

# PROPOSAL FORM

## TWO WHEELER 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 SBI General's Offices or Agents for any doubts or clarifications in the proposal form. To be filled in BLOCK LETTERS ONLY

### BUSINESS TYPE

New:  Roll over  Endorsement

### FOR OFFICE USE

Agreement Code:  Agreement Name:   
RM Code:  Secondary RM Code:  SP Code:   
Inspection Lead No.:  Inward No.:   
Quote No.:  Receipt No.:  Receipt Date:          
Business Sector:  Urban  Rural  Social Customer Segment:  Retail  SME  Corporate Broking  Others

### PROPOSER DETAILS:

If you have an existing relationship with SBI General Insurance then please provide Customer ID / Policy Number :

Title:  Name\*:

Gender:  Male  Female  Third Gender Date of Birth\*:           Contact No.:

Mobile No.:  Email ID:  Aadhaar Card No.:

Date of Birth\*:           Marital Status\*:  Single  Married

PAN\*:  / Form 60/61:  (if Available) GSTIN/ISDN:  IF APPLICABLE

Occupation of the Insured:

Address of the Proposer\*:

Village/City:  PIN Code:

Gram Panchayat:  State:

My Present Address is same as Permanent Address:

Permanent Address:

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 :

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.

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:

Mobile no.:  Email Id:

Percent of Claim Payable:

My Present Address is same as Permanent Address:

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.

Disclaimer: SBI General Insurance Company Limited I 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. | Two Wheeler Insurance Policy - Package UIN: IRDAN144RP0006V02201112 | Bundled Two-Wheeler Insurance Policy, UIN: IRDAN144RP0007V02201819 | Stand-Alone Motor Damage Cover for Two Wheeler UIN: IRDAN144RP0002V01201920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

\*Name:

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

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:

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:

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:

Note (\*) marked fields are mandatory

**VEHICLE DETAILS**

Vehicle Registration No.:  Month & Mfg. Year:

Vehicle Make, Model & Variant:

Engine No.:  Chassis No.:

Fuel Type:  Seating Capacity:  Body Type:

First Purchase / Registration Date:  RTO City:  RTO Location:

RTO State:  Colour of the vehicle:  Usage of vehicle: Business  Private

Parking Type: Garage  Public Road  Within Compound  Vehicle Modification: Yes  No  If Yes, provide details \_\_\_\_\_

Is the vehicle proposed for insurance under: Hypothecation  Hire Purchase  Lease  Side Car Attached Yes  No  If Yes - \_\_\_\_\_ (Sum Insured)

Financial Institution's Name:  Loan Account Number:

Branch Address:

**VEHICLE INSURANCE HISTORY**

Previous Insurer's Name:

Previous Insurer's Address:

Previous Policy Number:  PIN Code:

Previous Policy Type:

Previous Policy Period:  Previous Policy expiry date:

Previous Policy Type: Comprehensive  Liability  Stand-alone Od  Bundled  NCB % On Expiring Policy:

Are you entitled to no claim bonus? Yes  No  Have you made any claim in expiring Policy? Yes  No

Please provide the details of claims reported in the past 5 years

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Years	1	2	3	4	5
No. of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount (₹)					

If the expiring Policy is Stand-alone OD, then provide the below-mentioned details of "Active Liability Only Policy"

Active Liability Policy No.:  Active Liability Policy Period:

Active Liability Only Policy insurer's name:

Has Any Insurance Company ever

- a. Declined the proposal  Yes  No      b. Cancelled the policy or refused to renew      Yes  No
- c. Required an increase of premium  Yes  No      d. Imposed special conditions or excess      Yes  No

If yes provide reasons thereof: \_\_\_\_\_

### DRIVER'S DETAILS

Driver's Age:  Driving experience in years:

Does the driver suffer from defective vision or hearing or any physical infirmity      Yes  No  If yes please provide details of such infirmity: \_\_\_\_\_

Has the driver been involved /convicted for causing accident?      Yes  No  If yes please provide details: \_\_\_\_\_

Driver's name:  Date of accident:

Circumstances of accident/claim:  Loss/Cost:

### PROPOSED PERIOD OF INSURANCE

OD FROM:  TIME:  DATE:

TP FROM:  TIME:  DATE:

PA FROM:  TIME:  DATE:

### PROPOSED COVER TYPE

BUNDLED  STAND-ALONE OD  COMPREHENSIVE  If only Standalone cover is opted

### INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

The IDV of the vehicle will be deemed to be the sum insured for the purpose of the Policy & will be fixed on the basis of the manufacturer's listed selling price of the brand and adjusted for depreciation as per the schedule below:

Age of the Vehicle	% of Depreciation
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%

Age of the Vehicle	% of 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%

Vehicle Insured Declared Value R	Electrical accessories R	Non-electrical Accessories R	Side car	<input type="checkbox"/> CNG <input type="checkbox"/> LPG Kit ₹ (not provided by the manufacturer)	Total IDV ₹.
(A)	(B)	(C)	(D)	(E)	(A+B+C+D+E)

### OTHER VEHICLE / COVERAGE INFORMATION

At the time of purchase the vehicle was: New  Used

The vehicle is in good condition\*: Yes  No  If 'No' Please Give Full Details \_\_\_\_\_

The vehicle is used for driving tuition      Yes  No       Use Of My Vehicle Is Limited To Own Premises      Yes  No

The vehicle belongs to foreign embassy/consulate      Yes  No

The vehicle is designed for use of blind/ handicapped/ mentally challenged person and duly endorsed as such by RTO      Yes  No

Are you a member of the automobile association of India:      Yes  No

If yes, association's name: \_\_\_\_\_

Membership No.:  Membership Expiry Date:

Is the vehicle fitted with any anti-theft device approved by the ARAI      Yes  No

whether vehicle is used for commercial purpose?      Yes  No

whether extension of geographical area required      Yes  No

If yes, state the name of the countries: \_\_\_\_\_

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



## DECLARATIONS ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- 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.
- I/We hereby extend my/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).
- The details filled in the proposal form would be used for new as well as for renewal purpose

Date:  Place:

Signature Of The Proposer: \_\_\_\_\_

## 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.

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Two-wheeler Insurance Policy 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](http://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 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

## 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 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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary.

## Prohibition of Rebates : Section 41 of Insurance Act 1938, as amended from time to time, states:

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 up to ₹ 10 Lacs.

## 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.