PROPOSAL FORM

PRIVATE CAR INSURANCE POLICY - PACKAGE



Note:

1). Policy wordings are available on request. 2). Please complete all sections in capitals and tick the boxes wherever applicable 3). Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void 4). Geographical area of operation: INDIA.

Go Smart Flexi Cov	ver (Pay As You Drive):						
-	or GO Smart Flexi cover (Pay as you drive) ? Yes No etails in the "OPTIONAL ADD ON COVERS" section.						
For Office Use:							
RM/SP/Agent Code:	RM/SP/Agent Name:						
RM/SP/Agent Contact No:	Agreement Code:						
Agreement Name:	Inspection Lead No:						
Inward No: Receipt No:	Quote No: Receipt Date:						
Business Sector:							
Proposal For:							
-							
Period of Insurance:	Policy Period OD: From						
	Policy Period TP: From						
	till midnight of						
	Policy Period PA (Owner Driver): Fromhrs ofhrs of/						
	till midnight of//						
Proposer's Details:	(Registered Owner of the Vehicle) *Mandatory						
*Full N ame:							
	relationship with SBI General Insurance then please						
*Date of birth:	MMYYYY Age: *Gender: Male: Female: Others:						
*Marital Status:							
Profession:	Salaried: Self-Employed: Others: Detail:						
*Occupation / Natur	e of Business:						
Annual Gross Income	e:						
PAN*:	/ Form 60/61 (if Available):						
Aadhaar Card No.:	*GSTN/ISDN: If applicable						
Present Address*:							
	Village/City: Pin code:						
	Gram Panchayat: State:						
My Present Address is	s same as Permanent Address:						
Permanent Address:	Area						
	Village/City: Pin code:						
	Gram Panchayat: State:						
Mobile No. (India)	Phone.(India)						
Alternate No.	E-mail ld:						
I want Private Car/tw	vo Wheeler Insurance Policy and related information in: SMS: WhatsApp: Email ID:						

Preferred Mode of Co	ontact:	Corporate: Yes No	
*Are You or any of the Exposed Person?	e proposed app	pplicants or close relatives is/are associated to Politically Yes	No
•	rsons" (PFPs)	are individuals who are or have been entrusted with prominent public fun	ctions
in a foreign country,	e.g., Heads of	f States/Governments, senior politicians, senior government/judicial/n	
		-owned corporations, important political party officials, etc.	
registered email ID	However, if yo	document in PDF format will be sent to the registered mobile numb you need a physical copy of the policy document, please send SMS "P or your registered mobile number.	
Nominee Details*:			
Nominee 1			
*Name:			
*Relationship with Nominee:		*Date of Birth of Nominee: DDMMYY	YY
*Nominee Mobile no:		Email Id:	
Percent of Claim Payable:			
Present Address:			
Permanent Address:			
Bank details of	Bank Name:	Branch Name:	
nominee:	Bank Account		
*Where Nominee is a		e give the details of Appointee/Authorized person.	
*D - - 1: - : - : - : 1 -			
*Relationship with Nominee:		*Date of Birth: DDMMYY	YY
Nominee 2			
*Name: *Relationship with Nominee:		*Date of Birth of Nominee: DDMMYY	Y Y
*Mobile no.:		Email Id:	
Percent of Claim Payable:			
Present Address:			
Permanent Address:			
Bank details of nominee:	Bank Name:	Branch Name:	
	Bank Account Number:	IFSC Code:	
*Where Nominee is a	minor, please	e give the details of Appointee/Authorized person.	
* D			
*Relationship with Nominee:		*Date of Birth: DDMMYY	YY
Vehicle Details:			
Vehicle Type:		Indigenous Imported Vehicle is: Brand New	
Make of the vehicle:			
Model & variant of th	e vehicle		
Type of Body		Sedan Hatchback SUV High End	
Cubic Capacity/KW			
Colour			
Year of Manufacture	of the vehicle	1	

	I						
Engine No of the vehicle							
Chassis No of the vehicle							
Registration No. of the vehicle							
Registered as	Private						
RTO where the vehicle is / will be registered							
Date of Registration/New Purchase							
Seating Capacity including Driver							
Usage of vehicle	Business:				Private:		
Fuel Used	Petrol Diesel Any Other (Ple	CNG ease speci		PG	Electric H	ybrid	
Insured vehicle Odometer reading at the time of inception	Kilometers at start	Date:					
Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the policy? If Yes, Kindly provide the details for the same	Yes No						
Financier Details:							
Name of the: Hypothecation Hire Purchase Lease							
Contract/Loan Application							
Financial Institution's Name:				Bran	ch:		
Account Number:							
Insured Declared Value (IDV) of the Vehicle:							
Important: Insured's Declared Value	ue (IDV)			Age of	the Vehicle	Deprecia	tion
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this Policy and shall be fixed for each year of the Policy at the commencement of Policy period for the insured vehicle.			for Ex	Exceeding 6 months but 15%			
The IDV of the vehicle (and side ca vehicle) is to be fixed on the basis of price of the brand and model of the mencement of insurance/renewal and model.	f the manufacturer's the insured vehicle a	listed selli at the co	ng exceeding 2 years				
mencement of insurance/renewal and adjusted for depreciation (as per schedule alongside). Exceeding 2 years but not exceeding 3 years							
The schedule of age-wise depreciation as shown alongsid applicable for the purpose of Total Loss/Constructive Total L (TL/CTL) claims only.					40%		
IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured.					ng 4 years but eeding 5 years	50%	
Insured's Declared Value (IDV	Insured's Declared Value (IDV IDV Year 1 IDV Year 2 IDV Year 3					ar 3	
A. Vehicle Value							

B. Electrical Accessories Details: Make.....

C. Non Electrical Accessories

Model..... Year of Manufacture.....

D. Trailer Value										
E. CNG/LPG kit	not provided by Ma	nufacturer								
Total IDV Sum o	f (A+B+C+D+E)									
Other Vehicle D	etails									
Member of Auto	mobile Association	of India?	Yes		No					
Membership No			Expiry D	ate						
approved by ARA If Yes, pleases pr	fitted with anti- Al (Attach Certificat ovide nufacturer and type	:e)?	Yes Yes		No No					
b) Whether app	proved by Automo of India, Pune?									
	designed for u lentally challenged s such by RTA?		Yes		No					
	dification or conver nicle from the mak		Yes		No					
If Yes, pleases give details of such modifications /conversions										
Vehicle will be used for Driving Tuitions			Yes		No					
Whether the conventional so		en by non-	Yes If yes, Cl		No _PG, Bi- F	uel elect	tric, if yes ple	ease p	orovide d	etails.
Is the vehicle in good state of repair? If NO, please furnish details			Yes No							
The Vehicle belongs to Foreign Embassy/consulate			Yes		No					
	sed in own premise eral road use by RTC	•	Yes No							
City where the v	ehicle will primarily	be used								
Have you been this vehicle?	previously insured	in respect of	Yes		No					
If so, are you ent	itled to No Claim Dous Insurer?	iscount (NCB)	Yes		No					
If Yes, kindly indi	cate the percentag	e	20%		25% 3	35%	45% 50	0%	55%	65%
Please provide t	ne name of your pre	evious Insurer								
Please Provide th	e policy Number and	d its expiry date								
Claim(s) reporte	d during the last 5 y	ears:								
Year	1	2		3			4		5	
No of Claims										
Amount										
expiring policy incomplete and	clare that the rate period(Copy of Po incorrect, all benefi	olicy enclosed).	I/We fu	rthe	r undert	ake tha	nt if this de	eclara	ation is	found
Signature of Pro	poser									

Restrict Third Party Damage Cover Limit Restrict Third Party Damage Cover Limit to ₹6000/- *TPPD Discount - Not applicable in SAOD	Yes No			
What is the Deductible you wish to opt for?	Standard Minimum Deductible (Std Min Deductible is, ₹1000/- for Pvt Cars with Cubic Capacity upto 1500 and ₹2000/- for Pvt Cars above 1500 Cubic Capacity from each and every claim) ₹2,500/- + Standard Minimum Deductible ₹5,000/- + Standard Minimum Deductible ₹7,500/- + Standard Minimum Deductible ₹15,000/- + Standard Minimum Deductible. I hereby agree to the above ticked deductible to be applied on each and every claim I lodge on the Company. Signature of Proposer			
About the Usage Of the Motor Vehicle				
What will be the Average Daily use of the vehicle?	Less Than 50 Kms; Between 50 and 100 Kms; Between 101 to 250 Kms; Above 251 Kms.			
Where will the vehicle be generally driven on? (Please tick multiple, if required)	Express Way; State Highways; Town/Village Roads; Private Roads;			
Is the vehicle, Imported without payment of Customs Duty	Yes No			
Whether extension of Geographical Area to the following countries is required? If Yes, Please tick the countries to which the extension is required	Yes No Bangladesh Bhutan Nepal Pakistan Sri Lanka			
Is the vehicle Company Maintained?	Yes No			
Where will the vehicle be generally parked a) 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.			
b) 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.			
Previous Vehicle Insurance History				
Is the previous insurance in your name? Date of Purchase of the vehicle	Yes No			
Has any Insurance company ever	Yes No			
a. Declined the proposal	Yes No			
b. Cancelled the policy or refuse to renew	Yes No			
c. Required an increase of Premium Imposed special conditions or excess	Yes No			

Add-On Covers

You wish to opt for any of the below mentioned Add-On's by paying additional Premium? (Addon applicable as per policy cover type opted)

Depreciation Reimbursement	Yes No						
	Number of claims – 2 Claims Unlimited Claims						
	Type of Garage – SBIG Preferred Garage Any Garage						
Protection of NCB	Yes No						
Return to Invoice	Yes No						
Cover for Key replacement	Yes No (Maximum up to ₹65,000/-)						
Inconvenience Allowance	Yes No ₹1,000/- ₹2,000/- ₹3,000/-						
	(If yes, kindly select one option from below daily limit)						
Loss of Personal Belongings	Yes/No (If yes please share Sum Insured ₹) *Maximum limit ₹50,000/-						
Enhanced PA cover for Insured	Yes/No (If yes please share Sum Insured ₹)						
(Owner driver)	*Maximum limit ₹50,000/- *Available only to Individual owner driver who has opted CPA cover						
	for ₹15,00,000/						
Enhanced PA Cover for Unnamed	Yes/No (If yes please share Sum Insured ₹)						
Passengers	*Maximum limit ₹25,00,000/- *Available to all passengers based on seating capacity of the vehicle and						
	has opted basic cover for ₹2,00,000/						
Enhanced PA for Paid Driver	Yes/No (If yes please share Sum Insured ₹)						
	*Maximum limit ₹5,00,000/- *Has opted basic cover for ₹2,00,000/						
Basic Road Side Assistance	Yes No						
	Yes No						
Additional Road Side Assistance							
Engine Guard	Yes No						
Cover for Consumables	Yes No						
EMI Protector	Yes No (If yes, Please specify EMI Amount ₹)						
Emergency Medical Expenses	Yes No Yes/No If yes Specify SI – 50K / 100K						
Go Smart – Flexi Cover	Yes No Kilometres Opted,						
	KMs Opted Select						
	1. Less than 1,000 Kms						
	 Greater than 1,000 Kms and Less than 2,000 Kms Greater than 2,000 Kms and Less than 3,000 Kms 						
	4. Greater than 3,000 kms and Less than 4,000 kms						
	5. Greater than 4,000 Kms and Less than 5,000 Kms						
	6. Greater than 5,000 Kms and Less than 6,000 Kms						
	7. Greater than 6,000 Kms and Less than 7,000 Kms						
8. Greater than 7,000 Kms and Less than 8,000 Kms9. Greater than 8,000 Kms and Less than 9,000 Kms							
10. Greater than 9,000 Kms and Less than 10,000 Kms							
	11. More than or equal to 10,000 Kms						
Wall charger and associated	Yes No						
accessories	If yes, provide: Serial no./ charger identification number:						
	y ., <u> </u>						

	Coverage for Additional charger required: Yes No If yes, provide: Invoice value Serial no./ charger identification number:						
Battery Guard	Yes No						
Professional Fees for App	Yes No						
Restoration Cover	SI Opted						
Vehicle Replacement Edge		es	No				
Tyre & Rim Secure If Yes, provider Serial no.							
Tyre a numbedate	II Tes	, pro		•	V	C.M	• • •
	Tyre	1 د	Serial No		Ye	ear of Manuf	acture
	Tyre						
	Tyre						
	Tyre						
	ı yı c	, 4					
Other Optional Covers (Applicable	for Pa	ckage	e & Bundled Po	olicy)			
Legal Liability to Paid Driver		es	No				
			of Drivers				
Legal Liability to Employees		es	No				
(Mandatory when vehicle is owned by Company /organisation)	If yes, No. of employees (Maximum upto seating capacity of vehicle)						
Do you wish to include Personal	-						
Accident cover on Named basis? If	I I	es	No				
yes, provide details of name and			Name		CSI	Nominee	Relationship
Capital Sum Insured:-	2						
PA Owner Driver Cover	Y	es	No				
(PA) Personal Accident Cover If sele	ected y	es, pl	ease provide l	oelow deta	ils		
Mandatory Nominee Details:							
Nominee Name							
Date of Birth							
Relationship with owner driver							
Name of Appointee Appointee Relationship							
PA to Un named Passenger	V	00	No SI		No of no	arconc	
PA to paid Driver	Yes No SI						
Drivers Details			110 31		140:01 pt	2130113	
The vehicle will be driven by: Self & spouse Others	Drive	r Nar	ne				
Drivers Experience: Driving License No:							
Drivers Age:							
Driving Experience of spouse yrs;							
Age of spouseyrs; Driving License No:							

Does the Driver suffer fr defective vision or heari physical infirmity	Tes I No It ves, please sp	ecify
Has the Driver been /convicted for causing a	1 1 2 1 1 1 1 2	
Circumstances of Accide	nt/Claim: Loss/Cost	
Payment Details* (Che	eque, DD, EFT, DEBIT/CREDIT CARD)	
Premium Amount ₹: Date: DDMMYYY Bank Name:	Cheque No./EFT No./Premium payment option: Cheque	No.: DD EFT Debit Card/Credit Card
Bank Account Number:		
Branch Name:		Card details: Master Visa
Card No.:	Card	Expiry Date: MMYYYYY
SBIGI does not accept C	Cash for Premium Payments against the Poli	су.
Bank Account Details	for Process of Refund*:	
through credit card the the following bank deta	the name of the Proposer only. In case of ca refund amount would be credited to your o ils and a copy of Cancelled Cheque: (Cance fund / claim needs to be credited directly).	lesignated bank account. Please provide
Name of Account Holder		
Bank Name:	Branch N	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.

Declaration:

- 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 nondisclosure/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 withdrawal. - 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 Place: Signature of Proposer **Electronic Insurance Accounts Details** I want Private Car Insurance Policy - Package and related information in: Physical Format e-Format (electronic); as & when applicable. Choose your Insurance Repository (For those selecting e-Format) Centrico Insurance Repository Limited (Formerly Known NSDL Database Management Ltd. 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). , 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:** | D | D | M | M | Y Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents). **KYC Documents Attached** Pan Card Telephone Bill Passport Government UID Voter's Identity Card Driving Licence Utility bills not older than Electricity Bill Ration Card Aadhaar Card 2 months 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 bonafide 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 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 statues, directly or indirectly governing the prevention of money laundering in India. If Non-Indian, please specify Country: _ Non-Indian Type of Organization (Only applicable if policy is issued in group basis):

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. | Private Car Insurance Policy - Package, UIN: IRDAN144RP0005V03201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Non-Governmental Organizations

Cooperatives

Society

Section 8 Companies

Trust

No

Governments

Partnership

I hereby declare that the current address is different from the available in the Central identities

International Organization

Data Repository.

Customer can submit CKYC form for updation.

Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)

Signature of 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).

Advisor/Employee of the Con	ipany).	
explained to me/us and I/we h have been recorded as p		tify that the replies in the Proposal Form us. I, (Full name of the witness) ion with the Proposer/Primary insured)
	adult and inhabita	nt of (city) and residing at that I have read out and explained the
Insurance Company Ltd., to	and all other documents incidental to availing the Proposer/Primary Insured and he/shewers stated herein above is true and correct to	ng the insurance policy from SBI General /they have understood the same. I/we
Date: DDMMYYYY		
Place:	Signature of the Witness Insured Proposer/Primary.	Signature/Thumb impression of the
Agent Declaration		
hereby declare that I have exp contained in this Proposal Form him/her in this Proposal Form Contract of Insurance between issuance of the Policy. I have contained in this Proposal For furnished, the Company shall has been a non-disclosure of a	the Corporate Agent/Authorized employed plained all the contents of this Proposal Form to the Proposer including statement(s), into questions contained herein or any details en the Company and the Proposer, if this Proposer further explained that if any untrue statem orm/including addendum(s), affidavits, statement have the right to vary the benefits which many material fact, the policy issued to his/her all and void and all premiums paid under the Fagent Name:	m, including the nature of the questions formation and response(s) submitted by a sought herein will form the basis of the roposal is accepted by the Company for ment(s)/ information/response(s) is/are tements, submissions, furnished/to be any be payable and further more if there favour pursuant to this Proposal may be Policy may be forfeited to the company.
Place:	SP Name:	
	SP Code: License No.:	Signature of Agent
	LICETISE INU	_

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 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 punishable with fine, which may extend to 10 Lakh rupees.

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;
 - "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.