PROPOSAL FORM

LONG TERM TWO WHEELER INSURANCE POLICY-PACKAGE

SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form. To be filled in BLOCK LETTERS ONLY

BUSINESS TYPE																																	
Proposal for :	New	, [F	Rene	wal] Ro	II-Ov	/er] En	dors	emei	nt										Polic	у Те	m:		2	Year	s		3 Y	ears
FOR OFFICE USE																																	
RM Code:] .	Agre	eme	nt Co	ode:									R	lecei	pt Da	ate:		D	D	Μ	M	Y	Y	Y	Y
Secondary RM Code:		T						ן [Recei	ipt N	o . :										S	P Co	ode:									_	
Customer Segment :		Ag	jency	,		Bar	nca	-		С	orpor	rate ,	/ Ban	king			Dir	ect			C	Corpo	orate	:	Ү	es		No					
Agreement Name:																																	
INTERMEDIARY	L	1		1			1	1	1		1	1		1								1							- 1			1	
Intermediary's Name:				F	1	R	S	т	N	А	М	Е			М	1	D	D	L	Е	Ν	А	Μ	Е			S	U	R	N	A	М	Е
Intermediary's Code:]																			
Policy Issuing Office A	ddres	ss:				I		<u> </u>	<u> </u>		<u> </u>]																			
The event proposed fo	or ins	urand	ce is r	not c	over	ed ui	ntil th	ne pr	opos	alis	acce	pted	and	orem	nium	is pai	d and	d the	sam	e is r	ealiz	ed by	/ the	SBI	Gene	ral Ir	isura	nce (Co. Li	td.			
PROPOSER DET																																	
If you have existing relation please provide Custome						nsur	ance	then																									
Title:		Na	ime:	F		R	S	Т	Ν	Α	Μ	Е			М		D	D	L	Е	Ν	Α	Μ	Е			S	U	R	Ν	Α	М	Е
Gender: Male		Fer	male		Т	nird (Gend	er	Dat	e of	Birth	: D	D	M	N	Υ	Y	Y	Y					Mari	tal St	atus	: [Singl	e [Mai	rried
Landline No.:]	Mc	bile l	No.:																					
Occupation of the Insu	red:								-							E	mail	ID:															
PAN*:			Τ	Τ	Τ		//		n 60/6 Wailat								A	Aadha	aar C	ard N	lo.:	\square	\mathbb{X}			\mathbb{X}		\mathbb{X}	\boxtimes				
	ouse l	No.:									Blo	ck:										E	Buildi	ng:									
	cality	y:									Str	eet:										C	City:										
vehicle is registered): St	ate:																PI	N Co	de:							C	Coun	try:		Ν	D		A
GS	STIN/	/ISDN	1: [1						IF AF	PLIC	ABL	E								Τ						I	I			
Are You or any of the p	ropo	sed a	pplic	ants	or cl	ose r	elativ	ves is	s/are	asso	ciate	ed to	Polit	ically	/ Exp	osed	Pers	on?		,	Yes		 r	٩٥									
Politically Exposed Per																													tates	s or C	Gove	rnme	ents,
senior politicians, senior				-		l or n	nilitar	ry off	icers	, sen	ior e	xecu	tives	ofst	tate-	owne	ed co	rpora	ation	s anc	limp	ortar	nt po	litica	l par	ty of	ficials	5.					
							. 1.2			N]		OD C	:laim i	n the					No	of Cla	aims	in 🗆	-	_		. [
Have you been previou	isiy ir	isure	a in r	espe I	ect of	this	veni			Yes	5		No			ring P				Ν			3 ye		L			Amou	L	<u></u> г	_		
Previous Policy No.:																							ſ			ICB o	on Ex	piring	g Poli	су [\exists		%
Name of the Previous I		er:									1								Pre	vious	s Poli	су Ту	/pe:										
Previous Year Policy Pe			D	D	Μ	Μ	Y	Y	Y	Y	to) 	D	D	Μ	М	Y	Y	Y	Y													_
Address of Previous Ins										1							_																
Has any Insurance Comp	any e	ever: D	Declin	ed yo	our Pr	opos	al Re	ason		Req	uired	l an ir	ncrea	se in	Prem	nium:		Can	celled	l or re	efuse	d Rer	newal	:	Imp	osec	l spec	ial Co	onditi	ions o	or Exc	ess:	
RISK COVERAGE	DET	AIL	S																								-						
Hrs.of D D M	M	Y	Y	Y	Y		riod o uran	of ce: F	rom	Н	Н	:	Μ	Μ	t	ill mic	Inigh	t of	D	D	Μ	Μ	Y	Y	Y	Y							
Note: Cover will comm thereof by the Compar		note	earlie	r tha	in the	e Dat	e & 1	Time	of ac	cept	ance	ofR	lisk a	nd su	ubsed	quent	to t	he pa	ayme	nt of	prer	nium	ı by t	he Ir	isure	d to	the C	Comp	any a	and re	ealisa	ation	
Driver's Age:	י ר	Date c	of Birl	th: [D	D	M	M	Y	Y	Y	Y																					
Usage of Vehicle:	L L	sines			Privat	_						ivor'	e D=1-	vinc ^r		riona] p.	rkina	Туре		7.0	arage		۹ (ublic	Stree	_ †		٦v	Vithin	
								_			υr	vers	3 DLI/	nig E		rience	L				i ype	- <u> </u>		ar age	-				- 1		_	omp: I	ound
Date of Registration:	D [DIA	ΛΛ	ΛΥ	Ì			Ý							R	to s	tate:	:															
Disclaimer: SBI General I the risk factor, terms an																																	

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.

RTO City:														R	TOL	ocatio	n: [
Vehicle	e Make, Model & \	/ariant		Mont	th & `	í ear o	of Mf	fg.	Re	gistr	atior	n Nur	nber		Eng	jine N	umbe	er		С	hass	sis N	umł	ber			Sea Capa		,	СС		Fuel Used
	eclared Value of t					lectri								ctrica			Tra	ailer \	/alue	₹				le C					Tot	al ID'	V₹	
	Insured Vehicle₹ (A)				Acc	esso (B)	ries	<				Acc	esso (C)	ries₹				(D)				Vä	alue (E)	<			(F	= A+	B+C-	+D+E	.)
Vehicle Mo	dification:	Ye	; [No) If	fYes	s, pro	vide	deta	ails: _																					
Legal	Liability to Paid I	Driver		N	lo. of	Pers	ons					ner D re det			mina	tion)		Pill	ion R	ider						Sum	Insi	ured	₹			
Details of th	ne Nominee: Nan	ne:																														
		D	ов: [D	D	\mathbb{M}	\mathbb{M}	Y	Y	Y	Y		R	elatio	on:																	
Name of the (If Nominee	e Appointee: sis a Minor)																															
	,	Арр	ointe	e's R	elati	onshi	ip wi	ith th	ne N	omir	iee:																					
			Los	s of a	acce	ssorie	es by	/ Burg	glary	/, Ho	use l	Break	ing a	and T	heft																	
l l	ΗΥΡΟΤΗΕϹΑΤ	ION	ŀ	HIRE	PUP	RCH	ASE			LE	ASE	E PUI	RCH	ASE																		
Name of the	e Financial Institut	ion:																														
Branch:																			Loa	in Ac	cour	nt No	. :									
INSURE	D'S DECLARE	D VALU	E (ID	ov) c	DF T	HE \	/EH	ICLE																								
		Impo	tant:	Insu	red's	Dec	lared	d Val	ue (l	DV)										Age c	fthe	e Ve	hicle	e					D	epree	ciatio	on
	ed's Declared Va																No	ot exc	ceedi	ng 6 l	Mont	ths								5%	%	
1	of this Policy and the Insured vehi		iixeu	tor e	acn	year	ortr	ie Po	лсу	attr	le co	ornine	encer	nent	OIP	лсу	Ex	ceed	ing 6	mon	ths t	out r	ote	exce	edi	ng 1	yeaı			15	5%	
	f the vehicle (and anufacturer's list					-											Ex	ceed	ing 1	year	but	not	exce	edi	ng 2	2 yea	irs			20)%	
commenc	ement of Insurar	nce/rene	walar	nd adj	uste	d for	depi	recia	tion	(as p	er th	ne sch	nedul	le alo	ngsid	e).	Fv	ceed	ing 2	voar	s but	not	0.00		lina	3 1/0	are	+)%	
	lule of age-wise o tive Total Loss (T					longs	ide i	s app	olical	ole fo	or the	e purj	oose	ofTo	otal L	oss/																
	nicles beyond 5 y		-						fve	nicle	s is t	o be	dete	rmin	ed or	the	EX	ceed	ing 3	year	s but	not	exc	eed	ling	4 ye	ars			40)%	
basis of ur	nderstanding bet	ween the	Insur	rer ar	nd th	e Insi	ured.	·									Ex	ceed	ing 4	year	s but	not	exc	eed	ling	5 ye	ars			50)%	
DECLA	RATION BY IN	SURED																														
and beliefar the stateme statements no other inf additions or	y declare that the nd I/We hereby ag ents, answers and answers or part formation which alterations carrie he discretion of the	gree that I particul iculars ar is releva ed out in	this de ars pro e inco nt to r he ris	eclara ovide orrect my ap k pro	ation dhei orui oplica pose	shall reinal ntrue ation ed afte	form bove in ar for I er th	n the e, are ny res Insura e sub	basi the l spec ance omis	s of t basis t, the e und sion	heco onw SBI erth ofthi	ontra /hich Gene nis Pr is Pro	ct be this ii eral In opos posa	sal what Form	en me ance i nce C nich is mwo	/usan sbeing o.Ltd s not c	d the g grar . shall lisclo	SBIG nted a Ihave sed t	iener ind th no lia o the	al Ins at if, ability SBI	uran after / und Gene	ce C the ler tł eral	o L' insu nisir Insu	td.l Iran Isur Iran	tisł cei: anc ce (nereb seffe e.I/V Co.L	oyur ecte Veh td l	nder: d, it i ereb /We	stood s four by ded also	dand hdth clare decla	agre at an that are tl	ed that y of the there is nat any
Date: D		Y	Ý	/	Plac	e:														Signa	ature	oft	he V	Vitr	iess							
ELECTR	DMMY																															
		NCE A	col	UNT	DET	FAIL	S SE	СТІ	ON																							
l want Long										form	natio	on in:		P	hysic	al Forr	nat			e-Fc	orma	t (ele	ectr	onic	:); a:	s & w	hen	app	licabl	e.		
Choose you	RONIC INSURA Term Two Whee ur Insurance Repo	eler Insur Disitory (F	ance F	Policy ose se	/ Pac elect	kage ing e·	and -Fori	relato mat)	ed ir		[on in:								e-Fc	1									e.		
Choose you	RONIC INSURA Term Two Whee ur Insurance Repo	eler Insur ository (F ent Ltd.	ance F or the	Policy ose se CDS	/ Pac elect 6L Ins	kage	and -Fori	relato mat)	ed ir		[on in:	Kar			al Forr ce Rej		ory L [.]	td.	e-Fc	1					s & w ' Ser'				e.		
Choose you NSDL	RONIC INSURA Term Two Whee Ir Insurance Repo Data Manageme e an e-Insurance	eler Insur ository (F ent Ltd. Account	ance F or the	Policy ose se CDS No. i	/ Pac elect 6L Ins is	kage ing e- suran	and -Forn Ice R	relato mat) epos	ed ir		[on in:	Kar					ory L-	td.	e-Fc] c/	٩MS	Rep	osi	tory					e.		
Choose you NSDL	RONIC INSURA Term Two Whee ur Insurance Repo	eler Insur ository (F ent Ltd. Account	ance F or the	Policy ose se CDS No. i	/ Pac elect 6L Ins is	kage ing e- suran	and -Forn Ice R	relato mat) epos	ed ir	/ Ltd	. [vy In:	suran	ce Re	posito] c/	AMS (lfa	Rep vaila	osi	tory) <mark>.</mark>	Ser	vice	s Lto	I.			
Choose you NSDL I have My CKYC No I, record from	RONIC INSURA Term Two Whee Ir Insurance Repo Data Manageme e an e-Insurance	eler Insur psitory (F ent Ltd. Account Your Cu C Record:	ance F or the & the stome	Policy Dose se CDS No. i er Reg	/ Pac elect 6L Ins is gistry I und	kage ing e- suran y Nun dersta	and For ce R mber	relate mat) epos	ed ir iitor , her	reby infor	gran mati	t exp	licit c esse	vy In:	suran	ce Rej	posito lenera rpose	al Ins	urano	te Co] C/	AMS (If a ny fo ite a	Rep vaila or th nd u	oosi able ne re	tory). etrie	Ser eval a	vice: and o	down for	l <u>.</u> nload insu	ling c	serv	

Disclaimer: SBI General Insurance Company Limited I 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.

Kindly visit our website www.sbigeneral.in to viev	w the list of KYC OVD (Officially Valid Documents).
VOLUNTARY DEDUCTIBLE	GEOGRAPHICAL EXTENSION COUNTRIES
Standard minimum deductible is ₹ 100/- for Two	ro wheeler, for each and every claim.
TWO WHEELER	DEDUCTIBLE
Std. Min. Deductible Plus	₹500 Bangladesh Bhutan Maldives
Std. Min. Deductible Plus	₹750
Std. Min. Deductible Plus	₹1000 Nepal Pakistan Sri Lanka
Std. Min. Deductible Plus	₹1500
Std. Min. Deductible Plus	₹2000
ADDITIONAL DISCOUNT	
Anti-theft device Vehicle specifi	of Expiry: D D M M Y Y fically designed for the Blind / Handicapped / Mentally challenged Person Usage restricted to own premises (only if not licenced for general road use by RTO)
OTHER COVERS	
	hicle Used For Driving Tuition Fiberglass Tank Cover for Vehicle imported without Customs Duty Fibre ta
OPTIONAL ADD-ON COVERS	
Cover for Consumables Protection	ion of NCB Return to Invoice Depreciation Reimbursement Engine Guard Tyre and Rim Gu
Inconvenience Allowance Basic Ro	Dad-Side Assistance Helmet Protection
NCB DECLARATION BY PROPOSER	
I/We hereby declare that rate of NCB claimed b	by me/us is correct and that NO CLAIM has arisen in the Policy expiry period (Copy of Policy enclosed). I/We further undertake th
this declaration is found incorrect, all benefits u	under the Policy in respect of Section1 of the Policy will stand forfeited.
PERSONAL ACCIDENT COVER	
be granted where a vehicle is owned by a B. Unnamed Occupants/Passengers	river is compulsory for Sum Insured of ₹ 15,00,000/- for two wheelers. Compulsory Personal Accident Cover to Owner Driver can a Company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving licence. les 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 t ed carrying capacity of the vehicle.
DOCUMENTS LIST (Please Tick 🗸)	
Payment Advice / Instrument	Renewal Notice / Policy Copy NCB Reserving Declaration Letter RC Book
Vehicle Inspection Report	Sale Deed List of Electrical/Non-electrical Accessories Valuation Certificate
Driving Licence	Service Tax Exemptions Driving License
KYC DOCUMENTS ATTACHED	
	Government UID Voter's Identity Card Telephone Bill
KYC DOCUMENTS ATTACHED	Government UID Voter's Identity Card Telephone Bill Driving Licence Electricity Bill
KYC DOCUMENTS ATTACHED Passport	
KYC DOCUMENTS ATTACHED Passport Ration Card PAYMENT DETAILS CLAIM / REFUND AMOUNT WILL BE DEPOSITE	Driving Licence Electricity Bill DD EFT DEBIT/CREDIT CARD ED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandato)
KYC DOCUMENTS ATTACHED Passport Ration Card PAYMENT DETAILS CLAIM / REFUND AMOUNT WILL BE DEPOSITE Please draw your Cheque (A/c payee only) in the	Driving Licence Electricity Bill DD EFT DEBIT/CREDIT CARD ED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandato ne name of "SBI General Insurance Company Limited"
KYC DOCUMENTS ATTACHED Passport Ration Card PAYMENT DETAILS CLAIM / REFUND AMOUNT WILL BE DEPOSITE	Driving Licence Electricity Bill DD EFT DEBIT/CREDIT CARD ED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandato)
KYC DOCUMENTS ATTACHED Passport Ration Card PAYMENT DETAILS CLAIM / REFUND AMOUNT WILL BE DEPOSITE Please draw your Cheque (A/c payee only) in the	Driving Licence Electricity Bill DD EFT DEBIT/CREDIT CARD ED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandato ne name of "SBI General Insurance Company Limited"

Date:

Disclaimer: SBI General Insurance Company Limited I 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.

Customer Name:

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

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 statues, directly or indirectly governing the Prevention of Money Laundering in India.
Nationality: Indian Non-Indian Non-resident Indian(NRI) Others
If Non-Indian please specify the nationality and country address
If NRI please give details for resident country and address
Type of Organisation: Corporation Government Non-Governmental Organisation Society Trust (Only applicable if policy issued on Group Basis) Partnership International Organisation Cooperative Section 8 Companies
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.
My CKYC No. (Central Know Your Customer Registry Number) is (If available).
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)
Signature of Proposer :
AGENT DECLARATION
I,
Licence No.
Date: D M Y Y Y Place: Signature of Agent:
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)
D D M Y Y Y Place: Signature of the Witness:

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.

Signature/Thumb impression of the Proposer:

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.

Disclaimer: SBI General Insurance Company Limited I 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.



AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Memebers 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:

- a) 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.
 - 1. "Controlling ownership interest" means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
 - 2. "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;
- b) 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**.
- c) 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**.
- d) 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.
- e) 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).

Disclaimer: SBI General Insurance Company Limited I 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.





Disclaimer: SBI General Insurance Company Limited I 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.