

PRIVATE CAR/TWO WHEELER INSURANCE POLICY - PACKAGE

The queries stated below are minimum requirement to be furnished by a Proposer. The insurer may seek more information as desired for underwriting purpose.

Pvt. Car Two Wheeler Proposal for: New Renewal Roll Over Used Endorsement To be filled in BLOCK LETTERS ONLY

FOR OFFICE USE

RM/SP Name: _____
 Proposal No.: _____ RM/ SP Code: _____ Agreement Code: _____
 Quote No.: _____ Secondary RM Code: _____ Agreement Name: _____
 Inward No.: _____ Receipt No.: _____ Receipt Date: D D M M Y Y Y Y
 Break-in Inspection No.: _____ State: _____ RM/SP Contact No.: _____
 Business Sector: Urban Rural Social GSTIN/ISDN: _____ IF APPLICABLE Customer Segment: Agency Banca Corporate/ Broking Direct

PROPOSER DETAILS (* Mandatory Fields)

If you have existing relationship with SBI General Insurance then please provide Customer ID / Policy Number : _____
 Title: _____ 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
 Gender: Male Female Third Gender Date of Birth: D D M M Y Y Y Y Mobile No.: _____
 Alternate Mobile No.: _____ Email ID: _____
 PAN*: _____ / Form 60/61 (if Available): _____ Aadhaar Card No.: _____
 Occupation of the Insured: _____
 Address of the Proposer: House No.: _____ Block: _____ Building: _____
 Locality: _____ Street: _____ City: _____
 State: _____ Pincode: _____ Country: I N D I A
 Corporate: Yes No GSTIN/ISDN: _____ IF APPLICABLE

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 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.

RISK COVERAGE DETAILS

Period of Insurance: From H H : M M Hrs. of D D M M Y Y Y Y till midnight of D D M M Y Y Y Y NCB on Expiring Policy _____ %
 Previous Year Policy Period: D D M M Y Y Y Y to D D M M Y Y Y Y
 OD Claim in the Expiring Policy: Y N No of Claims in last 3 years: _____ Amount: _____
 Previous Policy No.: _____
 Name of the Previous Insurer: _____
 Usage of Vehicle: Business Private Driver's Age _____ Driver's Driving Experience _____ Parking Type _____ Garage _____ Public Street _____ Within Compound _____
 Date of Registration: D D M M Y Y Y Y RTO State: _____
 RTO City: _____ RTO Location: _____

Vehicle Make, Model & Variant	Month & Year of Mfg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used

Vehicle Insured Declared Value R	Electrical Accessories R	Non-Electrical Accessories R	Trailer Value R	Side Car Value (Two wheeler)	<input type="checkbox"/> CNG/ <input type="checkbox"/> LPG Kit (not provided by manufacturers)	Total IDV .
(A)	(B)	(C)	(D)	(E)	(F)	(A+B+C+D+E+F)

Vehicle modification: Yes No If Yes, provide details _____

Legal Liability to Paid Driver _____ No of Persons _____ PA To Owner Driver (Please give details of Nomination) _____ PA to Unnamed Passenger Sum Insured ₹ _____

Nominee Details: Name: _____

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DOB: [D D M M Y Y Y Y] Relation: [] Nominee contact No.: []
Name of the Appointee: [] Appointee Relationship to the Nominee: []
(If Nominee is a Minor)
Appointee contact No.: []

ADD-ON COVER DETAILS

Depreciation Reimbursement (Pvt Car Only) Cover for Consumables (Pvt Car only) Engine guard (Pvt Car only) Return To Invoice
 Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility) Basic road side assistance (Pvt Car only) Additional road side assistance (Pvt Car only)
 Loss of Personal Belongings (Pvt Car Only) ₹ _____ Cover for Key Replacement (Pvt Car only) Inconvenience Allowance (Pvt Car Only) ₹ _____
 Enhance PA Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) sum Insured per person ₹ _____
 Hospital Cash Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) ₹ _____
 EMI Protector (Private car only)

GO Smart- Flexi Cover : Yes No
Wall charger and associated accessories Yes No 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 Vehicle Replacement Edge Yes No

HYPOTHECATION HIRE PURCHASE LEASE PURCHASE

Name of Financial Institution: []
Branch: [] Loan Account No.: []

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 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%

VOLUNTARY DEDUCTIBLE

Standard minimum deductible is ₹ 100/- for two wheelers, ₹ 1000 for private cars with CC upto 1500 & ₹ 2000/- for private cars above 1500 cc from each and every claim

Private Car	Deductible
<input type="checkbox"/> Std min Deductible Plus	₹ 2500
<input type="checkbox"/> Std min Deductible Plus	₹ 5000
<input type="checkbox"/> Std min Deductible Plus	₹ 7500
<input type="checkbox"/> Std min Deductible Plus	₹ 15000

Two Wheeler	Deductible
<input type="checkbox"/> Std min Deductible Plus	₹ 500
<input type="checkbox"/> Std min Deductible Plus	₹ 750
<input type="checkbox"/> Std min Deductible Plus	₹ 1000
<input type="checkbox"/> Std min Deductible Plus	₹ 1500
<input type="checkbox"/> Std min Deductible Plus	₹ 3000

GEOGRAPHICAL EXTENSION COUNTRIES

Bangladesh Bhutan Maldives Nepal Pakistan Srilanka

ADDITIONAL DISCOUNT

Automobile Association of India. Membership No.: []
Date of Expiry: [D D M M Y Y Y Y] Anti-theft device Vehicle specifically designed for Blind / Handicapped / Mentally challenged Person
 Usage Restricted to own premises (only if not licensed for general road use by RTO)
 Limit the Third Party Property Damage Cover to the statutory limit of ₹ 6000/- (The Policy otherwise provides Third Party Property Damage cover of ₹ 1 Lac for 2 wheelers and ₹ 7.5 Lacs for Private Cars)

OTHER COVERS

Foreign Embassy / Consulate Driving Tuition Fiber Glass Tank Cover for vehicles imported without customs duty
 Racing, Rallies, Speed Trials Vintage Car Cover loss of accessories due to burglary, housebreaking or theft
(Applicable only for Two-Wheelers)

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 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.
- 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.

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PERSONAL ACCIDENT COVER

A. Owner Driver

1. Personal Accident Cover for owner driver is compulsory for sum insured of ₹ 15,00,000/-.
2. Compulsory PA cover to owner driver can not be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving license.

B. Unnamed Occupants/Passengers

The sum insured per person in multiples of ₹ 10,000/- for a max of ₹ 1,00,000/- per person for two wheelers & ₹ 2,00,000/- per person for private cars. The number of persons to be covered for the purpose of this Cover will be equivalent to the registered carrying capacity of the vehicle.

DOCUMENTS LIST (Please Tick ✓)

<input type="checkbox"/> Payment Advice/Instrument	<input type="checkbox"/> Renewal Notice / Policy Copy	<input type="checkbox"/> NCB Reserving Declaration Letter	<input type="checkbox"/> RC Book	<input type="checkbox"/> Driving Licence
<input type="checkbox"/> Vehicle Inspection Report	<input type="checkbox"/> Sale Deed	<input type="checkbox"/> List of Electrical/Non-electrical Accessories	<input type="checkbox"/> Valuation Certificate	

KYC DOCUMENTS ATTACHED

<input type="checkbox"/> Pan Card*	<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Aadhaar Card
<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Ration Card	

Utility bills not older than 2 months _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Private Car/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 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).

PAYMENT DETAILS CHEQUE DD EFT DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY

(All fields mandatory)

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

Instrument Number: Amount: Date:

Bank Name: Branch:

Bank Account No.:

IFSC Code:

SBIGI does not accept Cash for Premium Payments against the Policy.

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.

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

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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: _____

NCB DECLARATION BY PROPOSER

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 incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited"

DECLARATION BY PROPOSER

- 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 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.
- 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 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).

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

Signature of the 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) _____ (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.

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 _____.

Signature of the Witness: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

Signature/Thumb impression of the Proposer: _____

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Memebbers 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."

2. 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 **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 **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.
3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

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