

PROPOSAL FORM

LONG TERM TWO WHEELER INSURANCE POLICY- PACKAGE



To be filled in BLOCK LETTERS ONLY

BUSINESS TYPE

Policy Term:		2 Years		3 Years
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FOR OFFICE USE

RM Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Agreement Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Receipt Date:	<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"/>
Secondary RM Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Receipt No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SP Code:	<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"/>
Customer Segment :	<input type="text"/>	Agency	<input type="text"/>	Banca	<input type="text"/>	Corporate / Banking	<input type="text"/>	Direct	<input type="text"/>	Corporate:	<input type="text"/>	Yes	<input type="text"/>	No										
Agreement Name:	<input type="text"/>																							

INTERMEDIARY

Intermediary's 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		
Intermediary's Code:																																
Policy Issuing Office Address:																																

The event proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by the SBI General Insurance Co. Ltd.

PROPOSER DETAILS (* Mandatory Fields)

If you have existing relationship with SBI General Insurance then
please provide Customer ID / Policy Number : _____

Title: _____ 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 _____

Gender: ☐ Male ☐ Female ☐ Third Gender Date of Birth: DD MM YYYY Marital Status: ☐ Single ☐ Married

Landline No.: _____ Mobile No.: _____

Occupation of the Insured: _____ Email ID: _____

PAN*: _____ / Form 60/61: ☐ Aadhaar Card No.: XXXX-XXXX-XXXX-XXXX

Address of the Proposer (At which the vehicle is registered):
House No.: _____ Block: _____ Building: _____
Locality: _____ Street: _____ City: _____
State: _____ PIN Code: _____ Country: INDIA

GSTIN/ISDN: _____ IF APPLICABLE

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ? ☐ Yes ☐ No

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

PREVIOUS INSURANCE DETAILS

[illegible]

RISK COVERAGE DETAILS

[illegible]

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | 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. | Long Term Two Wheeler Insurance Policy- Package UIN: IRDAN144RP0001V02201516 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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Customer Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

VOLUNTARY DEDUCTIBLE		GEOGRAPHICAL EXTENSION COUNTRIES																			
Standard minimum deductible is ₹ 100/- for Two wheeler, for each and every claim.																					
<table border="1"><thead><tr><th>TWO WHEELER</th><th>DEDUCTIBLE</th></tr></thead><tbody><tr><td><input type="checkbox"/> Std. Min. Deductible Plus</td><td>₹500</td></tr><tr><td><input type="checkbox"/> Std. Min. Deductible Plus</td><td>₹750</td></tr><tr><td><input type="checkbox"/> Std. Min. Deductible Plus</td><td>₹1000</td></tr><tr><td><input type="checkbox"/> Std. Min. Deductible Plus</td><td>₹1500</td></tr><tr><td><input type="checkbox"/> Std. Min. Deductible Plus</td><td>₹2000</td></tr></tbody></table>	TWO WHEELER	DEDUCTIBLE	<input type="checkbox"/> Std. Min. Deductible Plus	₹500	<input type="checkbox"/> Std. Min. Deductible Plus	₹750	<input type="checkbox"/> Std. Min. Deductible Plus	₹1000	<input type="checkbox"/> Std. Min. Deductible Plus	₹1500	<input type="checkbox"/> Std. Min. Deductible Plus	₹2000	<table><tr><td><input type="checkbox"/> Bangladesh</td><td><input type="checkbox"/> Bhutan</td><td><input type="checkbox"/> Maldives</td></tr><tr><td><input type="checkbox"/> Nepal</td><td><input type="checkbox"/> Pakistan</td><td><input type="checkbox"/> Sri Lanka</td></tr></table>			<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Bhutan	<input type="checkbox"/> Maldives	<input type="checkbox"/> Nepal	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Sri Lanka
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<input type="checkbox"/> Nepal	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Sri Lanka																			

ADDITIONAL DISCOUNT																			
<input type="checkbox"/> Automobile Association of India. Membership No.:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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D	D	M	M	Y	Y	Y	Y												
<input type="checkbox"/> Anti-theft device	<input type="checkbox"/> Vehicle specifically designed for the Blind / Handicapped / Mentally challenged Person	<input type="checkbox"/> Usage restricted to own premises (only if not licenced for general road use by RTO)																	
<input type="checkbox"/> Limit the Third Party Property Damage Cover to the statutory limit of ₹ 6000/- (The Policy otherwise provides Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers)																			

OTHER COVERS				
<input type="checkbox"/> Foreign Embassy / Consulate	<input type="checkbox"/> Vehicle Used For Driving Tuition	<input type="checkbox"/> Fiberglass Tank	<input type="checkbox"/> Cover for Vehicle imported without Customs Duty	<input type="checkbox"/> Fibre tank

OPTIONAL ADD-ON COVERS					
<input type="checkbox"/> Cover for Consumables	<input type="checkbox"/> Protection of NCB	<input type="checkbox"/> Return to Invoice	<input type="checkbox"/> Depreciation Reimbursement	<input type="checkbox"/> Engine Guard	<input type="checkbox"/> Tyre and Rim Guard
<input type="checkbox"/> Inconvenience Allowance	<input type="checkbox"/> Basic Road-Side Assistance	<input type="checkbox"/> Helmet Protection			

NCB DECLARATION BY PROPOSER	
I/We hereby declare that rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the Policy expiry 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.	

PERSONAL ACCIDENT COVER	
A. Owner Driver	
1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of ₹ 15,00,000/- for two wheelers. Compulsory Personal Accident 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 licence.	
B. Unnamed Occupants/Passengers	
The Sum Insured per person is in multiples of ₹10,000/- for a max. of ₹100,000/- per person for two wheelers. The number of persons to be covered for the purpose of this cover will be equivalent to the registered carrying capacity of the vehicle.	

DOCUMENTS LIST (Please Tick ✓)			
<input type="checkbox"/> Payment Advice / Instrument	<input type="checkbox"/> Renewal Notice / Policy Copy	<input type="checkbox"/> NCB Reserving Declaration Letter	<input type="checkbox"/> RC Book
<input type="checkbox"/> Vehicle Inspection Report	<input type="checkbox"/> Sale Deed	<input type="checkbox"/> List of Electrical/Non-electrical Accessories	<input type="checkbox"/> Valuation Certificate
<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Service Tax Exemptions Driving License		

KYC DOCUMENTS ATTACHED			
<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	

PAYMENT DETAILS <input type="checkbox"/> CHEQUE <input type="checkbox"/> DD <input type="checkbox"/> EFT <input type="checkbox"/> DEBIT/CREDIT CARD																																														
CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)																																														
Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"																																														
Instrument Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Amount: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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SBIGI does not accept Cash for Premium Payments against the Policy.

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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.

If Non-Indian please specify the nationality and country address

If NRI please give details for resident country and address _____

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

[illegible]

Signature of Proposer :

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:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of Agent: _____

(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/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of the Witness: _____

Signature/Thumb impression of the Proposer: _____

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.

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required."

2. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
 - Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **fifteen percent of capital or profits of the partnership**.
 - Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals**.
 - Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
 - Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.
3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

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