

PROPOSAL FORM

Machinery Breakdown Insurance (MB)



SURAKSHA AUR BHAROSA DONO

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid).

- Information given herein will be treated in strict Confidence.
- Put a (☑) mark wherever applicable.

APPLICANT INFORMATION (* MANDATORY FIELDS)

Proposer's Name :

Proposer's Trade or Business :

Proposer's Postal Address :

City : State :

PIN Code : Nationality :

Contact Details : Mobile No.: Email :

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

Address where plant to be insured is located :

Nearest Railway station and distance :

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.

	Details	Answer
1.	Do the items listed represent the whole of the plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	a) Are you at present Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, with whom?	
3.	Has any Company -	
	a) declined to insure any of the machinery now proposed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a) Are you aware of any defects/ damages existing in the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, give details thereof	
5.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, give details of damage(s) and repairing cost.	
6.	a) Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, by whom and at what intervals?	
7.	On payment of additional premium do you wish to cover the following?	If yes, provide limits of indemnity
	a) Escalation Amount/percentage	₹. _____ <input type="checkbox"/> No Or %age _____
	b) Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages.	₹. _____ <input type="checkbox"/> No
	c) Air Freight	₹. _____ <input type="checkbox"/> No
	d) Owners surrounding property	₹. _____ <input type="checkbox"/> No

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. | Machinery Breakdown Insurance (MB), UIN: IRDAN144CP0017V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

	e) Third Party Liability	
	- AOA	₹. _____ <input type="checkbox"/> No
	- AOA	₹. _____ <input type="checkbox"/> No
8.	a) Additional Customs Duty	₹. _____ <input type="checkbox"/> No
	Period of Insurance	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To

SCHEDULE OF MACHINERY TO BE INSURED –

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
b) The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this Policy.
c) If any of the Machinery is a 'stand by' this fact should be mentioned.
d) All portable Machinery must be so designated. All items in the open must be so described separately.
e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required

S. No.	Quantity	Description, type, Model, Capacity of Machines/Sr. Nos/HP/kVA Volts, Amps, RPM	Maker's Name and Country of origin.	Year of Make	Sum Insured
(1)	(2)	(3)	(4)	(5)	(6)

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. : <input type="text"/>	Bank Name : <input type="text"/>
Branch: <input type="text"/>	City : <input type="text"/>
Dated: <input type="text"/>	For Rs. <input type="text"/>

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

I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place: _____

Dated:

Proposer's Signature

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/ies has/have 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):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Governmental Organisation	<input type="checkbox"/> Society	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> International Organisation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> 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

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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.

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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AGENT DECLARATION

Licence No.:

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of the Agent

[illegible]

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

Customer Name: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website www.sbiqgeneral.in to view the list of KYC OVD (Officially Valid Documents).

VERNACULAR DECLARATION

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)

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature of the Witness

Signature/Thumb impression of the Proposer

PROHIBITION OF REBATES (UNDER SECTION 41 OF INSURANCE ACT 1938)

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 to Ten Lakh rupees.

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

AML Declaration as per AML Master Guideline 2022:

1. 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:

- 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.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "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;
- 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**.
- 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**.
- 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.
- 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.

Date:

Signature of Policyholder: