

PROPOSAL FORM

Motor Trade - Road Transit Insurance Policy

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 SBIGIC's Offices or Agents for any doubts or clarifications on the Proposal form.
3. In case of more than one vehicle, please fill the attached sheet for question nos. 15 to 25

Note:

The liability of SBIGIC does not commence until this proposal has been accepted by SBIGIC and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

1. Marketing Officer and Code			
2. Branch Office			
3. Broker / Agent Name and Code			
4. Business Sector	Urban	Social	Rural
5. Name of the Proposer			
6. Address where vehicle is normally kept and used:			
7. Tel. No			
8. Fax No			
9. E-Mail Address:			
10. Occupation / Business:			
11. Type of Cover required	Liability Only Cover	<input type="checkbox"/>	
	Package Cover	<input type="checkbox"/>	
	Others (specify)	<input type="checkbox"/>	
12. Policy Period	From----- To (Till the end of transit)		
13. Distance to be travelled	_____ Kilometers		
14. Location	From _____ To _____		
15. Registration Number			
16. Date of Registration of the vehicle			

17. Registering Authority & Location	
18. Year of Manufacture	
19. Engine Number	
20. Chassis Number	
21. Make of Vehicle	
22. Body Type of Vehicle	
23. Model of Vehicle	

24. Gross Vehicle Weight (GVW)/Cubic Capacity (C.C.)	
25. Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles?	
26. Whether extension of Geographical Area to the following countries required? a. Bangladesh b. Bhutan c. Maldives d. Nepal e. Pakistan f. Sri Lanka.	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. If 'Yes' state the name of the countries.	
28. If vehicle is driven by non conventional source of power, please give details.	
29. Whether the vehicle is used for driving tuitions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Whether the use of the vehicle is limited to own premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Whether vehicle belongs to foreign embassy/ consulate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Whether vehicle is designed for use of blind/handicapped/mentally challenged persons and duly endorsed as such by RTA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
34. Whether vehicle is fitted with fiber glass tank?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. Are you entitled to No Claim Bonus? If yes, please submit proof thereof.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>36. Is the vehicle fitted with the any Anti-theft device approved by the AARI, Pune?</p> <p>If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>37. The Policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two wheelers) and Rs.7.5 lakhs (other class of vehicles). Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>38. If you wish to cover legal liability to Driver/Conductor/Cleaner, please state number of persons to be covered.</p>		
<p>39. If you wish to cover legal liability to other employees, please state number of persons to be covered.</p>		
<p>40. If you wish to cover legal liability to non fare paying passengers, please state number of persons to be covered.</p>		
<p>41. If you wish to include Personal Accident (P.A.) Cover for paid drivers, cleaners and conductors please give name and Capital Sum Insured (CSI) opted.</p> <p>The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.</p>	<p>Name of Person</p>	<p>CSI (INR)</p>
<p>42. If you wish to include P.A. Cover for unnamed persons/hirer/pillion riders (two wheelers), please give the number of persons and Capital Sum Insured (CSI) opted.</p> <p>The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.</p>	<p>Name of Person</p>	<p>CSI (INR)</p>
<p>43. Please provide Insured Declared Value (IDV) of the vehicle by filling the table Note: The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of</p>	<p>Insured's Declared Value of vehicle</p>	<p>INR</p>

<p>the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.</p> <p>The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.</p>	Non - electrical accessories fitted to the vehicle	INR
	Electrical & electronic accessories fitted to the vehicle	INR
	Side Car (two wheeler) Trailer (pvt.cars)	INR

AGE OF THE VEHICLE	% OF DEPRECIATION	Value of CNG / LPG Kit	INR
Upto 6 months	0%	Total Value	INR
From 6 months to 1	15%		
From 1 year to 2 years	20%		
From 2 years to 3	30%		
From 3 years to 4	40%		
From 4 years to 5	50%		
<p>Note. IDV of obsolete models of vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.</p>			
44. Please provide Date of Purchase of the vehicle by the Proposer			
45. Whether the vehicle was New or Second Hand at the time of Purchase			
46. Is the vehicle in good condition? If "No" please give full details		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
47. Please provide Name and address of the previous insurer			
48. Please provide Previous Policy Number			
49. Please provide Previous Policy Period		From _____ to _____	

50. What was the type of Cover under previous Policy?	Liability Only Cover <input type="checkbox"/> Package <input type="checkbox"/> Cover <input type="checkbox"/>
51. Has any insurance company • Declined to issue a policy to you? • Declined to continue your Insurance? • Imposed any restriction or special conditions?(If yes, please furnish the details)	
52. Is the vehicle proposed for insurance -	Under Hire Purchase <input type="checkbox"/> Under Lease Agreement <input type="checkbox"/> Under Hypothecation Agreement <input type="checkbox"/>
53. If answer to above question is yes, give name and address of concerned parties	
54. What is the age of the driver	
55. Does the driver suffer from defective vision or hearing or any physical infirmity.	Yes <input type="checkbox"/> No <input type="checkbox"/>

56. Has the driver ever been involved/convicted for causing any accident or loss? If yes, please give details as under including the pending prosecution, if any –			
Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.
57. Any other relevant information			
58. Do you wish to opt for Smart Saver?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If Yes, select the option		
Category	Options	Tick the required option	
<350 CC	1	3000	
	2	New Business, select Deductible starting from 1000: _____ Roll-over/Renewal Business, select Deductible starting from 500: _____ '500,1000,2000,3000,4000,5000,6000,7000,8000,9000,10000,11000,12000,13000,14000,15000	

Declaration:

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 complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I /We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co Ltd and I/We and/or the person to be insured agree to accept the cover in the usual form of policy prescribed by SBI General Insurance Co. Ltd and to pay premium.

Date:

Place:

Signature of proposer

SECTION 41 OF INSURANCE ACT, 1938

1.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 or 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 or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the 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 to Ten Lakh rupees.

Insurance is the subject matter of solicitation

AML Declaration as per AML Master Guideline 2022:

1. 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

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***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 Ten 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

Date:

Signature of Policyholder: