

# PROPOSAL FORM

## PRIVATE CAR INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

To be filled in BLOCK LETTERS ONLY

### BUSINESS TYPE

New:  Roll over  Endorsement

### GO SMART FLEXI COVER (PAY AS YOU DRIVE):

Do you want to opt for GO Smart Flexi cover (Pay as you drive)?  Yes  No

If yes, kindly fill the details in the "OPTIONAL ADD ON COVERS" section.

### FOR OFFICE USE

Agreement Code:  Agreement Name:   
RM Code:  Secondary RM Code:  SP Code:   
Inspection Lead No.:  Inward No.:   
Quote No.:  Receipt No.:  Receipt Date:   
Business Sector:  Urban  Rural  Social Customer Segment:  Agency  Banca  Corporate/ Broking  Direct

### PROPOSER DETAILS:

If you have an 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.:   
GSTIN/ISDN:  IF APPLICABLE Occupation of the Insured:   
Address of the Proposer\*: House No.:  Block:  Building:   
Locality:  Street:  City:   
State:  PIN Code:  Country:  I N D I A

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:  D D M M Y Y Y Y  
Mobile no.:  Email Id:   
Percent of Claim Payable:   
Permanent Address:   
Bank details of nominee: Bank Name:  Branch Name:   
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:  D D M M Y Y Y Y

#### Nominee 2

\*Name:   
\*Relationship with Nominee:  \*Date of Birth of Nominee:  D D M M Y Y Y Y  
Mobile no.:  Email Id:

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. | Private Car Insurance Policy-package UIN : IRDAN144RP0005V03201112 | Bundled Private Car Insurance Policy UIN : IRDAN144RP0006V02201819 | Stand-Alone Motor Damage Cover for Private Car UIN : IRDAN144RP0001V01201920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Percent of Claim Payable:

Permanent Address:

Bank details of nominee:

Bank Name:  Branch Name:

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:

Note (\*) marked fields are mandatory

### VEHICLE DETAILS

Vehicle Registration No.:  Month & Mfg. Year:

Vehicle Make, Model & Variant:

Engine No.:  Chassis No.:

Fuel Type:  Seating Capacity:  Body Type:

First Purchase / Registration Date:  RTO City:  RTO Location:

RTO State:  Colour of the vehicle:  Usage Of Vehicle: Business  Private

Parking Type: Garage  Public Road  Within Compound  Vehicle Modification: Yes  No  If Yes, provide details \_\_\_\_\_

Is the vehicle proposed for insurance under: Hypothecation  Hire Purchase  Lease

Financial Institution's Name:  Branch:

Loan Account Number:

### VEHICLE INSURANCE HISTORY

Previous Insurer's Name:

Previous Insurer's Address:  PIN Code:

Previous Policy Number:

Previous Policy Period:  Previous policy expiry date:

Previous Policy Type: Comprehensive  Liability  Stand-alone Od  Bundled

Are You Entitled To No Claim Bonus Yes  No  NCB % On Expiring Policy:

Please Provide The Details Of Claims Reported In The Past 5 Years

Years	1	2	3	4	5
No. of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount (₹)					

Expiring Policy Stand-alone Then Provide Below Details Of Active Liability Only Policy:

Active Liability Policy No.:  Active Liability Policy Period:

Active Liability Only Policy Insurer's Name:

Has Any Insurance Company ever

a. Declined The Proposal Yes  No  b. Cancelled The Policy Or refused To Renew Yes  No

c. Required An Increase Of Premium Yes  No  d. Imposed Special Conditions Or Excess Yes  No

If yes provide reasons thereof: \_\_\_\_\_

### DRIVER'S DETAILS

Driver's Age:  Driving Experience In Years:

Does The Driver Suffer From Defective Vision Or Hearing Or Any Physical Infirmary Yes  No  If Yes Please Provide Details Of Such Infirmary: \_\_\_\_\_

Has The Driver Been Involved /convicted For Causing Accident? Yes  No  If Yes Please Provide Details: \_\_\_\_\_

Driver's Name:  Date of Accident:

Circumstances of Accident/claim:  Loss/Cost:

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**PROPOSED PERIOD OF INSURANCE**

OD FROM:         DATE:         TIME:

TP FROM:         DATE:         TIME:

PA FROM:         DATE:         TIME:

**PROPOSED COVER TYPE**

BUNDLED  STAND-ALONE OD  COMPREHENSIVE  If only Standalone cover is opted

Active Liability Policy Number:   
 Active Liability Policy Insurer's Name:   
 Active TP Policy Start Date:  Active TP Policy Expiry date:

**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 the 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%

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

**OTHER VEHICLE / COVERAGE INFORMATION**

At The Time Of Purchase The Vehicle Was: New  Used  Are you the first owner? Yes  No

The Vehicle Is In Good Condition\*: Yes  No  If 'No' Please Give Full Details \_\_\_\_\_

The Vehicle Is Used by driving class Yes  No  Use Of My Vehicle Is Limited To Own Premises Yes  No

The Vehicle Belongs To Foreign Embassy/consulate Yes  No

Vintage And Classic Car Club Of India

The Car Is Certified As Vintage Car By Yes  No

The Vehicle Is Designed For Use Of Blind/handicapped/ Mentally Challenged Person And Duly Endorsed As Such By RTO Yes  No

Are You A Member of the Automobile Association Of India: Yes  No

If Yes, Association's Name: \_\_\_\_\_

Membership No.:   
 Membership Expiry Date:

Is The Vehicle Fitted With Any Anti-theft Device Approved By The ARAI Yes  No

Whether Vehicle Is Used For Commercial purpose? Yes  No

Whether Extension Of Geographical Area To The Following Countries Required Yes  No

If Yes, State The Name Of The Countries \_\_\_\_\_

Whether The Vehicle Is Driven By Non-conventional Source Of Power Yes  No

If Yes, CNG, LPG, Bi-Fuel electric If Yes, Please Give Details \_\_\_\_\_

Whether The Vehicle Is Fitted With Fibre Glass Tank Yes  No

Do You Wish To Opt For Voluntary Deductible Yes  No

If Yes, Tick Amount You Wish To Opt For ₹2500  ₹5000  ₹7500  ₹15000  Restrict Third Party Property Damage Cover Limit To ₹6000 Yes  No

**OTHER OPTIONAL COVERS**

Legal Liability To Paid Driver Yes  No  If yes, No. of drivers   
 Legal Liability To Employees Yes  No  If yes, No. of employees   
 Legal Liability To Airmen/sailors /solider Yes  No  If yes, No. of persons   
 PA Owner Driver Cover Yes  No

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**PERSONAL ACCIDENT COVER**

If selected as yes - Nominee Name:  Date Of Birth:

Relationship With Owner:  Nominee contact No.:

Name Of Appointee:  Appointee Relationship:

Appointee contact No.:

PA to Unnamed Passenger Yes  No  Sum Insured     No. of Persons

PA To Paid Driver Yes  No  Sum Insured     PA cover for Named Persons   Yes  No

Names and Sum Insured matrix to be given \_\_\_\_\_

**OPTIONAL ADD-ON COVERS**

Depreciation Reimbursement Yes  No  Engine Guard Yes  No

Cover For Consumables Yes  No  Protection Of NCB Yes  No

Return to Invoice only applicable for vehicle 1<sup>st</sup> ownership Yes  No  Basic Roadside Assistance Yes  No

Additional Roadside Assistance Yes  No  Cover For Key Replacement Yes  No

Loss Of Personal Belonging Yes  No  Enhance PA Cover For Insured (owner Driver) Yes  No

Enhanced PA Cover For Insured (paid Driver) Yes  No  Enhanced PA Cover For Insured (unnamed Passenger) Yes  No

If yes, sum Insured:      No. of persons:

Hospital Cash Cover For Insured (owner Driver) (Not Applicable For bundled And Standalone OD Cover) Yes  No

Hospital Cash Cover For Insured (paid Drivers) (Not Applicable For bundled And Standalone OD Cover) Yes  No

Hospital Cash Cover For Insured (unnamed Passengers) (Not Applicable For bundled And Standalone OD Cover) Yes  No

If yes, sum Insured:      No. of persons   EMI Protector (Not Applicable For bundled and standalone OD Cover) Yes  No

If Yes, EMI Amount \_\_\_\_\_ Inconvenience Allowance Yes  No  If Yes, Daily Limit Rs. \_\_\_\_\_

Emergency Medical Expense : Yes  No  Sum Insured : ₹ 50,000/-  ₹ 1,00,000/-

GO Smart- Flexi Cover : Yes  No

Kindly select the Kilometers you wish to opt from below mentioned options, at the inception of the policy

- |  |  |
|--|--|
| 1. Less than 1,000 Kms <input type="checkbox"/>                            | 7. Greater than 6,000 Kms and Less than 7,000 Kms <input type="checkbox"/>   |
| 2. Greater than 1,000 Kms and Less than 2,000 Kms <input type="checkbox"/> | 8. Greater than 7,000 Kms and Less than 8,000 Kms <input type="checkbox"/>   |
| 3. Greater than 2,000 Kms and Less than 3,000 Kms <input type="checkbox"/> | 9. Greater than 8,000 Kms and Less than 9,000 Kms <input type="checkbox"/>   |
| 4. Greater than 3,000 Kms and Less than 4,000 Kms <input type="checkbox"/> | 10. Greater than 9,000 Kms and Less than 10,000 Kms <input type="checkbox"/> |
| 5. Greater than 4,000 Kms and Less than 5,000 Kms <input type="checkbox"/> | 11. More than or equal to 10,000 Kms <input type="checkbox"/>                |
| 6. Greater than 5,000 Kms and Less than 6,000 Kms <input type="checkbox"/> |  |

Insured vehicle Odometer (Kilometers) reading at the time of inception of the Policy :

Kindly select the Kilometers you wish to TOP- UP from below mentioned table

Kms Opted	Tick Box	Kms Opted	Tick Box
500 Kms	<input type="checkbox"/>	3,000 Kms	<input type="checkbox"/>
1,000 Kms	<input type="checkbox"/>	3,500 Kms	<input type="checkbox"/>
1,500 Kms	<input type="checkbox"/>	4,000 Kms	<input type="checkbox"/>
2,000 Kms	<input type="checkbox"/>	4,500 Kms	<input type="checkbox"/>
2,500 Kms	<input type="checkbox"/>	5,000 Kms	<input type="checkbox"/>

## 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:

Place:

Signature Of The Proposer: \_\_\_\_\_

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Private Car 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](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

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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## 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).