

COMMERCIAL VEHICLE INSURANCE POLICY-PACKAGE (Agricultural Tractor)

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

Proposal Form

FOR OFFICE USE

Quote No.

Inward No.

Receipt No.

Receipt Date

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

PART I - INDIVIDUAL (* Mandatory Fields)

1.* Do you have existing relationship with SBI General Insurance? Yes No
If Yes, then please mention your 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
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 Married Others 10.* Nationality
11. Education Non-Matriculate Matriculate Graduate Post-Graduate Professional
12. Occupation Salaried Self Employed/Professional Business Student Retired Agriculture & allied Others
13. E-Mail address
14. Telephone details Contact No. Mobile No.
15.* Preferred Contact Mode Email Paper Mail Phone 16. Preferred Payment Mode EFT Cheque
17.*Address of the Proposer House No. Block
Building Locality
Street
City District
State Pin code Country I N D I A
18. Corporate Yes No 19. GSTIN/ISDN. IF APPLICABLE

PART II (RISK COVERAGE PROPOSAL DETAILS)

1. Proposal For: New Policy Roll-Over Renewal 2. Type of Policy: Package Liability Only
3. Period of Insurance: From : hrs of till midnight of
4. Have you been previously insured in respect of this vehicle? Yes No

If Yes, please provide the name & address of your previous Insurer

5. Previous Policy No.

6. Previous Policy Start Date

Previous Policy End Date

7.a. Are you entitled to No Claim Bonus (NCB) at this Renewal?

Yes

No

7.b. Kindly indicate the No Claim Bonus (NCB) percentage _____ (%) mentioned on your expiring policy

8. Have you made any OD Claims in expiring Policy?

Yes

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 Section 1 of the Policy will stand forfeited

Signature of Proposer

ABOUT THE DRIVER

1.* The vehicle will be driven by

Sr. No.	Full Name	Relationship with Proposer	Date of Birth	Driving Experience	Driving License No.	Gender
1.						

2. Has a claim been made in the last 5 years for any regular driver?

Yes

No

Year	1	2	3	4	5
No of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount					

PROPOSER'S DETAILS (REGISTERED OWNER OF THE VEHICLE)

1. Registered Address of the Vehicle

House No.

Block

Building

Locality

Street

City

District

State

Pin code

Country

2. City where the vehicle will primarily be used

ABOUT THE MOTOR VEHICLE TO BE INSURED

1. Vehicle

Brand New

Used

2. Date of Registration/New Purchase

Year of Manufacture of the vehicle

3. RTO State

RTO City/District

4. RTO Location

5. Registration No.

6. Engine No.

Chassis No.

7. Make

Model

8. Variant

Cubic Capacity or HP

9. Gross Vehicle Weight

10. Maximum Licensed Carrying Capacity (No. of Passengers including Driver)

11.*Fuel used

Petrol

Diesel

CNG

LPG

Electric

Hybrid

Any Other (Pls specify)

12. Trailer Details:

No. of Trailers

Sr. No.	Trailer Type	Trailer Registration No.	Trailer Chassis No.

13. Is the vehicle fitted with Fibre Glass Fuel Tank?

Yes

No

14. Vehicle Subclass

15. Will the vehicle be used for Private purposes too? (IMT - 34)

Yes

No

16. Whether the use of the vehicle will be restricted to own premises?

Yes

No

If Yes, please give address _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want COMMERCIAL VEHICLE INSURANCE POLICY-PACKAGE (Agricultural Tractor) and related information in Physical Format e Format (electronic); 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

I have e Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is (If available)

PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently)

Please draw your Cheque (a/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields)

Cheque No/DD No. Amount

Date

Bank Name

Branch

Bank Account No.*

IFSC Code*

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 statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian/ No-Indian

If Non-Indian, please specify Country: _____

Type of Organization: Corporations/ Governments/ Non-Governmental Organizations/ Society/ Trust/ Partnership/ International Organization/ Cooperatives/ Section 25 Companies

PART III - 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 specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of Proposer _____

SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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 published prospectuses or tables of the Insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

DOCUMENTS LIST (Please Tick ✓)

- | | | |
|---|--|---|
| <input type="checkbox"/> Proposal cum Questionnaire | <input type="checkbox"/> List of Electronic Equipments | <input type="checkbox"/> Form No. 28 & 29 |
| <input type="checkbox"/> Payment Advice/Instrument | <input type="checkbox"/> RC Book | <input type="checkbox"/> Renewal Notice / Policy Copy |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Sale Deed | <input type="checkbox"/> Vehicle Inspection Report |
| <input type="checkbox"/> Valuation Certificate | <input type="checkbox"/> NCB Reserving Letter | |

KYC DOCUMENTS ATTACHED (*Must in case of annual premium of Rs.1 Lac and above)

- | | | | | |
|---|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Pan Card* | <input type="checkbox"/> Passport | <input type="checkbox"/> Government UID | <input type="checkbox"/> Voter's Identity Card | <input type="checkbox"/> Aadhar Card |
| <input type="checkbox"/> Telephone Bill | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Electricity Bill | |

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) _____ 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness _____

Date:

Place:

Signature/Thumb impression of the Proposer _____