## **PROPOSAL FORM**

## **ACT ONLY INSURANCE POLICY**



(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

	ROPOSAL TYPE	2001 II.Y 10 D	,	. c. g		.g		0. 0.	- P					<b>.</b>	0.0.											
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			J		L						ILS	· L														
	(I) PERSONAL DETAILS O	F PROPOS	ER/O	WNER	( (* N	1anda	itory	y Fie	elds	)	<del>-</del>														_	
	Name of the Proposer's:				$\perp$	_				<u> </u>	<u> </u>			_									$\dashv$		4	ᆜ
2. /	Address: of Proposer's:					_				_													$\Box$		1	_
		City:										S	tate	<del>)</del> :							1			_		
		PIN code:										G	enc	ler:			М		F			Otl	ner			
		Phone:										Μ	lobi	le N	10.:											
Aa	dhaar No.:		XX	$\times \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	M				P	AN*:											/	/ Fo	rm 6			
3. (	Occupation / Business:	Salaried	Self	-Emp	loyed	d 🗌	Oth	hers			Er	mai	IID	: [												
4.	Type of Cover:	Liability O	— nly Poli	су 🗌																						
Per	riod of Insurance:	From D	D M	MY	Y	YY	to	D	D	М	Μ	Υ	Υ	Υ	Υ	1										
Pre	eferred mode of contact:	Phone:			П								Мо	bile	e No	o.:										
		Email ID:								·																
5.7	Are You or any of the prop	osed applic	ants or	close	rela	tives	is/a	re a	sso	ciate	_ ed t	to F	olit	ica	lly E	Ехр	ose	ed P	ers	on i	? [	$\neg_{Y}$	es		No	,
F	Politically Exposed Persons" (PE	Ps) are indivi	duals who	o are o	r hav	e been	entr	ruste	d w	ith pro	omi	iner	ıt pu	blic	fun	ctio	ns i	n a f	orei	gn c	oun:	ᆜ try,	e.g.,		ı ds c	f
	States/Governments, senior pol party officials, etc.	iticians, senic	or govern	ment/j	judicia	al/milit	ary o	ffice	rs, s	senior	exe	ecut	tives	of	stat	e-o	wne	d cc	rpoi	ratio	ns,	imp	ortan	t po	litica	ıl
A	(II) VEHICLE DETAILS																									
6	Registration Number						7			7			of F			rati	on (	of								_
8	of the Vehicle: Registration Authority			$\perp$	Щ						th	ıe V	/ehi	cle:					D	D	M	Μ	Υ	Υ	Υ	Υ
0	& Location:																									
9	Year of Manufacture:	MMY	YY	Υ		10	Eng	gine	Nu	ımbe	r:															
11	Chassis Number:							12	Μ	lake c	of t	he	Veh	nicle	e: [											
13	Model:							14	Ty	ype o	fΒ	od	y:													
15	Gross Vehicle Weight (G\	/W) & Cubi	с Сарас	ity (C	C):		<u> </u>								T									•		
16	Maximum licensed carryi	ng capacity	y (No. o	f Pass	enge	ers) in	cas	e of	pa	ssen	ger	r ca	rryi	ng	veh	nicle	es									
17	Whether the vehicle is dr	iven by nor	n- conve	entior	nal sc	ource	of p	owe	r C	NG/I	LP	G/E	3I-F	uel												
lf"	YES", Please give details																									_
18	Whether the use of vehic	le is limited	d to owr	pren	nises	? YES	S [		Ν	10																
19	Whether the commercial	vehicle is a	lso use	d for p	oriva	te pur	pos	es (	exc	ludin	gι	ıse	for	hire	e or	rev	war	d)?		,	YES	$\subseteq$		١	0	
20	Whether the vehicle is use	ed for drivi	ng tuitid	ons?		YES	S		Ν	10																
21	Details of Hire Purchase /			_ease																						
	a) Is the vehicle propos			_												_		Г								
	(i) Under Hire Purchase		] NO [	_	(ii)	) Und	er L	.eas	e A	greer	ne	nt?	Y	ES			NO	) [								
	(iii) Under Hypothecatio		NO																							
	If "YES", give name and ac			-																						_
	ote: Copies of R.C. Book, Pe			rtifica	ate sl	nould	be s	subr	nitt	ed al	on	ıg w	/ith	the	pr	opo	osa	for	m)							
	(III) LIABILITY SECTION:																									
	IRD PARTY RISKS: DEATH							, .		,						_										
22	Coverage for liability aga				Jeat												_	<b>—</b>	·/			<b>-</b>				
	(i) Owner Driver only	YES	N	0		(ii)	Any	per	sor	n oth	er:	tha	n Pa	aid	Dri	ver			YES	5			10			

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lf, "\	'ES", give details of such other persons:
	1
	2
	3
pers	te: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other son authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 mpts the paid driver. 2. As per Section 147 (2) (a) The liability is "as incurred" in the case of death / bodily injury of a third party
тні	RD PARTY RISKS: TPPD
23.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES NO [For additional TPPD limits, please see Q. No. 25]
тні	RD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988)
24.	Legal liability to persons employed in connection with operation of the vehicle who are "workmen". [The liability of the Employer under the Workmen's Compensation Act – 1923 is covered under the Motor Vehicles Act – 1988].
	1) Drivers: (No. of persons:) 2) Employees (Workmen): (No. of persons:)
	te: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]
В.	QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS
ADI	DITIONAL TPPD
25	The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles
	Do you wish to cover the additional limit? YES NO Refer to Q. No. 23]
ADI	DITIONAL LIABILITY TO WORKMEN
26	Do you wish to cover wider legal liability to employees who are 'workmen'?  YES  NO
	[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]
(No	te: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement) [Refer to Q. No. 24]
LIA	BILITY TO EMPLOYEES WHO ARE NOT WORKMEN
27	Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES NO
	te: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be coverec er this endorsement).
PER	SONAL ACCIDENT COVER FOR OWNER DRIVER
28	Do you hold a valid driving license? YES NO
	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:
	(a) Name of the Nominee & Date of Birth:
	(b) Relationship :
	(c) Name of the Appointee :
	(d) Relationship to the Nominee :

(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-driver does not hold an effective driving license.)

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29	Do you wish to include Legal liability to	Non fare paying passengers ? YES	NO
	If YES, give number of persons:		
PA (	COVER FOR UNNAMED OCCUPANTS		
30	Do you wish to include Personal Accide	ent cover for Unnamed Passengers/hirer/pil	lion passengers (Two Wheelers)?
	YES NO		
	If YES, give number of persons and Ca <sub>l</sub>	oital Sum Insured (CSI) Opted:	
	No. of Persons:	C.S.I (Per Person):	
(No	te: The maximum CSI available per perso	on is Rs. 2 Lakhs in case of Private Cars and F	Rs. 1 Lakh in the case of Motorized Wheelers
GEC	OGRAPHICAL EXTENSION		
31	Whether extension of geographical are	ea to the following countries required?	
	(1) Bangladesh YES NO	(2) Bhutan YES NO	(3) Maldives YES NO
	(4) Nepal YES NO	(5) Pakistan YES NO	(6) Sri Lanka YES NO
(No	te: Presently the territory covered is ge	ographical area of India. Extension of geog	raphical area cover can be availed by use of
	this endorsement)		
C.	QUESTIONS THAT ARE ELICITED FOR	INFORMATION AND DATA COLLECTION I	PURPOSES
32	Previous History:		
	a. Date of purchase of the vehicle by t	he proposer://	_
	b. Whether the vehicle was new or sec	cond hand at the time of purchase? New/S	econd Hand
	c. Will the vehicle be used exclusively	for	
	(i) Private, Social, Domestic, Pleasure	& Professional Purpose? YES NO	
	(ii) Carriage of goods other than samp	les or personal luggage? YES NO	
	d. Is the vehicle in good condition?	YES NO	
		insurance company:	
	f. Previous policy number:	g. Period of Insurance :	From:
	h. Claims logged during the preceding	3 years:	
Yea	ar	No. Of Claims	Claim Amount (Rs.)
33	Details of the Driver:		<u> </u>
,,,	a. Age & Date of Birth of the Owner: A	.ge: Yrs DOB: D D M M Y Y	YY
	b. Age & Date of Birth of the Driver: Ag		
		ve vision or hearing or any physical infirmity	r? YES NO
		convicted for causing any accident of loss?	YES NO
	If YES, give details as under including t		
	Driver's Name:		
	Date of Accident: D D M M Y Y	Y Y Loss / Cost (Rs.):	

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Circumstances of Accident / Loss:\_

**NFPP** 

ADDITIONAL INFORMATION (OFFICE USE ONLY)
1. Vehicle Type: 2 Wheeler 3 Wheeler 4 Wheeler More than 4 Wheeler
2. Vehicle Colour:
3. City where the vehicle will primarily be used:
4. Fuel Type: Petrol Diesel CNG LPG Electric Hybrid Other
5. Vehicle category & Use: Imported vehicle Conveyance of passenger for Hire/reward Courier & express delivery
Campervan/Motor homes Racing, Rallies Speed Trials Amusement centre Tourist or charter operator
Fast food/ Restaurant – Delivery service Special Purpose vehicle Airfield/Airside operation Vehicle specifically
designed or adapted for military and law enforcement use Collection / Disposal/ Discharge of Industrial Trade waste
Logging or Timber Haulage Carriage of Live Stock Underground Mining Transporting refrigerated stocks
Route or line bus, As a road-train b-double or b-triple operations Bus used/leased to Municipal or State Govt
authority Others
6. Whether any modification or conversion has been done in the vehicle from the maker's standard specification? YES NO
If YES, please give details of such modifications/conversions
7. Whether any Trailer attached? YES NO If YES, please give following details:
No. of Trailers:
Trailer Registration No.:
Trailer Serial/Chassis No.:
8. Is the vehicle in good state of repair?  YES NO
If NO, please furnish details
9. What will be the Average Daily use of the vehicle?
Less than 500 Kms Between 501 & 2500 Kms Between 2501 to 5000 Kms Above 5000 Kms
10. Where will the vehicle be generally driven on?
Expressway National Highway State Highway City Roads Town Village Roads Private Road
11. Do you want to cover legal liability to passengers? YES NO
(Applicable to ambulance/hearses only) If YES, give number of passengers
12. What is the vehicle permit type?
Contract carriage Stage carriage Local State Zonal National Hilly Areas
13. What will the vehicle be used for?
Goods Carrying (Public Carrier) Goods Carrying (Private Carrier)
Passenger Carrying (Capacity equal to or less than 9) Passenger Carrying (Capacity exceeding 9)
Misc. & special vehicle Others (Please specify)
14. What types of Goods will the vehicle carry?
Hazardous Goods Non-Hazardous Goods
15. Proposed usage of vehicle? (Applicable only to passenger carrying vehicles carrying capacity not exceeding 9)
Driven by the owners only Driven by the owners only along with drivers Driven by other drivers
For rent to tourists  For rent to individuals for personal use  Radio Taxis
Business purpose by hotels Business purpose by Corporate Official purpose by foreign embassy / consulate
16. Where will the vehicle be generally parked
During the Day – Roadside Public parking Roadside Outside Parking Open parking lot
Covered parking lot Locked covered garage Within enclosed compound of residence/office/factory

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During the Night -	Roadside	e Public parking	Roac	lside Outside	Parking	Оре	en parking lot		
	Covered	l parking lot	Lock	ed covered ga	arage		nin enclosed o	•	
DRIVER DETAILS						OTTE	esiderice/offic	Le/Tactory	/
17. The vehicle will Sr. Name	be driven l	· ·	Data of	Duitaina	Liaanaa Na	Candan	Claine Value	I A made	Claire
Sr. Name No.		Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1.									1
2.									
3.									
4.								-	
5.								<u> </u>	
DECLARATION BY				u. B					11 1: 6
I/ we hereby declare and I / We hereby a			-	•			-	knowledge	e and belief
If any additions or a be conveyed to SBI			n the risk pro <sub>l</sub>	posed after th	ne submission	of this pro	posal form, tl	hen the sa	ame should
be conveyed to ob.	Certerarii	Time diately.							
_					1				
Date: D D M M	YYY	Y Place:				Sigr	nature of the	Proposer	,
<b>ELECTRONIC INS</b>	URANCE A	ACCOUNT DETA	ILS SECTIO	N					
l want Commercial	Vehicles a	nd related inform	nation in:	Physical For	mat	e-Format	(electronic); a	as & when	applicable.
Choose your Insura	nce Repo	sitory (For those	selecting e-F	ormat)					
NSDL Data Ma	anagemen	t Ltd. CD:	SL Insurance	Repository Lt	d. Karvy	Insurance	Repository L	td.	
CAMS Reposi	tory Servic	ces Ltd.							
	-	ccount & the No.	is						
My CKYC No. (Cent	ral Know Y	our Customer Re	egistry Numb	er) is				lf available	e).
Kindly visit our websi	te www.sbig	general.in to view t	he list of KYC (	OVD (Officially)	Valid Document	s).			
AML GUIDELINES	(Premium	n Payment shall b	e made by th	e Policyholde	r of the Policy)				
I/We hereby confir of proceeds of cri Company has the Insurance Contrac governing the Prev	me related right to ca t in case I	d to any of the o all for documents am/ have been f	offence listed s to establish ound guilty b	d in Prevention source of fu	n of Money L nds. The Insu	aundering ance Com	Act 2002. I on pany has the	understar e right to	nd that the cancel the
Nationality: Indian/	Non-India	an	If No	on-Indian, ple	ase specify the	e Country:			
Type of Organisati	on: (Only a	pplicable if policy is	ssued on Group	p Basis)					
Corporation	Govern	nment Non-	Government	al Organisatio	n Societ	ty Tru	ıst		
Partnership	Internat	tional Organisati	on Coop	perative S	ection 8 Comp	oanies			
I hereby declare the	at the curr	rent address is di	fferent from	the avalilable	in the Central i	dentities [	Data Reposito	ory.	Yes
No. Customer	can submi	it CKYC form for	updation.						
					г				
December to be a second	-f								
Recent photograph proposer:  (Photograph is required)									
customer does not ha CKYC ID)									
						S	ignature of P	roposer:	

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PAYMENT DETAILS CHEQUE DD EFT DEBIT/CREDIT CARD
remium Amount ₹: Date: DDM MYYYY
remium payment option: Cash Cheque DD Debit Card / Credit Card
ank Name: IFS Code: IFS Code:
ank Account Number:
ranch Name: Card details: Master Visa
ard No.: Card Expiry Date: MMYYYY
DECLARATION BY INSURED:
nade 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 eclaration shall form the basis of the contract between me/us and the
Pate: D D M M Y Y Y Y Place: Signature of the Proposer
vate: DDMMYYYY Place: Signature of the Proposer
VERNACULAR DECLARATION  pplicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the roposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).  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/e have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information
VERNACULAR DECLARATION  pplicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the roposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).  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/
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VERNACULAR DECLARATION  pplicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the roposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).  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/ve have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information rovided by me/us. I, (Full name of the witness)  (Relationship with the Proposer/Primary Insured)  (Relationship with the Proposer/Primary Insured)  adulted inhabitant of (city)  and residing at  do hereby that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the asurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the
VERNACULAR DECLARATION  pplicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the roposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).  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/ve have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information rovided by me/us. I, (Full name of the witness)  (Relationship with the Proposer/Primary Insured)  (Relationship with the Proposer/Primary Insured)  adulted inhabitant of (city)  and residing at  do hereby that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the asurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the

## **INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES**

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 on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any Person Making Default In Complying With The Provisions Of This Section Shall Be Punishable With Fine Which May Extend Up To Rupees Ten Lakhs.