



SBI General Insurance Company Limited
 Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

PROPOSAL FORM FOR PLATE GLASS INSURANCE POLICY

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

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

Office Code Producer Code	Accepted by Date
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1. Name and address of the Proposer in full (BLOCK LETTERS)											
2. Name of the Financial Institution/s (if any financial interest is involved)											
3. Nature of Trade or Business											
4. Address of the premises to be insured											
5. Occupancy	<table border="1"> <tr> <td>Residence</td> <td>Tick</td> </tr> <tr> <td>Shop</td> <td>Tick</td> </tr> <tr> <td>Office</td> <td>Tick</td> </tr> <tr> <td>Manufacturing Unit</td> <td>Tick</td> </tr> <tr> <td>Warehouse /Godown</td> <td>Tick</td> </tr> </table>	Residence	Tick	Shop	Tick	Office	Tick	Manufacturing Unit	Tick	Warehouse /Godown	Tick
Residence	Tick										
Shop	Tick										
Office	Tick										
Manufacturing Unit	Tick										
Warehouse /Godown	Tick										
6. How long have you been an occupant Of premises											
7. Are the proposed Premises situated at the corner of a street or exposed to any special risk?	Yes / No										
8. Are you the owner of the premises OR Tenant	Owner / Tenant										
9. Is there any glass in the Premises not included in the Schedule? If so, specify it.											
10. Is there at present any broken or damaged glass. If so, described its position and size.											
11. Have there been any previous Breakages ? If so, give particulars											
12. Has any Company in respect of your Plate Glass insurance <ul style="list-style-type: none"> • Declined your proposal? • Cancelled or refused to renew your policy? 	(if so, please state particulars)										

• Accepted your proposal on Special terms and conditions ?	
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20. Have you ever claimed upon any Company for loss on Plate Glass Insurance?	If so, give details
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Position of each square of pane of glass	Size of each square of pane		Description of glass: state whether plain plate or Plain Sheet painted Rough silvered Embossed Stained Bent or ornamental	Value
	Height in Cms	Width Cms		

Note: In the event of the loss all Glass is consider plain unless the contrary is specially stated in the Policy. No Lettering, Embossing Silvering, or any ornamental work is considered unless stated in the policy.

Payment Details

Please fill in your payment details for either Cheque / Credit Card Option
 Cheque please pay by crossed cheque (account payee only) in the name of **“SBI General Insurance Company Ltd.”**

Cheque No _____ **Bank Name** _____
Branch _____ **City** _____
Dated _____ **For Rs.** _____

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/ alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place: _____
 Date: _____ Signature of Proposer

KYC DETAILS

PAN:
 Form 16:
 Aadhaar Card No.:

AML GUIDELINES

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 statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian Non-Indian Non-Indian (please specify the Country) _____

Type of Organisation:

Corporation Government Non-Governmental Organisation Society Trust Partnership
 International Organisation Cooperative Section 8 Companies

Signature of the Insured

PART III - DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of the Proposer

AGENT'S 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 the Agent: _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want my insurance product related information in: Physical Format e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd. CDSL Insurance Repository Ltd. Karvy Insurance Repository Ltd. CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

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/our knowledge and belief.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938:

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 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.