

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

**PROPOSAL TYPE**

New Policy:  Roll-Over:  Renewal:  Endorsements:

**A (I) PERSONAL DETAILS OF PROPOSER / OWNER**

1. Name of the Proposer's\*:

2. Present Address\*:

Village/City:  PIN code:

Gram Panchayat:  State:

My Present Address is same as Permanent Address:

Permanent Address:

Village/City:  PIN code:

Gram Panchayat:  State:

Gender\*: M  F  Other

Mobile No\*:  Alternate Mobile No.\*:

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

3. Occupation / Business: Salaried  Self-Employed  Others  Email ID:

4. Type of Cover: Liability Only Policy  Date of Birth\*:

Period of Insurance: From  to

Preferred mode of contact: Phone:  Mobile No.:

Email ID:  Marital Status\*:  Married  Unmarried

5. 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.

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:

Name of Account holder:

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:

Mobile no.:

Percent of Claim Payable:

Permanent Address:

Bank details of appointee: Bank Name:  Branch Name:   
 Name of Account holder:   
 Bank Account Number:  IFSC Code:

Email Id:

**Nominee 2**

\*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:   
 Name of Account holder:   
 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:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of appointee: Bank Name:  Branch Name:   
 Name of Account holder:   
 Bank Account Number:  IFSC Code:

Note (\*) marked fields are mandatory

**A (II) VEHICLE DETAILS**

6 Registration Number of the Vehicle:

7 Date of Registration of the Vehicle:

8 Registration Authority & Location:

9 Year of Manufacture:  10 Engine Number:

11 Chassis Number:  12 Make of the Vehicle:

13 Model:  14 Type of Body:

15 Gross Vehicle Weight (GVW) & Cubic Capacity (C C):

16 Maximum licensed carrying capacity (No. of Passengers) in case of passenger carrying vehicles

17 Whether the vehicle is driven by non- conventional source of power CNG/LPG/BI-Fuel

If "YES", Please give details\_\_\_\_\_

18 Whether the use of vehicle is limited to own premises? YES  NO

19 Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)? YES  NO

20 Whether the vehicle is used for driving tuitions? YES  NO

21 Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance

(i) Under Hire Purchase? YES  NO  (ii) Under Lease Agreement? YES  NO

(iii) Under Hypothecation? YES  NO

b) If "YES", give name and address of concerned party / parties: \_\_\_\_\_

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

### A (III) LIABILITY SECTION: COVERAGE

#### THIRD PARTY RISKS: DEATH / BODILY INJURY

22 Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

(i) Owner Driver only  YES  NO (ii) Any person other than Paid Driver  YES  NO

If, "YES", give details of such other persons:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver. 2. As per Section 147 (2) (a) The liability is "as incurred" in the case of death / bodily injury of a third party)

#### THIRD PARTY RISKS: TPPD

23. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES  NO

[For additional TPPD limits, please see Q. No. 25]

#### THIRD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988)

24. Legal liability to persons employed in connection with operation of the vehicle who are "workmen". [The liability of the Employer under the Workmen's Compensation Act – 1923 is covered under the Motor Vehicles Act – 1988].

1) Drivers : (No. of persons: \_\_\_\_\_) 2) Employees (Workmen): (No. of persons: \_\_\_\_\_)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]

### B. QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS

#### ADDITIONAL TPPD

25 The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles.

Do you wish to cover the additional limit? YES  NO

[Refer to Q. No. 23]

#### ADDITIONAL LIABILITY TO WORKMEN

26 Do you wish to cover wider legal liability to employees who are 'workmen'? YES  NO

[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement) [Refer to Q. No. 24]

#### LIABILITY TO EMPLOYEES WHO ARE NOT WORKMEN

27 Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES  NO

(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).

#### PERSONAL ACCIDENT COVER FOR OWNER DRIVER

28 Do you hold a valid driving license? YES  NO

Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

(a) Name of the Nominee & Date of Birth : \_\_\_\_\_

(b) Relationship : \_\_\_\_\_

(c) Name of the Appointee : \_\_\_\_\_  
(If Nominee is a Minor)

(d) Relationship to the Nominee : \_\_\_\_\_

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15, 00, 000/- . 2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license.)

**NFPP**

29 Do you wish to include Legal liability to Non fare paying passengers? YES  NO

If YES, give number of persons:

**PA COVER FOR UNNAMED OCCUPANTS**

30 Do you wish to include Personal Accident cover for Unnamed Passengers/hirer/pillion passengers (Two Wheelers)?

YES  NO

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons: \_\_\_\_\_ C.S.I (Per Person): \_\_\_\_\_

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Wheelers)

**GEOGRAPHICAL EXTENSION**

31 Whether extension of geographical area to the following countries required?

(1) Bangladesh YES  NO  (2) Bhutan YES  NO  (3) Maldives YES  NO

(4) Nepal YES  NO  (5) Pakistan YES  NO  (6) Sri Lanka YES  NO

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

**C. QUESTIONS THAT ARE ELICITED FOR INFORMATION AND DATA COLLECTION PURPOSES**

32 Previous History:

a. Date of purchase of the vehicle by the proposer: \_\_\_ / \_\_\_ / \_\_\_

b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES  NO

(ii) Carriage of goods other than samples or personal luggage? YES  NO

d. Is the vehicle in good condition? YES  NO

If NO, please give details: \_\_\_\_\_

e. Name and Address of the previous insurance company: \_\_\_\_\_

f. Previous policy number: \_\_\_\_\_ g. Period of Insurance : From: \_\_\_\_\_ To: \_\_\_\_\_

h. Claims logged during the preceding 3 years:

Year	No. Of Claims	Claim Amount (Rs.)

33 Details of the Driver:

a. Age & Date of Birth of the Owner: Age:   Yrs DOB:

b. Age & Date of Birth of the Driver: Age:   Yrs DOB:

c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES  NO

d. Has the driver ever been involved / convicted for causing any accident of loss? YES  NO

If YES, give details as under including the pending prosecutions:

Driver's Name : \_\_\_\_\_

Date of Accident:         Loss / Cost (Rs.):

Circumstances of Accident / Loss: \_\_\_\_\_

ADDITIONAL INFORMATION (OFFICE USE ONLY)

- 1. Vehicle Type:  2 Wheeler  3 Wheeler  4 Wheeler  More than 4 Wheeler
- 2. Vehicle Colour:
- 3. City where the vehicle will primarily be used:
- 4. Fuel Type:  Petrol  Diesel  CNG  LPG  Electric  Hybrid  Other
- 5. Vehicle category & Use: Imported vehicle  Conveyance of passenger for Hire/reward  Courier & express delivery   
 Campervan/Motor homes  Racing, Rallies  Speed Trials  Amusement centre  Tourist or charter operator   
 Fast food/ Restaurant – Delivery service  Special Purpose vehicle  Airfield/Airside operation  Vehicle specifically designed or adapted for military and law enforcement use  Collection / Disposal/ Discharge of Industrial Trade waste   
 Logging or Timber Haulage  Carriage of Live Stock  Underground Mining  Transporting refrigerated stocks   
 Route or line bus, As a road-train  b-double or b-triple operations  Bus used/leased to Municipal or State Govt authority  Others
- 6. Whether any modification or conversion has been done in the vehicle from the maker’s standard specification? YES  NO   
 If YES, please give details of such modifications/conversions \_\_\_\_\_
- 7. Whether any Trailer attached? YES  NO  If YES, please give following details: \_\_\_\_\_  
 No. of Trailers:    
 Trailer Registration No.:
- 8. Is the vehicle in good state of repair? YES  NO   
 If NO, please furnish details \_\_\_\_\_
- 9. What will be the Average Daily use of the vehicle?  
 Less than 500 Kms  Between 501 & 2500 Kms  Between 2501 to 5000 Kms  Above 5000 Kms
- 10. Where will the vehicle be generally driven on?  
 Expressway  National Highway  State Highway  City Roads  Town  Village Roads  Private Road
- 11. Do you want to cover legal liability to passengers? YES  NO   
 (Applicable to ambulance/hearses only) If YES, give number of passengers \_\_\_\_\_
- 12. What is the vehicle permit type?  
 Contract carriage  Stage carriage  Local  State  Zonal  National  Hilly Areas
- 13. What will the vehicle be used for?  
 Goods Carrying (Public Carrier)  Goods Carrying (Private Carrier)   
 Passenger Carrying (Capacity equal to or less than 9)  Passenger Carrying (Capacity exceeding 9)   
 Misc. & special vehicle  Others (Please specify) \_\_\_\_\_
- 14. What types of Goods will the vehicle carry?  
 Hazardous Goods  Non-Hazardous Goods
- 15. Proposed usage of vehicle? (Applicable only to passenger carrying vehicles carrying capacity not exceeding 9)  
 Driven by the owners only  Driven by the owners only along with drivers  Driven by other drivers   
 For rent to tourists  For rent to individuals for personal use  Radio Taxis   
 Business purpose by hotels  Business purpose by Corporate  Official purpose by foreign embassy / consulate
- 16. Where will the vehicle be generally parked  
 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   
 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

## DRIVER DETAILS

17. The vehicle will be driven by

Sr. No.	Name	Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1.									
2.									
3.									
4.									
5.									

## 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 \_\_\_\_\_

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to SBI General immediately.

Date:           Place:

Signature of the Proposer

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicles 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: 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:** (Only applicable if policy issued on Group Basis)

- Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 Companies

Disclaimer: SBI General Insurance Company Limited | 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. | Act Only Insurance Policy UIN: IRDAN144RP0001V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

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)

Blank space for Signature of Proposer

Signature of Proposer :

**PREMIUM PAYMENT AND BANK ACCOUNT DETAILS\*:**

Premium Amount:  Cheque/Journal No\*.:  Date:

Premium payment option:  Cheque  EFT  DD  Debit Card/Credit Card

Bank Account No.:  IFSC Code:

Bank Account Number\*:  Branch Name\*:

Card details\*:  Master  Visa Card No\*.:  Card Expiry Date:

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

**INSURED BANK DETAILS\***

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)

Bank Name\*:  Branch:

Name as in Bank Account\*:  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.

**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:

Blank space for Signature of Agent

Signature of Agent

## DECLARATION BY INSURED:

I/We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and 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 \_\_\_\_\_

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.

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
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Place: 

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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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer/Primary Insured

## 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 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 Insure.
- (2) Any person making default in complying with the provisions of this section shall be punishable with penalty, which may extend to Rupees Ten Lakhs.



## 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.