT INSURANCE POLICY



### INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
6. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

Put a (☑) mark wherever applicable

### I. PROPOSER'S DETAILS (\*mandatory fields)

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.
1. Name of the Proposer: (in full BLOCK LETTERS)	<input type="text"/>
2. Address of the Proposer : <b>Registered Address</b>	
Plot No/Door No. and building name	<input type="text"/>
Road name	<input type="text"/> Area <input type="text"/>
City	<input type="text"/> Pin code <input type="text"/> State <input type="text"/>
Phone number	<input type="text"/>
	(STD code)
E-mail	<input type="text"/>
<b>Business Address.</b> ( ) please tick here if it is same as registered address	
Plot No/Door No. and building name	<input type="text"/>
Road name	<input type="text"/> Area <input type="text"/>
City	<input type="text"/> Pin code <input type="text"/> State <input type="text"/>
Phone number	<input type="text"/>
	(STD code)
E-mail	<input type="text"/>
3. PAN*:	<input type="text"/> /Form 60/61 (if Available): <input type="checkbox"/> Aadhaar Card No.: <input type="text"/>
4. Proposer's Trade or Business	<input type="text"/>
5. Are You or any of the proposed applicants are Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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.	

### II. RISK DETAILS:

6. Type of Portable Property(ies) to be Insured	<input type="checkbox"/> Computer Equipment like Laptops, Ipad <input type="checkbox"/> Communication Equipment like mobile phone <input type="checkbox"/> Telecom & Telegraphy Equipment <input type="checkbox"/> Laboratory equipments <input type="checkbox"/> Testing Equipments <input type="checkbox"/> Audio/ Visual equipments <input type="checkbox"/> Medical Equipments <input type="checkbox"/> Photography Equipment like Camera <input type="checkbox"/> Photography processing equipments <input type="checkbox"/> Radio TV Broadcasting Equipment <input type="checkbox"/> Other (Please specify / attach an extra sheet for providing the full details, if required): <input type="text"/>
7. Financial institutions who have an interest in the Items/equipments proposed for insurance	<input type="text"/>

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. | Portable Electronic Equipment Insurance Policy, UIN : IRDAN144RP0001V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Sr. No.	Description of property	Make, Model, Year of make	Property Identification No.	Sum Insured INR
			Total Sum Insured	

10. Whether Property to be insured is owned by you?

☐ Yes ☐ No

11. Are all the Properties to be insured new?

☐ Yes ☐ No

If not, which property(ies) of the specification are second hand?

12. Is the equipment maintained in accordance with the manufacturer's instructions?

☐ Yes ☐ No

13. Do you have valid Maintenance Contract in force? If yes, Please enclose copy.

☐ Yes ☐ No

14. Does any of the proposed equipment contain refurbished machines?

☐ Yes ☐ No

15. Whether equipments are predominantly kept in the office/premises or frequently taken from one place to another?

☐ Kept in office/Premises

☐ frequently taken from one place to another

16. Please Specify

a. mode of transport of the equipment

☐ Rail ☐ Road ☐ Air ☐ Sea

b. Transport Carrier

☐ Public Transport ☐ Private Transport

## 17. Period of Insurance

From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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## 18. Coverage Territory Required

☐ India ☐ Worldwide

19. Whether cover for machinery/electrical break down is required?

☐ Yes ☐ No

20. Whether cover for theft is required?

☐ Yes ☐ No

21. Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)

Sr. No.	Add on Cover	Required?	Add on Cover Sum Insured (INR)
1	Escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Additional Custom Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Express Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Air Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Please provide Premium and claim history for the last five years

Year	Claim Total Amount paid / Outstanding (INR)	Premium Paid (INR)

23. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details

☐ Yes ☐ No

24. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details

☐ Yes ☐ No

25. Has any insurer ever terminated your cover? If yes please provide the details.

☐ Yes ☐ No

26. Has any of the Properties to be insured previously been covered by other insurance companies? If yes, please provide the following details.

☐ Yes ☐ No

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

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Property Specification	Sum Insured (INR)	Premium (INR)	Deductible (INR)

I/We desire to effect an insurance in terms of the Portable Electronic Equipments Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Place: \_\_\_\_\_

Proposer's Signature  
with company stamp)

Date: 

D	D	M	M	Y	Y	Y	Y
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Name of proposer \_\_\_\_\_

Designation of proposer \_\_\_\_\_

## STATUTORY WARNING

### V. 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/ies has/have 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

### VI. 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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

Signature of the Agent

## VII. AGENT DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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: 

Signature of the Agent

## VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Portable Electronic Equipment Insurance and related information in:    Physical Format ☐                      e-Format (electronic) ☐

[illegible]

**I would like to apply for eIA with:**

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (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.sbiqgeneral.in](http://www.sbiqgeneral.in) to view the list of KYC OVD (Officially Valid Documents).

IX. **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

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

## PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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 the 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 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.

**INSURANCE IS SUBJECT MATTER OF SOLICITATION**

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## AML Declaration as per AML Master Guideline 2022:

### 1. 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 **Ten 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.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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