

PROPOSAL FORM

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY - PRIVATE CARS / TWO WHEELERS.

(For Private Cars / Two Wheelers)

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

A (I) PERSONAL DETAILS OF PROPOSER / OWNER

1. Name of the Proposer's:	<input type="text"/>																											
2. Address: of Proposer's:	<input type="text"/>																											
City:	<input type="text"/>										State:	<input type="text"/>																
PIN code:	<input type="text"/>					Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>	Other	<input type="checkbox"/>							
Phone:	<input type="text"/>										Mobile No.:	<input type="text"/>																
Aadhaar No.:	<input type="text"/>										PAN:	<input type="text"/>										/Form 60	<input type="checkbox"/>					
3. Occupation / Business:	Salaried	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	Others	<input type="checkbox"/>	Email ID:	<input type="text"/>																				
4. Type of Cover:	Liability Only Policy	<input type="text"/>																										
5. Period of Insurance: TP Section:	From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	:	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. Period of Insurance: PA Owner Driver Section:	From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	:	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A (II) VEHICLE DETAILS

7. Registration Number of the Vehicle:	<input type="text"/>																											
8. Date of Registration of the Vehicle:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
9. Registration Authority & Location:	<input type="text"/>																											
10. Year of Manufacture:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Engine Number:	<input type="text"/>																											
12. Chassis Number:	<input type="text"/>																											
13. Make of the Vehicle:	<input type="text"/>																											
14. Model:	<input type="text"/>																											
15. Type of Body:	<input type="text"/>																											
16. Cubic Capacity of the Vehicle:	<input type="text"/>																											
17. Seating Capacity including driver:	<input type="text"/>																											
18. Whether the vehicle is driven by non- conventional source of power CNG/LPG/BI-Fuel	<input type="text"/>																											
If "YES", Please give details _____																												
19. Whether the use of vehicle is limited to own premises?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								
20. Whether the vehicle is used for commercial purpose?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								
21. Whether the vehicle is used for driving tuitions?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								
22. Details of Hire Purchase / Hypothecation / Lease																												
a) Is the vehicle proposed for insurance																												
(i) Under Hire Purchase?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								
(ii) Under Lease Agreement?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								
(iii) Under Hypothecation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																								

b) If "YES", give name and address of concerned party / parties: _____

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

A (III) LIABILITY SECTION: COVERAGE

THIRD PARTY RISKS: DEATH / BODILY INJURY

23. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| (i) Owner Driver only | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (ii) Any person other than Paid Driver | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If, "YES", give details of such other persons:

1. _____
2. _____
3. _____

(Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts 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).

THIRD PARTY RISKS: TPPD

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]

THIRD 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: _____)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]

B. QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS

ADDITIONAL TPPD

25. The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/- for Two Wheelers and Rs. 7, 50,000/- for other classes of vehicles.

Do you wish to cover the additional limit? YES ☐ NO ☐

[Refer to Q. No. 23]

ADDITIONAL LIABILITY TO WORKMEN

26. Do you wish to cover wider legal liability to employees who are 'workmen'?

[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, liability under the Fatal Accidents Act-1855 and the Common Law] YES ☐ NO ☐

(Note: 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]

LIABILITY TO EMPLOYEES WHO ARE NOT WORKMEN

27. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES ☐ NO ☐

(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).

PERSONAL 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 : _____
(If Nominee is a Minor)
- (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.)

29. Do you wish to include Personal Accident cover for named persons? YES ☐ NO ☐

If YES, give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted (Rs.)	Nominee	Relationship
1)			
2)			
3)			

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

30. Do you wish to include Personal Accident cover for Unnamed Passengers/hirer/pillion passengers (Two Wheelers)?

YES ☐ NO ☐

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons: _____ C.S.I (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Wheelers)

GEOGRAPHICAL EXTENSION

31. Whether extension of geographical area to the following countries required?

(1) Bangladesh	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(2) Bhutan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(3) Maldives	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(4) Nepal	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(5) Pakistan	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(6) Sri Lanka	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

C. QUESTIONS THAT ARE ELICITED FOR INFORMATION AND DATA COLLECTION PURPOSES

32. Previous History:

a. Date of purchase of the vehicle by the proposer: ____/____/____

b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES ☐ NO ☐

(ii) Carriage of goods other than samples or personal luggage? YES ☐ NO ☐

d. Is the vehicle in good condition? YES ☐ NO ☐

If NO, please give details: _____

e. Name and Address of the previous insurance company: _____

f. Previous policy number: _____ g. Previous policy type: _____

h. Period of Insurance : From: _____ To: _____

i. Claims logged during the preceding 3 years:

Year	No. Of Claims	Claim Amount (Rs.)

33. Details of the Driver:

a. Age & Date of Birth of the Owner: Age: ____ Yrs DOB: ____/____/____

b. Age & Date of Birth of the Driver: Age: ____ Yrs DOB: ____/____/____

c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES ☐ NO ☐

d. Has the driver ever been involved / convicted for causing any accident of loss? YES ☐ NO ☐

If YES, give details as under including the pending prosecutions:

Driver's Name : _____

Date of Accident: _____

Loss / Cost (Rs.): _____

Circumstances of Accident / Loss: _____

PROPOSAL TYPE

1. New Policy:
Renewal:

Roll-Over:
Endorsements:

PERSONAL DETAILS

2. Mother's maiden Name:
3. Address: of Proposer's:

City: State:
PINcode: Gender: M ☐ F ☐ Other ☐
Phone: Mobile No.:
Aadhaar No.: PAN:

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Educational Qualification:
4. Preferred Mode of Contact:

5. Vehicle Type: 2 Wheeler ☐ 3 Wheeler ☐ 4 Wheeler ☐ More than 4 Wheeler ☐

6. Vehicle Colour:

7. City where the vehicle will primarily be used:

8. Fuel Type: Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Electric ☐ Hybrid ☐ Other ☐

9. Vehicle category & Use: Conveyance of passenger for Hire/reward ☐ Courier & express delivery ☐ Camper van/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 ☐ Others ☐

10. 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 _____

11. Whether the vehicle is certified as Vintage Car by Vintage & Classic car club of India? YES ☐ NO ☐

12. Is the vehicle in good state of repair? YES ☐ NO ☐

If NO, please furnish details _____

13. 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 ☐

14. Where will the vehicle be generally driven on?

Expressway ☐ National Highway ☐ State Highway ☐ City Roads ☐ Town ☐ Village Roads ☐ Private Road ☐

15. Will the vehicle be let out on occasional Hire? YES ☐ NO ☐

16. Where the vehicle will 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 ☐

During the Night - Roadside Public parking ☐
Roadside Outside Parking ☐
Open parking lot ☐
Covered parking lot ☐
Locked covered garage ☐
Within enclosed compound of residence/office/factory ☐

DRIVER DETAILS

17. The vehicle will be driven by

[illegible]

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 _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Private Cars / Two Wheeler Policy 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.

<input type="checkbox"/> I have an e-Insurance Account & the No. is	
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[illegible]

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 the Prevention of Money Laundering Act 2002. I/We 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 Country:

Type of Organisation:

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust

☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 8 Companies

Signature

PAYMENT DETAILS CHEQUE/DD/EFT/ DEBIT/CREDIT CARD

Premium Amount ₹:	<input type="text"/>	Cheque No.:	<input type="text"/>	Date:	<input type="text"/>
Premium payment option:	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Debit Card / Credit Card <input type="checkbox"/>				
Bank Name:	<input type="text"/>	IFSC Code:	<input type="text"/>		
Bank Account Number:	<input type="text"/>				
Branch Name:	<input type="text"/>	Card details:	<input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/>		
Card No.:	<input type="text"/>	Card Expiry Date:	<input type="text"/>		

DECLARATION BY INSURED:

I/we hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and 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 _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.

Date:	<input type="text"/>	Place:	<input type="text"/>	<input type="text"/>
				Signature of the Proposer

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.

<input type="text"/>	<input type="text"/>
Signature of the Witness Insured	Signature/Thumb impression of the Proposer/Primary Insured
Date:	<input type="text"/>
Place:	<input type="text"/>

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.