PROPOSAL FORM

STAND ALONE MOTOR OWN DAMAGE COVER FOR PRIVATE CAR (SHORT PERIOD)

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Note: 1). Policy wordings are available on request. 2). Please complete all sections in capitals and tick the boxes wherever applicable 3). Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void 4). Geographical area of operation: INDIA.

Go Smart Flexi Cover (Pay As You Drive):

Do you want to opt for GO Smart Flexi cover (Pay as you drive) ? ☐ Yes ☐ No
If yes, kindly fill the details in the "OPTIONAL ADD ON COVERS" section.

For Office Use:

RM/SP/Agent Code: | RM/SP/Agent Name:
RM/SP/Agent Contact No: | Agreement Code:
Agreement Name: | Inspection Lead No:
Inward No: | Quote No:
Receipt No: | Receipt Date: D D M M Y Y Y Y
Business Sector: | Urban ☐ Rural ☐ Social ☐
Proposal For: New Policy ☐ Roll-Over ☐ Renewal ☐ Endorsements ☐ Others ☐
Period of Insurance: Policy Period OD: From ...../..... hrs of ...../...../.....
till midnight of ...../...../.....

Policy Period TP: From ...../..... hrs of ...../...../.....
till midnight of ...../...../.....

Policy Period PA (Owner Driver): From ...../..... hrs of ...../...../.....
till midnight of ...../...../.....

Proposer's Details: (Registered Owner of the Vehicle) *Mandatory

*Full N ame: First Name | Middle Name | Last Name
*If you have existing relationship with SBI General Insurance then please provide Customer ID / Policy Number:
*Date of birth: D D M M Y Y Y Y Age: | *Gender: Male: ☐ Female: ☐ Others: ☐
*Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐
Profession: Salaried: ☐ Self-Employed: ☐ Others: ☐ Detail: _____
*Occupation / Nature of Business: _____
Annual Gross Income: _____
PAN*: | Form 97/98 (if Available):
Aadhaar Card No.: | *GSTN/ISDN: If applicable_____
Present Address*:
Village/City: | Pin code:
Gram Panchayat: | State:
My Present Address is same as Permanent Address: ☐
Permanent Address: | Area
Village/City: | Pin code:
Gram Panchayat: | State:
Mobile No. (India) | Phone.(India)
Alternate No. | E-mail Id:

I want Private Car/two Wheeler Insurance Policy and related information in: SMS: ☐ WhatsApp: ☐ Email ID: ☐
Physical Format e-Format (electronic); as & when applicable

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I 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. | Stand Alone Motor Own Damage Cover for Private Car (Short Period) | UIN: IRDAN144RPMT0001V01202627 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Preferred Mode of Contact: Corporate: Yes No

*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person? Yes No

Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

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.

Nominee Details*:

Nominee 1

*Name:

*Relationship with Nominee: *Date of Birth of Nominee: D D M M Y Y Y Y

*Nominee Mobile no: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent 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: D D M M Y Y Y Y

*Nominee Mobile no: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent 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: D D M M Y Y Y Y

*Nominee Mobile no: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent 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: D D M M Y Y Y Y

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*Nominee Mobile no: Email Id:

Percent of Claim Payable:

Present Address:

My Present Address is same as Permanent Address:

Permanent Address:

Bank details of Appointee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Vehicle Details:

Vehicle Type:	Indigenous ☐ Imported ☐	Vehicle is: Brand New ☐
Make of the vehicle:		
Model & variant of the vehicle		
Type of Body	Sedan ☐ Hatchback ☐ SUV ☐ High End ☐	
Cubic Capacity/KW		
Colour		
Year of Manufacture of the vehicle		
Engine No of the vehicle		
Chassis No of the vehicle		
Registration No. of the vehicle		
Registered as	Private ☐	
RTO where the vehicle is / will be registered		
Date of Registration/New Purchase		
Seating Capacity including Driver		
Usage of vehicle	Business:	Private:
Fuel Used	Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Electric ☐ Hybrid ☐ Any Other ☐ (Please specify) _____	
Insured vehicle Odometer reading at the time of inception	Kilometers at start Date:	
Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the policy? If Yes, Kindly provide the details for the same	☐ Yes ☐ No	

Financier Details:

Name of the:	Hypothecation ☐ Hire Purchase ☐ Lease ☐	
Contract/Loan Application		
Financial Institution's Name:	Branch:	
Account Number:		

Insured Declared Value (IDV) of the Vehicle:

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this Policy and shall be fixed for each year of the Policy at the commencement of Policy period for the insured vehicle.	Not exceeding 6 Months Exceeding 6 months but not exceeding 1 year	5% 15%
The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model of the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside).	Exceeding 1 year but not exceeding 2 years Exceeding 2 years but not exceeding 3 years	20% 30%

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The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only.	Exceeding 3 years but not exceeding 4 years	40%
IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured.	Exceeding 4 years but not exceeding 5 years	50%

Insured's Declared Value (IDV	**IDV Year 1**	**IDV Year 2**	**IDV Year 3**
A. Vehicle Value			
B. Electrical Accessories Details: Make..... Model..... Year of Manufacture.....			
C. Non Electrical Accessories			
D. Trailer Value			
E. CNG/LPG kit not provided by Manufacturer			
Total IDV Sum of (A+B+C+D+E)			

Other Vehicle Details

Member of Automobile Association of India?	☐ Yes ☐ No
Membership No	Expiry Date
Is the vehicle fitted with anti-theft device approved by ARAI (Attach Certificate)? If Yes, pleases provide a) Name of Manufacturer and type of device b) Whether approved by Automobile Research Association of India, Pune?	☐ Yes ☐ No ☐ Yes ☐ No
Is the vehicle designed for use of Blind/ Handicapped/ Mentally challenged persons and duly endorsed as such by RTA?	☐ Yes ☐ No
Whether any modification or conversion has been done in the vehicle from the maker's standard specification? If Yes, pleases give details of such modifications /conversions	☐ Yes ☐ No
Vehicle will be used for Driving Tuitions	☐ Yes ☐ No
Whether the vehicle is driven by non-conventional source of power	☐ Yes ☐ No If yes, CNG, LPG, Bi- Fuel electric, if yes please provide details.
Is the vehicle in good state of repair? If NO, please furnish details	☐ Yes ☐ No
The Vehicle belongs to Foreign Embassy/consulate	☐ Yes ☐ No
Vehicle will be used in own premises (Only if not licensed for general road use by RTO)	☐ Yes ☐ No
City where the vehicle will primarily be used	
Have you been previously insured in respect of this vehicle?	☐ Yes ☐ No
If so, are you entitled to No Claim Discount (NCB) from your previous Insurer? If Yes, kindly indicate the percentage	☐ Yes ☐ No ☐ 20% ☐ 25% ☐ 35% ☐ 45% ☐ 50% ☐ 55% ☐ 65%

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Please provide the name of your previous Insurer	
Please Provide the policy Number and its expiry date	

Claim(s) reported during the last 5 years:

Year	1	2	3	4	5
No of Claims					
Amount					

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period(Copy of Policy enclosed). I/We further undertake that if this declaration is found incomplete and incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited.

Signature of Proposer

Restrict Third Party Damage Cover Limit Restrict Third Party Damage Cover Limit to ₹6000/- *TPPD Discount - Not applicable in SAOD	☐ Yes ☐ No
What is the Deductible you wish to opt for?	☐ Standard Minimum Deductible (Std Min Deductible is, ₹1000/- for Pvt Cars with Cubic Capacity upto 1500 and ₹2000/- for Pvt Cars above 1500 Cubic Capacity from each and every claim) ☐ ₹2,500/- + Standard Minimum Deductible ☐ ₹5,000/- + Standard Minimum Deductible ☐ ₹7,500/- + Standard Minimum Deductible ☐ ₹15,000/- + Standard Minimum Deductible. I hereby agree to the above ticked deductible to be applied on each and every claim I lodge on the Company. Signature of Proposer

About the Usage Of the Motor Vehicle

What will be the Average Daily use of the vehicle?	☐ Less Than 50 Kms ; ☐ Between 50 and 100 Kms ; ☐ Between 101 to 250 Kms ; ☐ Above 251 Kms.
Where will the vehicle be generally driven on? (Please tick multiple, if required)	☐ Express Way ; ☐ National Highways ; ☐ State Highways ; ☐ City Roads ; ☐ Town/Village Roads ; ☐ Private Roads ;
Is the vehicle, Imported without payment of Customs Duty	☐ Yes ☐ No
Whether extension of Geographical Area to the following countries is required? If Yes, Please tick the countries to which the extension is required	☐ Yes ☐ No ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Pakistan ☐ Sri Lanka
Is the vehicle Company Maintained?	☐ Yes ☐ No
Where will the vehicle be generally parked a) During the Day	☐ Roadside Public Parking; ☐ Roadside Outside Parking; ☐ Open Parking Lot ; ☐ Covered Parking Lot ☐ Locked Covered Garage; ☐ Within Enclosed Compound of Residence / Office / Factory.
b) During the Night	☐ Roadside Public Parking; ☐ Roadside Outside Parking; ☐ Open Parking Lot ; ☐ Covered Parking Lot ☐ Locked Covered Garage; ☐ Within Enclosed Compound of Residence / Office / Factory.

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Previous Vehicle Insurance History

Is the previous insurance in your name?	☐ Yes ☐ No
Date of Purchase of the vehicle	D D M M Y Y Y Y
Has any Insurance company ever a. Declined the proposal b. Cancelled the policy or refuse to renew c. Required an increase of Premium Imposed special conditions or excess	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Add-On Covers

You wish to opt for any of the below mentioned Add-On's by paying additional Premium? (Addon applicable as per policy cover type opted)

Depreciation Reimbursement	☐ Yes ☐ No ☐ Number of claims – 2 Claims ☐ Unlimited Claims ☐ Type of Garage – SBIG Preferred Garage ☐ Any Garage
Protection of NCB	☐ Yes ☐ No
Return to Invoice	☐ Yes ☐ No
Cover for Key replacement	☐ Yes ☐ No (Maximum up to ₹65,000/-)
Inconvenience Allowance	☐ Yes ☐ No ☐ ₹1,000/- ☐ ₹2,000/- ☐ ₹3,000/- (If yes, kindly select one option from below daily limit)
Loss of Personal Belongings	Yes/No (If yes please share Sum Insured ₹ _____) *Maximum limit ₹50,000/-
Enhanced PA cover for Insured (Owner driver)	Yes/No (If yes please share Sum Insured ₹ _____) *Maximum limit ₹50,000/- *Available only to Individual owner driver who has opted CPA cover for ₹15,00,000/-.
Enhanced PA Cover for Unnamed Passengers	Yes/No (If yes please share Sum Insured ₹ _____) *Maximum limit ₹25,00,000/- *Available to all passengers based on seating capacity of the vehicle and has opted basic cover for ₹2,00,000/-.
Enhanced PA for Paid Driver	Yes/No (If yes please share Sum Insured ₹ _____) *Maximum limit ₹5,00,000/- *Has opted basic cover for ₹2,00,000/-.
Basic Road Side Assistance	☐ Yes ☐ No
Additional Road Side Assistance	☐ Yes ☐ No
Towing Cover	☐ Yes ☐ No
Engine Guard	☐ Yes ☐ No
Cover for Consumables	☐ Yes ☐ No
EMI Protector	☐ Yes ☐ No (If yes, Please specify EMI Amount ₹._____)
Emergency Medical Expenses	☐ Yes ☐ No Yes/No If yes Specify SI – 50K ☐ / 100K ☐
Go Smart – Flexi Cover	☐ Yes ☐ No Kilometres Opted _____,

KMs Opted	Select
1. Less than 1,000 Kms 2. Greater than 1,000 Kms and Less than 2,000 Kms 3. Greater than 2,000 Kms and Less than 3,000 Kms 4. Greater than 3,000 Kms and Less than 4,000 Kms 5. Greater than 4,000 Kms and Less than 5,000 Kms	

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	6. Greater than 5,000 Kms and Less than 6,000 Kms 7. Greater than 6,000 Kms and Less than 7,000 Kms 8. Greater than 7,000 Kms and Less than 8,000 Kms 9. Greater than 8,000 Kms and Less than 9,000 Kms 10. Greater than 9,000 Kms and Less than 10,000 Kms 11. More than or equal to 10,000 Kms
Wall charger and associated accessories	☐ Yes ☐ No If yes, provide: Serial no./ charger identification number: _____
	Coverage for Additional charger required: ☐ Yes ☐ No If yes, provide: Invoice value _____ Serial no./ charger identification number: _____
Battery Guard	☐ Yes ☐ No
Professional Fees for App Restoration Cover	☐ Yes ☐ No SI Opted _____
Vehicle Replacement Edge	☐ Yes ☐ No
Tyre & Rim Secure	If Yes, provider Serial no.

Serial No	Year of Manufacture
Tyre 1	
Tyre 2	
Tyre 3	
Tyre 4	

Other Optional Covers (Applicable for Package & Bundled Policy)

Legal Liability to Paid Driver	☐ Yes ☐ No If yes, No. of Drivers _____
Legal Liability to Employees (Mandatory when vehicle is owned by Company /organisation)	☐ Yes ☐ No If yes, No. of employees _____ (Maximum upto seating capacity of vehicle)
Do you wish to include Personal Accident cover on Named basis? If yes, provide details of name and Capital Sum Insured:-	☐ Yes ☐ No

Name	CSI	Nominee	Relationship
1			
2			

PA Owner Driver Cover	☐ Yes ☐ No
(PA) Personal Accident Cover If selected yes, please provide below details	
Mandatory Nominee Details:	
Nominee Name	
Date of Birth	
Relationship with owner driver	
Name of Appointee	
Appointee Relationship	
PA to Un named Passenger	☐ Yes ☐ No SI _____ No. of persons _____
PA to paid Driver	☐ Yes ☐ No SI _____ No. of persons _____

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Drivers Details

The vehicle will be driven by: Self & spouse ☐ Others ☐	Driver Name
Drivers Experience: Driving License No: Drivers Age: Driving Experience of spouse...... yrs; Age of spouse......yrs; Driving License No:	
Does the Driver suffer from defective vision or hearing or any physical infirmity	☐ Yes ☐ No If yes, please specify ____________________
Has the Driver been involved /convicted for causing accident	☐ Yes ☐ No
Circumstances of Accident/Claim:	Loss/Cost

Payment Details* (Cheque, DD, EFT, DEBIT/CREDIT CARD)

Premium Amount ₹: ☐☐☐☐☐☐☐☐☐☐ Cheque No./EFT No.: ☐☐☐☐☐☐☐☐☐☐

Date: D D M M Y Y Y Y Premium payment option: ☐ Cheque ☐ DD ☐ EFT ☐ Debit Card/Credit Card

Bank Name: ____________________ IFS Code: ☐☐☐☐☐☐☐☐☐☐

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch Name: ____________________ Card details: ☐ Master ☐ Visa

Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Expiry Date: M M Y Y Y Y

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.

Declaration:

- 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 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 purpose.

Date: D D M M Y Y Y Y

Place:

Signature of Proposer

Electronic Insurance Accounts Details

I want Private Car 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: D D M M Y Y Y Y

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

KYC Documents Attached

☐ Pan Card ☐ Telephone Bill ☐ Passport ☐ Government UID ☐ Voter's Identity Card

☐ Utility bills not older than 2 months ☐ Driving Licence ☐ Electricity Bill ☐ Ration Card ☐ Aadhaar Card

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 bonafide 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/We 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: ☐ Resident Individual ☐ Non-Resident Indian (NRI) ☐ Foreign National

☐ Person of Indian Origin (PIO)

Type of Organization (Only applicable if policy is issued in group basis):

☐ Corporations ☐ Governments ☐ Non-Governmental Organizations ☐ Society ☐ Trust

☐ International Organization ☐ Partnership ☐ Cooperatives ☐ Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No

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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 (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.

Date: D D M M Y Y Y Y

Place:

Signature of the Witness Insured Proposer/Primary.

Signature/Thumb impression of the

Agent Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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.

Date: D D M M Y Y Y Y

Place:

Agent Name: _____

SP Name: _____

SP Code: _____

License No.: _____

Signature of Agent

Insurance Act 1938, Section 41 – Prohibition Of Rebates

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 punishable with fine, which may extend to 10 Lakh rupees.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I 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. | Stand Alone Motor Own Damage Cover for Private Car (Short Period) | UIN: IRDAN144RPMT0001V01202627 | 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 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 97/98 (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.

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