

PROPOSAL FORM

GRAMIN SAMRIDHI BIMA



SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1. Please answer all the questions fully and accurately, Where any any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer 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. 3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form.

Office use only:

Policy Issuing Office Address:

 Code:

Intermediary/Agent Name:

 Code (if any):

Proposer's Details:

1. Name of the Policyholder*:

2. Communication Address*:

City:

 State:

 PIN:

3. Contact Details*: Phone:

 Mobile No.:

Email:

PAN*:

 /Form 60/61:

 (if Available) Aadhaar No.*:

4. Date of Birth*:

 Gender*: M F Other

5. Period of Insurance*: From

 to

6. Do you wish to cover the interest of any Financial Institution?

If yes give the names of all financial institutions and section for which required

7. 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.

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:

 *Date of Birth of Nominee:

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.

*Name:

*Relationship with Nominee:

 *Date of Birth:

Nominee 2

*Name:

*Relationship with Nominee:

 *Date of Birth of Nominee:

Mobile no.:

 Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:

 Branch Name:

Bank Account Number:

 IFSC Code:

Disclaimer: SBI General Insurance Company Limited | 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 concluding 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 license. | Gramin Samridhi Bima UIN: IRDAN144RP0001V02202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

*Name:

*Relationship with Nominee: *Date of Birth:

Note.(*) marked fields are mandatory

Coverages:

Section 1: Standard Fire and Special perils Insurance-Building, Contents and Agricultural Items

Details of the Property:

1) Construction of Building : Standard Kutcha 2) Age of the Building

3) Type of Building: Flat Bungalow Farm House Row House Floor 4) Is your property in the basement : Yes No

5) Adjoining Area of the Dwelling is occupied by: Residential Building Commercial Building Open Space

6) Are all openings protected with doors/ windows/ grills : Yes No

Building is insured on Reinstatement value basis and Contents are insured on 50% first loss basis and Agricultural items are insured on full value basis

A) Building	Sum Insured
a) Please indicate the present day cost of construction (This cover does not include Land Vaue)	
B) Contents (to be insured at 50% First Loss Basis)	
a) Furniture b) Clothing c) Domestic Electrical & Electronic Appliances	
d) Crockery/ Utensils e) Agricultural Items& Stocks including farm	
Contents (excluding Jewellery & Valuables) belonging to proposer and members of his/her family permanently residing with him/ her (Please indicate present replacement value)	
Do you want to opt for Earthquake Cover on payment of additional premium Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 2: Burglary and House Breaking and Theft

A) Contents	
B) Agricultural Items	
Note: Insurance on Contents should be for value equivalent to the value mentioned under Contents- All Contents and Agricultural Items in the premises stated at above address. "Contents" under section Fire & Special Perils above	
Contents (to be insured at 50% First Loss Basis Agricultural Items and Stocks to be insured on full value basis)	

Section 3: Animal Driven Cart

1) Type of Cart: Cart Tonga 2) Body of Cart : Wooden Steel

3) The identification of Cart: 4) Type of Animal used to draw it:

5) Age of Animal: 6) Gender of Animal: M F

7) Place where it is usually kept: 8) No. of animals:

Sum Insured Details:

Animal Cart ₹ Animal ₹

Section 4: Personal Accident [Accidental Death only for family].

Name of the Person to be insured	Age	Occupation	Relationship with the Proposer	Details of existing infirmity/ disability	Name of the Nominee	Age of the Nominee	Name of the appointee	Relationship with the Proposer	Sum Insured
Total									

I/ We hereby assign the money payable by SBI General Insurance Company Limited, in the event of my death to the nominee named above and I further declare that his/ her/ their receipt shall be sufficient discharge to the Company.

Section 5: Television and Set Top Box

Make and Model	Year of Manufacture	Identification Number	Sum Insured

Section 6: Agricultural Tractors/Power Tillers/Harvesters

Registration Number: RTO Location:

Year of Manufacture: Engine No.:

Chassis No.: Make of the Vehicle:

Type of Body/Model: Cubic Capacity/GVW:

Fuel Used: Petrol Diesel CNG LPG Electric Hybrid Others (Please specify) _____

Trailer Details:

Sr. No.	Trailer Type	Trailer Reg. No.	Trailer Chassis No.

IDV	Non-Electrical Accessories	Electrical Accessories	Bi-Fuel/CNG/LPG Kit	Trailer	Total IDV

- 1. Whether Vehicle is limited to own premises? Yes No
- 2. Whether vehicle is used for private purpose (excluding use of hire & reward)? Yes No
- 3. Are you entitled to No Claim Bonus? Yes No If yes, please provide the proof thereof.
- 4. Liability to Third Parties (Property Damage)
Do you wish to restrict the above limits to the statutory TPPD limit of Rs.6000 only? Yes No

5. Compulsory Personal Accident Cover for Owner Driver. Please give details of nomination:
Name of the Nominee:
Date of Birth: Relationship:
Name of the Appointee (If Nominee is minor):
Relationship with the Nominee:

Note: 1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of ₹.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 does not hold an effective driving license.

Do you want to cover Legal Liability to:
a) Paid Driver : Yes No b) Cleaner Conductor Coolie

If yes, no of persons to be covered:
Do you wish to include Personal Accident Cover for paid driver / cleaner / conductors? Yes No
If Yes, please indicate the number of persons and Sum Insured for each person (Max. ₹ 1 lakh per person for Two Wheelers & ₹ 2 lakhs per person for other class of vehicles) No. of persons _____ Sum Insured per person to be ₹ _____ /-. Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy? Yes No If Yes, kindly provide the following information;

Name of the Financial Institution:
Branch of the Financial Institution: Loan Account No.:

Section 7: Agricultural Pump set

Make: Serial No.: Year of Make:
Type of Engine: Electrical Diesel HP/RPM Sum Insured:

Section 8: Pedal Cycle

Make and Model : Year of Manufacture:
Serial number (if any): Sum Insured:

Previous Insurance Details:
Name & Address of Previous Insurer:
State: PIN:

Policy Number: Expiry Date:
Claims Under Section:
Claims during preceding three Years: Year: No. of Claims: Amount:

Payment Details*:

Amount: Rs

Instrument Type: Cheque Debit Card/Credit Card NEFT Others: Please Specify

Cheque/ DD No.:

Bank Name:

Credit/ Debit Card Number:

Card Type:

Sources of Funds: Salary Business Others (Please Specify):

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

Date:

Branch:

Expiry Date:

Card Number:

Bank Account Details For Process Of Refund*:

Cheque will be issued in the name of the Proposer only. 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:

Bank Account No.:

MICR Code:

Branch Name:

IFSC 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.

KYC Documents Attached:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill

Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

Electronic Insurance Account Details Section:

I want Gramin Samridhhi Bima related information in – Physical Format- Yes No e-Format (electronic) as & when applicable- Yes No

Choose your Insurance Repository (For those selecting e-Format)

(a) NSDL Data Management Ltd. (b) CDSL Insurance Repository Ltd.

(c) Karvy Insurance Repository Ltd. (d) 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 the Prevention of Money Laundering Act 2002. I/We 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.

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.