

GRAMIN SAMRIDDHI BIMA



Office use only:

Proposer's Details:

Nominee Details*:

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:

Year of Manufacture:

D

D

M

M

Y

Y

Y

Y

Chassis No.:

Type of Body/Model:

RTO Location:

Engine No.:

Make of the Vehicle:

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 ☐
NB: The Policy provides Third Party Property Damage up to ₹ 7.5 Lakhs
5. Compulsory Personal Accident Cover for Owner Driver. Please give details of nomination:

Name of the Nominee:

Date of Birth:

D

D

M

M

Y

Y

Y

Y

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:

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 Samridhhi 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.

Loan Account No.:

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Year of Make:

D	D	M	M	Y	Y	Y	Y
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Sum Insured:

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Year of Manufacture:

D

D

M

M

Y

Y

Y

Y

Sum Insured:

PIN:

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Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Amount:

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Date:

D	D	M	M	Y	Y	Y	Y
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Branch Name:

[illegible]

Expiry Date*

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 _____

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

[] Corporation [] Government [] Non-Governmental Organisation [] Society [] Trust []
[] Partnership [] International Organisation [] Cooperative [] Section 8 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:

Declaration:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.
- I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the 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 submission of this Proposal Form then the same shall 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 the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
- 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. _____

Please share the percentage of disability. _____

Date: [D][D][M][M][Y][Y][Y][Y]

Place: []

Proposer's Signature

Agent's 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]

Place: []

Signature of the Agent

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) _____ (Relationship 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 my/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Witness

Place:

Signature/Thumb impression of the Proposer/Primary Insured

Insurance Act 1938 Section 41- Prohibition of Rebates:

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.
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.