

COMMERCIAL VEHICLE INSURANCE POLICY-PACKAGE (Agricultural Tractor)

Call (Toll Free) 1800 22 1111 | 1800 102 1111 www.sbigeneral.in

हिंदी प्रस्ताव प्रपत्र www.sbigeneral.in/download पर उपलब्ध है ।

Proposal Form	
FOR OFFICE USE	
Quote No.	Inward No.
Receipt No.	Receipt Date D D M M Y Y Y Y
INTERMEDIARY DETAILS	(* Mandatory Fields if Sales Channel Type selected is Banca)
Segment Type	Corporate Retail SME Business Sector Urban Rural Social
Business Type	New Roll-over Renewal Sales Channel Type Banca Agency Direct
Sales Channel Code	Specified Person's Code*
Specified Person's Name*	
GSTIN/ISDN	IF APPLICABLE DOB of Intermediary D D M M Y Y Y Y
PART I - INDIVIDUAL (*	Mandatory Fields)
1.* Do you have existing relations	hip with SBI General Insurance? Yes No
If Yes, then please mention you	ur Customer ID:
2.* Title	Mr. Miss Mrs.
3.* Name	F I R S T N A M E
	M I D D L E N A M E S U R N A M E
4.* Gender	Male Female
5. Date of Birth	D M M Y Y Y Y
6.* Unique Identification (minimum one is required)	PAN Card Ration Card Passport Biometrics Card Gov UID Voter ID Driver's License
7.* Unique Identification No.	
8. PAN No.	
9. Marital status:	Single Others 10.* Nationality
11. Education	Non-Matriculate Graduate Post-Graduate Professional
12. Occupation	Salaried Self Employed/Professional Business Student Retired Agriculture & allied Others
13. E-Mail address	
14. Telephone details Con	ntact No.
15.* Preferred Contact Mode	Email Paper Mail Phone 16. Preferred Payment Mode EFT Cheque
17.*Address of the Proposer Hou	
Bui	ilding Locality Locality
Stro	
City	
Sta	Country
18. Corporate	Yes No 19. GSTIN/ISDN. IF APPLICABLE
PART II (RISK COVERAGE	
1. Proposal For:	New Policy Roll-Over Renewal 2. Type of Policy: Package Liability Only
	m: D D M M Y Y Y Y hrs of till midnight of D D M M Y Y Y Y
	sured in respect of this vehicle? Yes No
If Yes, please provide the nar	me & address of your previous Insurer
Previous Policy No.	

Previous Policy End Date D D M M

Previous Policy Start Date D D M M Y Y Y Y

7.a. <i>F</i>	Are you entitled to No	Claim Bonus (N	CB) at th	nis Rene	wal?																	Yes	3			L	N)				
7.b. k	.b. Kindly indicate the No Claim Bonus (NCB) percentage (%) mentioned on your expiring policy																															
8. H															Yes	6				No												
	I/We hereby declare that the rate of NCB claimed by me/us is correct & that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited															ation																
IS																																
	Signature of Proposer																															
	T THE DRIVER																															
	he vehicle will be driv	en by																												_		
Sr. No.			Full Nar	ne								nship opose			Date o	of B	irth	E	Drivi xperi	ng ence		Driving License No.									Geno	ler
1.																																
																								_		_		—	—	\perp		
Has a claim been made in the last 5 years for any regular driver?															Ye	S	L															
Yea	r	1						2			\perp				3						4								5			
No	of Claims																															
Тур	e of Claim	OD/1	ГР				(DD/TP						C	D/TP						0D/	ГР						0	D/TP			
Am	ount																															
PRNP	PROPOSER'S DETAILS (REGISTERED OWNER OF THE VEHICLE)																															
	gistered Address of	House No.					<u>-,</u>	\top			\top	\top	\Box]	F	Block			Т	Т	Т	\top	Т	Т	Т	\top	Т	П	\top	Т	\neg
	Vehicle	Building		$\pm \pm$			$\overline{}$				$\overline{}$		$\overline{\Box}$]		Locality			$\overline{}$			$\overline{}$	$\overline{}$		Ť		=	\Box	寸	$\overline{}$	\exists
				\pm			\pm	+			\pm	\pm	$\overline{\Box}$, 	_					_	_	\pm	$\overline{}$	\pm	$^{\perp}$	+	\pm	Ш	十	\pm	\exists
		Street		$\pm \pm$				+			$\frac{1}{1}$	+	\Box		<u>ш</u> 1		l_ District			_	_	_	$\frac{1}{1}$	$\frac{\perp}{1}$	$\frac{\perp}{1}$	\pm	+	\vdash	Ш	井	$\frac{1}{1}$	\exists
		City		$\pm \pm$	$\overline{}$	_	\pm	+			\pm	\pm	\pm]						\dashv	_	\dashv					H	N	D		
0 0:	State Pin code														$\frac{\perp}{1}$	$\frac{\perp}{1}$	_	1	_		untry	ᆣ		廾	<u>' </u>	A]						
	ity where the vehicle																															
	IT THE MOTOR VE	HICLE IO BE I	NSURE		Б 1.			٦																								
1. V					Brand N			Use	ea														Г									
	ate of Registration/N	ew Purchase		DI) M	MY	Υ	Υ	Υ					_						e of t	the v	e vehicle Y Y Y Y										
3. R	TO State			Щ	Ш			Ш					Ш	_		F	RTO City	/Distr	ict							_		\perp	\perp	\perp		Ш
4. R	TO Location			Ш	Ш			Ш																								
5. R	legistration No.																											\perp	\perp	\perp		
6. E	ngine No.								Chassis No.																	\perp	\perp					
7. N	1ake									Model																\perp	\perp					
8. V	ariant											Cubic Capacity Or HP																				
9. G	ross Vehicle Weight			$\overline{\Box}$	П	T	T	П	T	T	_					(or HP															
	10. Maximum Licensed Carrying Capacity (No. of Passengers including Driver)																															
11.*Fu	11.*Fuel used Petrol Diesel CNG LPG Electric Hybrid Any Other (Pls specify)																															
12. Trailer Details: No. of Trailers																																
Sr. N	Sr. No. Trailer Type Trailer Registration No.																	Tra	iler	Chass	is No).										
																					T											
																					I											
13. Is	the vehicle fitted wi	th Fibre Glass Fue	el Tank?																		[Yes		Ī	7	Vo					
	ehicle Subclass		$\neg \neg$	\neg					\top																一							
15. Will the vehicle be used for Private purposes too? (IMT - 34)											<u> </u>	7	Yes	_	_	 7 r	— √o															
	16. Whether the use of the vehicle will be restricted to own premises?													\exists	Yes		-	_	lo													
	If Yes, please give address													. 50		_	Ι,	-														
lf	Yes, please give add	ress																								_		_	_	_		—

17.	Whether extension of Geographical Area to the follo	wing c	countrie	es req	uired	?												Yes		No						
	If Yes, pls tick the countries to which the extension $% \left(1\right) =\left(1\right) \left(1\right)$	is requ	uired		Ва	anglad	lesh		Bhut	an [Maldiv	es	Ne	pal		Pa	kistan		Sri La	anka					
	Insured's Declared Value (IDV) of the Vehicle The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand & model as the vehicle proposed for insurance at the time of commencement of insurance/renewal & adjusted for depreciation as per the schedule specified below:													sed for												
	Age of the Vehicle			%	5 Dep	reciat	tion				А	ge of tl	ne Vel	nicle							(% Depreciation				
	Not exceeding 6 months					5%					E	xceedii	ng 2 y	ears but	not ex	ceedi	ng 3	years				30%				
	Exceeding 6 months but not exceeding 1 year					5% 0%								ears but							40% 50%					
	Exceeding 1 year but not exceeding 2 years 20% Exceeding 4 years but not exceeding 5 years														70											
	For vehicles more than 5 years of age, please contact the Company for fixing the IDV Vehicle Value Rs																									
		١																								
	Non Electrical Accessories (other than factory fitted) Electrical Accessories (other than factory fitted) Rs																									
	Electrical Accessories (other than factory fitted) (Please provide the details of such accessories)																113									
	Bi-fuel/CNG/LPG Kit															_	Rs									
	Trailer(s) / Side Car (Two Wheelers) Value																Rs									
	TOTAL IDV																Rs_									
19.	Do you wish to limit the Third Party Property Dama	ige Cov	ver to tl	ne sta	tutor	y limit	of Rs.6	6000/-	?							Yes		No	0							
	(The Policy otherwise provides Third Party Property	•								lakhs 1	or oth	ner clas	s of v	/ehicles)												
20.	Personal Accident Cover for Owner Driver. Please g	-												,												
	(a) Name of the Nominee								_	Date of	Birth	D	D	MM	YY	Υ	Υ	R	elatio	nship _						
	(b) Name of the Appointee (If Nominee is a Minor) .												Relat	ionship t	o the N	lomin	nee .									
Note	Note: 1. Personal Accident Cover for owner driver is compulsory for sum insured of Rs. 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.																									
21.	Do you want to opt for wider legal liability cover to:																									
	a) Paid Driver Yes No		b)	Clean	er/(Condu	ictor / C	oolies				Yes		No		lf	Yes,	No. of po	erson	to be co	overe	d				
22.	Do you wish to include Personal Accident Cover for	r paid (driver /	clean	er / c	ondu	ctors?													Ye	S		No			
	If Yes, please indicate the number of persons and S No. of persons						(Max. Ra								akhs p	er pe	erson	for other	class	s of vehi	cles)					
23.	Is there any Hypothecation / Hire Purchase / Lease	Interes	st to be	note	d in th	he Pol	licy?													Ye	es		No			
	If Yes, kindly provide the following information;																									
	i) Name of the Financial Institution																									
	ii) Branch of the Financial Institution			Ī															T							
	iii) Loan Account No.			Ť	$\overline{}$	\pm													Ť		\exists		\pm	\Box		
24.	Do you wish to opt for any of the below mentioned	Add-C	ns by	paying	add	litiona	I Premiu	ım?				-								Ye	es		No			
	a) Do you wish to cover for loss or damage to lamp (Not applicable for taxis) (IMT - 23)	ps, tyre	es, tube	es, mu	ıdgua	ard, bo	onnet si	de paı	ts, bu	ımper a	nd pai	int wor	k?							Ye	es		No			
	b) Do you want to cover for Additional Towing Char	rges?																	Γ	Ye	es		No			
	If 'Yes', Sum Insured																									
c) Return to Invoice in case the vehicle meets with total loss within the first 2 years of manufacture Yes												No														
d) Do you want to protect your No Claim Bonus in case of a single accident in the Policy period?												No														
e) Do you wish to have an enhanced Personal Accident Cover for youself/your Paid driver of the vehicle?												No														
	If Yes, please provide the Sum Insured per perso	'n			_																					
	f) Do you wish to cover Hospital Cash for hospitalis of the vehicle?	sation a	arising	out of	acci	ident f	or Yours	self / \	our P	aid Driv	er									Ye	es		No			

ELECTRONIC INSUR	PANCE ACCOUNT	DETAILS SECT	ION									
				related information in	Physical Format	e Format (electro	nic); as & when applicable					
Choose your Insurance Repository (For those selecting e-Format)												
NSDL Data Management Ltd. CDSL Insurance Repository Ltd Karvy Insurance Repository Ltd. CAMS Repository Services Ltd												
My CKYC No. (Central Kno	ow Your Customer req	gistry number) is			(If available)							
	•			ccount only unless cha	inged subsequently)		(*Mandatan Galda)					
Please draw your Cheque	(a/c payee only) in th	ne name of "SBI (General Insurance Compa	any Limited"			(*Mandatory fields)					
Cheque No/DD No.		/	Amount		Da	te D D M M	YYYY					
Bank Name					Brand	ch						
Bank Account No.*					IFSC Code	e*						
AML GUIDELINES												
I/ We hereby confirm that all premiums have been/ will be paid from bonafide 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 statues, directly or indirectly governing the prevention of money laundering in India.												
Nationality: Indian/ No- Indi If Non-Indian, please specif												
Type of Organization: Corpo	orations/ Government	s/Non-Governme	ental Organizations/ Socie	ty/ Trust/ Partnership/ Inte	rnational Organization/ Coope	ratives/ Section 25 Com	panies					
PART III - DECLARA	TION BY PROPOS	ER										
me/us and the SBI General I/We also declare that any a	Insurance Co. Ltd. additions or alterations	carried out after th	e submission of this Propo	osal Form would be convey	ed to SBI General Insurance Co	. Ltd immediately.	form the basis of the contract between tank Group (please strike this clause in					
case you do not wish to dis	close the personal data	a).										
Date: D D M M	YYYY	Pla	ce:			Sign	nature of Proposer					
whole or part of the commis accordance with the publish	allow either directly or in ssion payable or any re thed prospectuses or ta	ndirectly as an indi bate of the premiu ables of the Insurer	m shown on the policy, no :	r shall any person taking o		oolicy accept any rebate ex	lives or property in India, any rebate of ccept such rebate as may be allowed in					
DOCUMENTS LIST ((Please Tick ✓)											
Proposal cum (List of Electronic Equ	ipments [Form No. 28 & 29						
Payment Advice				RC Book	[Renewal Notice / I						
Driving License				Sale Deed	L	Vehicle Inspection	, ,,					
]	L	Vernole inspection	Порог					
Valuation Certifi		a coop of annua	L promium of Do 1 Lo	NCB Reserving Letter								
	TIACHED (Must II	_	al premium of Rs.1 La	7			Andless Oned					
Pan Card* Telephone Bill	L [Passport Ration Card	<u> </u>	Government UID Driving License	=	s Identity Card city Bill	Aadhar Card					
	L				Electri	CILY BIII						
				mb impression above)	Proposer has signed in vernac	ular languaga)						
(Note: The below must be v I/We certify that the produ Proposal Form have been r I, (Full name of the witness)	witnessed by someone act applied for by me/u recorded as per the info)	e other than the Adus us and the conten ormation provided	dvisor/Employee of the Co tts of the Proposal Form I I by me/us.	mpany) nave been clearly explaine (Relation with the l	d to me/us and I/we have ful	y understood them. I/Wo	e further certify that the replies in the habitant of (city) and					
residing at Insurance Company Ltd., to						-	the insurance policy from SBI General the best of knowledge and belief.					
				Signa	ture of the Witness							
Date: D D M M	YYYY	Place: [Signa	ture/Thumb impression of th	e Proposer						