

NOMINEE DETAILS*:**Nominee 1**

*Name: _____

*Relationship with Nominee: _____ *Date of Birth of Nominee: DD MM YY YY YY

Mobile no.: _____ Email Id: _____

Percent of Claim Payable: _____

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: DD MM YY YY YY

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

Nominee 2

*Name: _____

*Relationship with Nominee: _____ *Date of Birth of Nominee: DD MM YY YY YY

Mobile no.: _____ Email Id: _____

Percent of Claim Payable: _____

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: DD MM YY YY YY

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

Note. (*) marked fields are mandatory

RISK DETAILS:

6. Type of Portable Property(ies) Computer Equipment like Laptops, Ipad Communication Equipment like mobile phone
to be Insured Telecom & Telegraphy Equipment Laboratory equipments Testing Equipments
 Audio/ Visual equipments Medical Equipments Photography Equipment like Camera
 Photography processing equipments Radio TV Broadcasting Equipment
 Other (Please specify / attach an extra sheet for providing the full details, if required): _____

7. Financial institutions who have an interest in the Items/equipments proposed for insurance

8. Description of Property(ies) to be insured. (Please attach separate sheet, if required)

Sr. No.	Description of property	Make, Model, Year of make	Property Identification No.	Sum Insured INR
			Total Sum Insured	

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9. What is the basis of valuation of Electronic Equipment Cover? New Replacement Value

10. Whether Property to be insured is owned by you? Yes No

11. Are all the Properties to be insured new? Yes No

If not, which property(ies) of the specification are second hand? _____

12. Is the equipment maintained in accordance with the manufacturer's instructions? Yes No

13. Do you have valid Maintenance Contract in force? If yes, Please enclose copy. Yes No

14. Does any of the proposed equipment contain refurbished machines? Yes No

15. Whether equipments are predominantly kept in the office/premises or frequently taken from one place to another? Kept in office/Premises
 frequently taken from one place to another

16. Please Specify

a. mode of transport of the equipment Rail Road Air Sea
 Public Transport Private Transport

COVER DETAILS:

17. Period of Insurance From To

18. Coverage Territory Required India Worldwide

19. Whether cover for machinery/electrical break down is required? Yes No

20. Whether cover for theft is required? Yes No

21. Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)

Sr. No.	Add on Cover	Required?	Add on Cover Sum Insured (INR)
	Escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Additional Custom Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Express Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Air Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR INSURANCE AND CLAIM DETAILS:

Please provide Premium and claim history for the last five years

	Claim Total Amount paid / Outstanding (INR)	Premium Paid (INR)

23. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details Yes No

Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details Yes No

Has any insurer ever terminated your cover? If yes please provide the details. Yes No

Has any of the Properties to be insured previously been covered by other insurance companies? If yes, please provide the following details. Yes No

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Property Specification	Sum Insured (INR)	Premium (INR)	Deductible (INR)

I/We desire to effect an insurance in terms of the Portable Electronic Equipments Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

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Place: _____

Proposer's Signature
with company stamp

Date:

Name of proposer _____

Designation of proposer _____

STATUTORY WARNING

PAYMENT DETAILS*

Premium Amount ₹ Cheque No./ Pay Ref. No.: Date:

Premium payment option: Cheque DD Debit Card / Credit Card EFT

Bank Name: Branch Name:

IFSC Code: Bank Account No:

Card Details* Master Visa Others Card No* Expiry Date*

SBI GI does not accept Cash for Premium Payments against the Policy.

BANK ACCOUNT DETAILS FOR PROCESS OF REFUND*:

Cheque will be issued in the name of the Proposer only. 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.

KYC DOCUMENTS ATTACHED:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill
 Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number:

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

My CKYC No. (Central Know Your Customer Registry Number), (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.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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/ies has/have 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.

Residential Status: Resident Individual Non-Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin 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

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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.

Recent photograph of proposer.
(Photograph is required if customer does not have CKYC ID)

Signature of Proposer

DECLARATION BY INSURED

- I/We hereby declare that the statements made by me/us in this 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 statements 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 the safety of the property as if it were uninsured.
- 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 nondisclosure/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.
- I/We hereby undertake that if any additions/alterations 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.
- 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.
- 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 withdrawal.
- The details filled in the proposal form would be used for new as well as for renewal purposes.

8. Do you suffer from any disability? Yes No If Yes, please state the type of disability. _____

Please share the percentage of disability. _____

UDID Number _____

Date:

D	D	M	M	Y	Y	Y	Y
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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:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the 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) _____ (Relation 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 knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

Place: _____

PROHIBITION OF REBATES (Under 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 SUBJECT MATTER OF SOLICITATION

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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:

- 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 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
- 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.