

PART II (RISK COVERAGE PROPOSAL DETAILS)

1. Proposal For: New Policy Roll-Over Renewal Endorsements

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.a. Previous Policy No.:

5.b. Previous Policy Type: Comprehensive Liability

6. Previous Insurance History: Date of Purchase of the vehicle:

Was it new at the time of purchase? Yes No

Has any Insurance company ever Yes No

a. Declined the proposal Yes No

b. Cancelled the policy or refuse to renew Yes No

c. Required an increase of Premium Yes No

d. Imposed special conditions or excess Yes No

7. Previous Policy Start Date:

Previous Policy End Date:

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

8.b. Kindly indicate the 'No Claim' Bonus (NCB) percentage _____ (%) mentioned in your expiring Policy

9. Have you made any OD Claims on your 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 the Proposer

ABOUT THE DRIVER

1.* The vehicle will be driven by:

Sr. No.	Full Name	Relationship with the Proposer	Date of Birth	Driving Experience	Driving Licence No.	Gender
1.		Self				
2.		Spouse				
3.		Paid Driver				
4.						
5.						

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					

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting 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 licence. | UIN: IRDAN144RP0002V02201112 (Goods Carrying) | UIN: IRDAN144RP0003V02201112 (Miscellaneous Carrying) | UIN: IRDAN144RP0004V03201112 (Passenger Carrying).

j) Do you wish to opt for Engine Guard cover? (Applicable only Taxis)

Yes No

k) Do you wish to opt for EMI Protector?

Yes No

Please specify the EMI amount and provide a copy of the loan approval letter with EMI Amount: _____ Deductible: ₹ 500 ₹ 1000 ₹ 2000 ₹ 2500 ₹ 5000

l) Do you wish to opt for Loss of Income?

Yes No

If yes, please indicate the limit of cover

Please select the per day benefit limit ₹: _____

Type/ Class of Vehicle	Benefit - Per Day Limit	
	Minimum	Maximum
Three wheelers (Goods Carrying & Passenger Carrying Vehicles)	₹ 500	₹ 2000
Taxis	₹ 1000	₹ 4000
Buses	₹ 2000	₹ 8000

Type/ Class of Vehicle		Benefit - Per Day Limit	
		Minimum	Maximum
Goods Carrying Vehicles	i) Up to GVW 7500 Kg	₹ 1000	₹ 4000
	ii) GVW > 7500 Kg to <= 25000 Kg	₹ 1500	₹ 6000
	iii) GVW > 25000 Kg	₹ 2000	₹ 8000
Miscellaneous Class 'D' Vehicles		₹ 2000	₹ 8000

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*:

Period of Insurance: From: To:

AML GUIDELINES

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

If Non-Indian, please specify the Country: _____

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 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 the 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 the Proposer

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 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 rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

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

AGENTS 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:

Place:

Signature of Agent: _____

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DOCUMENTS LIST (Please Tick 3)

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

KYC DOCUMENTS ATTACHED (#Must in case of annual Premium of ₹ 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"/> Telephone Bill | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Electricity Bill |

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicle Insurance Policy- Package and related information in: Physical Format e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> NSDL Data Management Ltd. | <input type="checkbox"/> CDSL Insurance Repository Ltd. | <input type="checkbox"/> Karvy Insurance Repository Ltd. | <input type="checkbox"/> CAMS Repository Services Ltd. |
|--|---|--|--|

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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 knowledge and belief.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer