



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.

20. Do you suffer from any disability/Impairment?  Yes  No

If Yes, please state the type of disability/Impairment \_\_\_\_\_

Please share Percentage of disability/Impairment \_\_\_\_\_

UDID Number:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

**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 Section1 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					

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. | Commercial Vehicle Insurance Policy - Package (Goods Carrying) UIN: IRDAN144RP0002V02201112 | Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles) UIN: IRDAN144RP0003V02201112 | Commercial Vehicle Insurance Policy - Package (Passenger Carrying) UIN: IRDAN144RP0004V03201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.







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	

m) Do you wish to opt for Roadside Assistance?  Yes  No

## NOMINEE DETAILS:

### Nominee 1

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.\*:  Email Id:

Percent of Claim Payable:

Present Address:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Appointee:

Mobile no.\*:  Email Id:

Percent of Claim Payable:

Present Address:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

### Nominee 2

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.\*:  Email Id:

Percent of Claim Payable:

Present Address:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Appointee:

Mobile no.\*:  Email Id:

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Percent of Claim Payable:

Present Address:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

**PAYMENT DETAILS\***

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Cheque No./DD No.:  Amount:  Date:

Bank Name:  Branch:

Bank Account No.\*:  IFSC Code\*:

Card Details:  Master  Visa Card No.  Card Expiry Date:

Period of Insurance: From:  To:  EFT No:

SBIGI does not accept Cash for Premium Payments against the Policy.

**BANK ACCOUNT DETAILS FOR PROCESS OF REFUND\*:**

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder:

Bank Name:  Branch Name:

Bank Account No.:  IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

**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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

**Nationality:**  Resident Individual  Non-Resident Indian (NRI)  Foreign National  Person of Indian Origin (PIO)

If foreign national please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

**Type of Organisation (Only applicable if policy issued on Group Basis):**

Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 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

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## DECLARATION BY PROPOSER

1. I/We hereby declare that the statement made by me/us in the Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statement made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
2. I/We understand that the policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or non-disclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our policy when a claim is made.
3. I/We hereby undertake that if any additions/alternations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
4. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
5. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us.
6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank Group entities for 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).
7. The details filled in the proposal form would be used for new as well as for renewal purpose

Please tick mark if Authorized Person has explained the product features and benefits and I have understood the questions in the form and the answers given are correct. Yes  No.

Date:

Place:

Signature of Proposer: \_\_\_\_\_

## AGENT 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: \_\_\_\_\_

## 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    |

## 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

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## 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)

NSDL Database Management Ltd.  Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited).  Karvy Insurance Repository Ltd.  CAMS Insurance Repository Services Ltd.

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

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

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_ Date:

Kindly visit our website [www.sbigenral.in](http://www.sbigenral.in) to view the list of KYC OVD (Officially Valid Documents).

## CONSENT CODE AND ACCOUNT DEBIT MANDATE

\_\_\_\_\_ is the consent code to authorize SBI to Debit the customer account  
I \_\_\_\_\_ authorize SBI to debit my Account Number \_\_\_\_\_ with ₹. \_\_\_\_\_ for premium of \_\_\_\_\_

Date:

Place:

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

### \*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 twenty-five 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 fifteen 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.

## 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.

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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."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

**Applicable to non Individual customers.**

3. 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 **ten** percent of capital or profits of the partnership or who exercises control through other means.  
Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- 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.