

COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE

FOR OFFICE USE

 Quote No.:
 Receipt No.:

 Inward No.:
 Receipt Date:

INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

 Segment Type: ☐ Corporate ☐ Retail ☐ SME Business Sector: ☐ Urban ☐ Metro ☐ Rural ☐ Village ☐ Social
 Business Type: ☐ New ☐ Roll-Over ☐ Renewal Sales Channel Type: ☐ Agency ☐ Direct
 Sales Channel Code: Specified Person's Code*:
 Specified Person's Name*:
 GSTIN/ISDN: IF APPLICABLE

PART I - INDIVIDUAL

 1. * Do you have existing relationship with SBI General Insurance? ☐ Yes ☐ No
 If Yes, then please mention your Customer ID:
 2. *Title: ☐ Mr. ☐ Miss ☐ Mrs.
 3. *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
 4. *Gender: ☐ Male ☐ Female
 5. *Date of Birth:
 6. *Unique Identification: (minimum one is required) ☐ Ration Card ☐ Passport ☐ Biometric Card ☐ Gov UID ☐ Voter ID ☐ Driving Licence
 7. *Unique Identification No.:
 8. *Aadhaar Card No.: PAN*: / Form 60/61: ☐ (if Available)
 9. *Marital Status: ☐ Single ☐ Married ☐ Others
 10. *Nationality:
 11. Education: ☐ Non-Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate ☐ Professional
 12. Occupation: ☐ Salaried ☐ Self-employed/ Professional ☐ Business ☐ Student ☐ Retired ☐ Agriculture & Allied ☐ Others
 13. Email Address:
 14. Contact details*: Mobile No.: Alternate Mobile No.:
 15. * Preferred Contact Mode: ☐ Email ☐ Paper Mail ☐ Phone 16. Preferred Payment Mode: ☐ EFT ☐ Cheque
 17. Present Address*:
 (Current Residing Address)
 Village/City: Pincode:
 Gram Panchayat: State:
 My Present Address is same as Permanent Address ☐
 Permanent Address*:
 Village/City: Pincode:
 Gram Panchayat: State:
 18. Corporate: ☐ Yes ☐ No GSTIN / ISDN: IF APPLICABLE
 19. Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ? ☐ Yes ☐ No

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.

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? ☐ Yes ☐ No

If Yes, please state the type of disability _____

Please share percentage of disability. _____

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 Section 1 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					

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<input type="checkbox"/> Driven by the owner(s) only	<input type="checkbox"/> Driven by the owner(s) along with other drivers	<input type="checkbox"/> Driven by other drivers
<input type="checkbox"/> For rent to tourists	<input type="checkbox"/> For rent to individuals for personal use	<input type="checkbox"/> Radio Taxis
<input type="checkbox"/> Business purposes by Hotels	<input type="checkbox"/> Business purposes by Corporates	<input type="checkbox"/> Official purposes by Foreign Embassy / Consulate

☐ Hazardous Goods ☐ Non-Hazardous Goods

<input type="checkbox"/>	Maxicab	<input type="checkbox"/>	Contract Carriage Bus	<input type="checkbox"/>	All India Tourist Permit (AITP)-Contract Carriage	<input type="checkbox"/>	Stage Carriage	<input type="checkbox"/>	Interstate Stage Carriage				
<input type="checkbox"/>	Institution	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	All India Tourist Permit Cab	<input type="checkbox"/>	Rent-A-Cab permit	<input type="checkbox"/>	Auto Rickshaw	<input type="checkbox"/>	Others

☐ Local ☐ State ☐ National ☐ State

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

[illegible][illegible]

☐ Yes ☐ No

☐ Yes ☐ No

☐ Less Than 500 Km ☐ Between 2501 to 5000 Km ☐ Above 5001 Km

☐ Yes ☐ No

☐ Yes ☐ No

a) During the Day: ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open
☐ Pay & Park ☐ On Public Road ☐ Others

b) During the Night: ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open
☐ Pay & Park ☐ On Public Road ☐ Others

☐ Yes ☐ No

If Yes, please tick the countries to which the extension is required: ☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the Manufacturer's listed selling price of the brand & model as the vehicle proposed for insurance at the time of commencement of Insurance/renewal & adjusted for Depreciation as per the schedule specified below:

Age of the Vehicle	% Depreciation
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

₹

₹

₹ _____

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

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:	<input type="text"/>																		
*Relationship with Nominee:	<input type="text"/>								*Date of Birth of Nominee:	<input type="text"/>									
Mobile no.*:	<input type="text"/>								Email Id:	<input type="text"/>									
Percent of Claim Payable:	<input type="text"/>																		
Present Address:	<input type="text"/>																		
Permanent Address:	<input type="text"/>																		
Bank details of nominee:	Bank Name: <input type="text"/>									Branch Name: <input type="text"/>									
	Bank Account Number: <input type="text"/>									IFSC Code: <input type="text"/>									

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

*Name:	<input type="text"/>																		
*Relationship with Nominee:	<input type="text"/>								*Date of Birth of Appointee:	<input type="text"/>									
Mobile no.*:	<input type="text"/>								Email Id:	<input type="text"/>									
Percent of Claim Payable:	<input type="text"/>																		
Present Address:	<input type="text"/>																		
Permanent Address:	<input type="text"/>																		
Bank details of Appointee:	Bank Name: <input type="text"/>									Branch Name: <input type="text"/>									
	Bank Account Number: <input type="text"/>									IFSC Code: <input type="text"/>									

Nominee 2

*Name:	<input type="text"/>																		
*Relationship with Nominee:	<input type="text"/>								*Date of Birth of Nominee:	<input type="text"/>									
Mobile no.*:	<input type="text"/>								Email Id:	<input type="text"/>									
Percent of Claim Payable:	<input type="text"/>																		
Present Address:	<input type="text"/>																		
Permanent Address:	<input type="text"/>																		
Bank details of nominee:	Bank Name: <input type="text"/>									Branch Name: <input type="text"/>									
	Bank Account Number: <input type="text"/>									IFSC Code: <input type="text"/>									

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

*Name:	<input type="text"/>																		
*Relationship with Nominee:	<input type="text"/>								*Date of Birth of Appointee:	<input type="text"/>									
Mobile no.*:	<input type="text"/>								Email Id:	<input type="text"/>									

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Percent of Claim Payable:	<input type="text"/>																													
Present Address:	<input type="text"/>																													
Permanent Address:	<input type="text"/>																													
Bank details of Appointee:	Bank Name:	<input type="text"/>														Branch Name:	<input type="text"/>													
	Bank Account Number:	<input type="text"/>														IFSC Code:	<input type="text"/>													

PAYMENT DETAILS*

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

Cheque No./DD No.:	<input type="text"/>	Amount:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Bank Name:	<input type="text"/>										Branch:	<input type="text"/>										
Bank Account No.*:	<input type="text"/>										IFSC Code*:	<input type="text"/>										
Card Details:	<input type="checkbox"/> Master	<input type="checkbox"/> Visa	Card No.	<input type="text"/>								Card Expiry Date:	<input type="text"/>									
Period of Insurance:	From:	<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"/>	To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EFT No:	<input type="text"/>	

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	<input type="text"/>																												
Bank Name:	<input type="text"/>														Branch Name:	<input type="text"/>													
Bank Account No.:	<input type="text"/>														IFSC Code:	<input type="text"/>													
MICR Code:	<input type="text"/>																												

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: ☐ 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 (Only applicable if policy issued on Group Basis):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Governmental Organisation	<input type="checkbox"/> Society	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> International Organisation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> 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).

<div style="border: 1px solid black; padding: 10px; height: 100px;"> <p>Recent photograph of proposer. (Photograph is required if customer does not have CKYC ID)</p> </div>	<div style="border: 1px solid black; height: 100px; margin-top: 20px;"> <p style="text-align: center;">Signature of Proposer</p> </div>
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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.sbigeneral.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.

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.

AML Declaration as per AML Master Guideline 2022:

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

Applicable to non Individual customers.

- 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.