

## AGRICULTURE PUMP SET INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. A separate form or a statement should be completed for each pump set to be covered. 4. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on Proposer's behalf.

Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

## INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Metro	<input type="checkbox"/> Rural	<input type="checkbox"/> Village	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct		
Sales Channel Code:	<input type="text"/>			Specified Person's Code*:	<input type="text"/>				
Specified Person's Name*:	<input type="text"/>			Agreement Code:	<input type="text"/>				
GSTIN/ISDN:	<input type="text"/> IF APPLICABLE								

## PROPOSER'S DETAILS

1. Policy Period:	From:	<input type="text"/>	hrs. of	<input type="text"/>	till midnight of	<input type="text"/>
2. Name of the Insured:	<input type="text"/>					
3. Address of the Insured:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
4. Aadhaar Card No.:	<input type="text"/>					
5. Corporate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. GSTIN/ISDN: <input type="text"/> IF APPLICABLE			
7. Insured's Business:	<input type="text"/>					
8. Hypothecation, if any	<input type="text"/>					
9. PAN No.:	<input type="text"/> / Form 60: <input type="text"/>					
10. Description of Pump set						

Pump		Driving Unit			
		Electrical Motor		Diesel engine	
Make:		Make:		Make:	
Section:	Delivery:	HP:	RPM:	HP:	RPM:
Serial No.:		Serial No.:		Serial No.:	
Year of Make:		Year of Make:		Year of Make:	
Type : Centrifugal / Submersible		AMPS:	Voltage:	No. of Cylinders:	
		Type : Squirrel Cage / Slip Ring Stroke:		Bore:	

11. Sum Insured for Pump set:

12. Do you require flood as an add-on cover

Yes ☐ No ☐

13. Please provide loss record for last 5 years as following:

Year	Cause of Loss	Amount of Loss

#### ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Agriculture Pump Set 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).

#### PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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

(\*Mandatory fields)

Cheque No./DD No.:  Amount:

Date:

Bank Name:

Branch:

Bank Account No.\*:

IFSC Code\*:

#### DECLARATION BY

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 complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be Insured that has not been disclosed to you. I / We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co. Ltd. and I / We and/or the person to be insured agree to accept the Cover in the usual form of Policy prescribed by SBI General Insurance Co. Ltd. and to pay premium to SBI General Insurance Co. Ltd.

I / We also declare that any changes in the nature of profession or any such changes after the submission of this Proposal Form would be conveyed to you immediately.

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 / We understand that the Insurance Company has the right to call for documents to establish sources of funds. The Insurance Company has the right to cancel the Insurance Contract in case I / We am / are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

I / We also agree that the Insurance Company has the right to cancel the contract and treat the Policy as void if any statement, information declared is found untrue or any material information is withheld.

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:

Place:

Signature of the Proposer: \_\_\_\_\_

#### AGENTS 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: \_\_\_\_\_

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. | UIN: Agricultural Pump Set IRDAN144RP0011V01201213.

## 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 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.

## 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) \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of the Witness

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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\_\_\_\_\_  
Signature/Thumb impression of the Proposer/Primary Insured