

PROPOSAL FORM

MONEY INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

Proposal Form for Money Insurance

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 Use Only

Policy Issuing Office Address :
 Code :

Intermediary/Agent Name :
 Code (if any) :

Details of the Proposer

Salutation Mr. Miss Mrs.

1. Name of the Proposer* :
in full (BLOCK LETTERS)

Address* :
 Pin code:

Aadhaar Card No* : PAN* : / Form 60 /61 (if Available):

Gender* : Male Female Others Marital Status* : Married Single Date of Birth* :

2. Name of the Financial Institution/s: (if any financial interest is involved)

3. Nature of Trade or Business:

Are you or any of the proposed applicants are Politically Exposed Person? Yes No

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:

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:

Nominee 2

*Name:

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

Mobile no.: Email Id:

Percent of Claim Payable:

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. | 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. | Money Insurance Policy, UIN: IRDAN144RP0011V02201011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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:

Permanent Address:

Note (*) marked fields are mandatory

4. Description of Money to be insured (If no insurance is required for any item insert NIL)

Sections	Estimated annual amounts of Money in transit, which will be the basis on which the provisional premium will be charged Rs.	Highest amount in transit at any one time which will be limit of the company's liability for any one loss. Rs.
(I) A. Money for payment of wages, salaries & other earning or for petty cash, in direct transit from the Bank to the Insured's premises, from the time the money is received at the Bank by the insured or authorised employees of the Insured, until delivered at the premises or other place of disbursement, and whilst there until paid out, provided that outside business hours, money shall be secured in locked safe (s) or locked strong room on the premises, cheques drafts by the insured to provide for such Money are also covered whilst in transit, from the premises to the Bank.		
B. Money (other than described in item A above), in transit from to Insured's Premises/Bank/P.O. / Any other specified premises.		
C. Money (other than described in items A & B) collected by and in the personal custody of the Insured or the authorised employees of the Insured, whilst in transit to the premises or Bank, within a period not exceeding 48 hours, from the time of collection		
ESTIMATED TOTAL ANNUAL AMOUNT OF MONEY IN TRANSIT		
(II) Money (other than described in Section IA above) whilst on the premises during the Business hours or whilst secured in locked safe (s) or strong room, on the Insured's Premises, outside business hours, against risks of Burglary, Housebreaking, Dacoity, Robbery and Hold up.		
MAXIMUM AMOUNT OF MONEY HELD AT ANY ONE TIME :		

5. a) What is the maximum distance over which the money will be conveyed ? _____

b) Addresses of premises between which money will be carried. _____

6. Are employees authorised to handle/carry money covered under Fidelity guarantee Policy? If yes, give details. _____

7. How is the money carried ? Give information as to whether in bags, trunks etc.? _____

8. What means of transport do the persons carrying the money use i.e. own car/ public transport etc. ? _____

9. Are the persons carrying the money accompanied by an armed guard/s ? If not, state protection if any, that is provided for them. _____

10. Do you need to cover against Riot and Strike and Terrorist activities on payment of Additional Premium? _____

11. Do you wish to insure the Employees whilst carrying and/or accompanying cash against bodily injury inflicted during hold up _____

12. State following particulars of safe(s) and/or strong room in which money will be kept outside business hours.

Make		Depth	
Height		Weight	
Width			

13. How many keys are there to the Safe(s) and with whom are they kept ? Number of Keys _____ Kept with _____

Can the safe(s) be opened by a single key or by a combination of two or more keys Single key /Combination keys _____

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14. Will the premises be guarded by Watchman? _____
15. Will the premises at any time be left un-occupied? _____
16. Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars. _____
17. Has any Company in respect of your Money insurance (if so, please state particulars)
- Declined your proposal? _____
 - Cancelled or refused to renew your policy? _____
 - Accepted your proposal on special terms and conditions? _____

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. _____

SBIGI 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

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:

D	D	M	M	Y	Y	Y	Y
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Signature of Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Money Insurance policy and 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).

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 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: Corporation Government Non-Governmental Organisation Society Trust
(Only applicable if policy issued on Group Basis) 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.

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: Place:

Signature of Agent:

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Vernacular Declaration

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/

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 my/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness _____

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Signature/Thumb impression of the Proposer/Primary Insured

Section 41 of The 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.

Insurance is the subject matter of solicitation

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.