PROPOSAL FORM

GRAMIN SAMRIDDHI BIMA



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 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	:: [
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4. Date of Birth*:	Ļ	D	D	M	V	Υ	Υ	Υ	Υ		Ger	nder	*: M	1	F	Ļ		Ot	her														
5. Period of Insurance*: From	ו	D	D	M	V	Υ	Y	Υ	Υ		to	D	D	Μ	N)	Y	Υ	Υ	Υ		_											
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If yes give the names of all fin	ancia	al ins	stitu	utions	and	d sec	tio	n fo	r wh	ich ı	equ	ired																		L			
7. Are You or any of the propo	sed	appl	licar	nts ar	e Pc	olitica	lly	Exp	ose	d Pe	rsor	1? '	Yes		١	No																	
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*Relationship with Nominee:																		*Da	ate c	of Bi	irth	of N	om	nee	: [D	D	Μ	M	Υ	Υ	Υ	Υ
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*Name:	Γ	Ť										Γ													T								

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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 concluding a sale. I 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 Samriddhi 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.

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Section 1: Standard Fire an Details of the Property:	и эр	ecia	пре	erns	ins	ura	nce	-Du	IIIa	ıng,	C	onte	ent	s ar	ıa F	Agric	uitt	ıraı	ite	ms											
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3) Type of Building: Flat B	ungal	low] ,	arm	Ηοι	ıse] F	Row	Но	use		7	Floc	r		4) Is y	your	pro	pert	y in t	he b	aser	nen	t : Ye	s	N	0	
5) Adjoining Area of the Dwelling	g is o	ccup	ied	by:	Resid	dent	ial B	uildi	ng		(Com	nme	rcia	l Bu	ilding	 , [\neg	pen	Spa	ice										_
6) Are all openings protected wi	th do	ors/	wir	ndov	vs/q	rills :	: Yes			└─ No	,	7						_					ı								
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B) Contents (to be insured at 5				s Ba	sis)																										
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A) Contents																															
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3) The identification of Cart:									1							ed to		w it:	Γ		_	_									
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5) Age of Animal:				•								6) Ge	nde	r of	Anir	nal:	мГ	╗	F		1				-					

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Sum Insured Det	ails:																									
Animal Cart ₹						Anii	mal₹																			
Section 4: Pers	onal Ac	cident [Ac	cidenta	al Deat	h only	for fa	mily]	ı.																		
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Make and Model			Year	of Manu	facture				lde	entific	atior	n Nun	nber				Sı	um In	sur	ed						
Section 6: Agri	cultural	Tractors/	Power '	Tillers/	Harve	sters																				
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2. Whether vehic	le is used	for private	ourpose	(exclud	 ing use√	of hire	e & rew	vard)? Yes		No]													
3. Are you entitle	d to No C	laim Bonus	? Yes	No	☐ If	ves. r	olease	pro	vide th	ne pro	of th	ereo	f.													
4. Liability to Thir	d Parties	(Property D	amage)								_			_												
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If yes, no of perso	ons to be	covered:																								
Do you wish to in	clude Per	sonal Accid	ent Cov	er for pa	id drive	r / clea	aner /	con	ducto	rs? Ye	s	No														
If Yes, please indi	cate the r	number of p	ersons a	and Sum	Insure	d for e	ach pe	erso	n (Max	۱.₹1	akh p	oer pe	erson	for ⁻	Two W	/heel	ers	&₹2	lak	hs p	er p	ersc	n for	oth	er cl	ass
of vehicles) No. o	•				sured p									_/	ls the	re an	уΗ	ypot	hec	atio	n/H	lire l	Purch	ase	/Le	ase
Interest to be not	ted in the	Policy? Yes	l N	0	If Yes, k	indly p	provide	e th	e follo	wing i	nfori	matio	n;													

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Name of the Financial Institution:

Branch of the Financial Institution	n:															Loa	n Ac	cou	nt N	o.:								
Section 7: Agricultural Pump se	t		•	'	•																							
Make:				Seria	al No.	:									۱ [ear o	of Ma	ake:			D	D	M	М	Υ	Υ	Υ	Υ
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Section 8: Pedal Cycle																												
Make and Model :															Υ	ear c	of Ma	nuf	actu	ıre:	D	D	M	M	Υ	Υ	Υ	Υ
Serial number (if any):																Sum	Insu	red	:									
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Name & Address of Previous Insu	ırer:																											
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Policy Number:																	Ex	piry	Date	e:	D	D	M	M	Υ	Υ	Υ	Υ
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Claims during preceding three Years: Year:	D D	М	W ,	/						No	. of (`lain	ns. [\mo	ıınt.								\equiv
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Choose your Insurance Reposito	ry (For	those	sele	cting	e-For	mat)			_																	_		
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Customer Name:																			Da	ite:	D	D	M	M	Υ	Υ	Υ	Υ
Kindly visit our website www.sbigene	ral.in to v	iew th	e list	of KYC	OVD	(Offici	allv V	/alid	Doci	umer	nts)											Ь	Щ.			Ь	ш	

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I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been statues, directly or indirectly governing the Prevention of Money Laundering in India.	has the right to call for documents to establish source
Nationality: Indian Non-Indian Non-resident Indian(NRI) Others	
If Non-Indian please specify the nationality and country address	
Type of Organisation (Only applicable if policy issued on Group Basis):	
Corporation Government Non-Governmental Organisation Societ	ry Trust
	on 8 Companies
I hereby declare that the current address is different from the available in the Central identities Data Re	epository.
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:
Declaration:	
 I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete belief and that there is no other information, which is relevant to my application for insurance that is statements made by me and this declaration shall form the basis of the contract between me/us and and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay pre I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as it. I/We understand that the Policy issued by the Company shall be voidable at the option of the mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure rejection of my/our claim and the avoidance of my/our Policy when a claim is made. I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the be conveyed to SBI General immediately by me/us. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance un upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it wime/us without interest. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not the details filled in the proposal form would be used for new as well as for renewal purposes. Do you suffer from any disability? Yes No If Yes, please state the type of disability. 	has not been disclosed to you. I/We hereby agree that I SBI General Insurance Company Limited (SBI General) emium on the amount estimated. if it were uninsured. c Company in the event of any mis-representation, to comply with this obligation now may result in the esubmission of this Proposal Form then the same shall the liability of SBI General does not commence on the ntil the proposal has been accepted by SBI General and ill inform me/us and refund any payment received from the athird party, the information (including the sensitive of to provide this consent or withdrawal.
Place:	
	Proposer's Signature
Agent's Declaration:	
l,	onse(s) submitted by him/her in this Proposal Form to ance between the Company and the Proposer, if this untrue statement(s)/ information/response(s) is/are d/to be furnished, the Company shall have the right to rial fact, the policy issued to his/her favour pursuant to
Licence No.:	
Date: D D M M Y Y Y Y	
Place:	C'aral a c'ha A a c'

AML GUIDELINES* (Premium Payment shall be made by the Policyholder of 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 concluding a sale. I 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 Samriddhi 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.

Signature of the Agent

Insurance Act 1938 Section 41- Prohibition of Rebates:

Vernacular Declaration:

Signature of the Witness

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 of 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 in the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebates as may be allowed in accordance with the prospectus or tables of the Insurer.

Signature/Thumb impression of the Proposer/Primary Insured

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend up to ₹ 10 Lacs.



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.