# **PROPOSAL FORM**

## COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE



Version: 1.0 Dec 2024

1

FOR OFFICE USE																																
Quote No.:														I	nwar	d No	0.:															
Receipt No.:														F	Recei	pt D	Date:	D	D	Μ	М	Υ	Υ	Y	Y							
GO SMART FLEXI CO	VER	(Pay	y As	You	ı Dri	ve):																										
Do you want to opt for GO If yes, kindly fill the details ir					-	-			sectio	Yes on.		No																				
INTERMEDIARY'S DE	TAIL	<b>_S</b> (	* M	anda	ator	y Fie	lds if	Sal	es C	hanı	nel T	уре	sel	ecte	d is E	Ban	ca)															
Segment Type:		Coi	rpora	ate			Reta	il			SN	1E		Bus	sines	s Se	ctor:		Urt	ban		Met	ro		R	ural		Vi	illage	_ د	S	ocial
Business Type:		Nev	w				Roll-	Ove	r		Re	new	al		S	ales	s Char	nnel 7	Гуре				] 4	Agen	су			Dire	ct			
Sales Channel Code:																Sp	ecifie	d Per	'son'	s Coo	de*:											
Specified Person's Nam <sup>e*</sup> :																																
GSTIN/ISDN:						IF A	PPLI	САВ	LE																							
PART I - INDIVIDUAL																																
1.* Do you have existing rel	ation	ship	with	SBIO	Gene	eral In	sura	ncei	•			Ye	S		No																	
If Yes, then please ment	tion y	our C	Custo	omer	ID:																											
2.*Title:		Mr.			м	iss		]	Mrs.				•																			
3.*Name:													F		R	S	Т	Ν	А	Μ	Е						Τ	Τ	Τ			
		М	1	D	D	L	E	N	А	Μ	E		T			Γ						S	U	R	Ν	A	М	E	T			
4.*Gender:		Mal	e		Fer	male	1		1	1	1	1	1		1	1	_	1		1	1	1			1	1			-1		1	
5. *Date of Birth:	D	D	М	Μ	Y	Y	Y	Y	]																							
6.*Unique Identification: (minimum one is required)		Rat	ion (	Card			Pass	spor	t		Bio	metr	ric C	ard			Govl	ID		٦v	'oter	ID		] [	Drivir	ng Lio	cence	è				
7.* Unique Identification No.:																		]														
8. *Aadhaar Card No.:	$\overline{\times}$	$\mathbb{N}$	$\mathbb{X}$	$\mathbb{N}$	$\mathbb{N}$	$\mathbf{k}$		1				1	PA	AN*:													)/61: lable)		]			
9. *Marital Status:		Sin	igle			Marri	ed			Oth	ers																					
10.*Nationality:													]																			
11. Education:		Nor	n-Ma	atricu	late		N	1atri	culat	e		Gr	adu			Po	st-Gr	adua	te			fess	ional									
12. Occupation:		Sala	aried	· [					ed/			Bu	sine	ss		s	tuden	t			] Re	etirec	ł			gricul Allied	lture 1			Othe	ers	
13. Email Address:																																
14. Contact details*:	Mob	ile No	o.:													]		Alt	ernat	te Mo	bile	No.:										
15.* Preferred Contact Mode:		] En	nail			Ρ	aper	Mail				Ph	one		1	.6.P	refer	ed P	ayme	ent M	lode:		EF	т			С	Chequ	ue			
17. Present Address*:																													Τ			
(Current Residing Address)	Villa	ge/Ci	ity:													]									Pinco	ode:		Τ	Τ	Τ		
	Grar	n Pan	ncha	yat:												]				Sta	ate:						$\square$	Ī	T	T		$\overline{\square}$
My Present Address is same	as P	erma	inent	t Add	ress		1	1				1				-									-1	-1						
Permanent Address*:																													Τ			
	Villa	ge/Ci	ity:																						Pinco	ode:		Τ	T	T		
	Grar	n Pan	ncha	yat:												]				Sta	ate:						$\Box$	Ī	T	T		$\square$
18. Corporate:		Yes		N	0		G	STI	N / IS	DN:										IF	APP	LICA	BLE									
19. Are You or any of the pro	opose	ed ap	plica	ints c	or clo	se re	lative	es is	/are a	assoc	ciate	d to I	Polit	ically	Expo	sed	Pers	on?		Yes		N	0									

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. I 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. | Commercial Vehicle Insurance Policy - Package (Goods Carrying) UIN: IRDAN144RP0002V02201112 | Commercial Vehicle Insurance Policy -Package (Miscellaneous Vehicles) UIN: IRDAN144RP0003V02201112 | Commercial Vehicle Insurance Policy - Package (Passenger Carrying) UIN: IRDAN144RP0004V03201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products. 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 locument, please send SMS "PRINT <policy number="">" to 561612 from your registered mobile number.</policy>	email ID However, if you need a physical copy of the policy
	PART II (RISK COVERAGE PROPOSAL DETAILS)	
		descenante
1.		dorsements
2.	Type of Policy: Package Liability Only	
3.	Period of Insurance:         From         D         M         M         Y         Y         Y         hrs of         till mid	night of D D M M Y Y Y Y
4.	Have you been previously insured in respect of this vehicle?	Yes No
	If Yes, please provide the name & address of your previous Insurer:	
5.a.	a. Previous Policy No.:	
5.b.	b. Previous Policy Type: Comprehensive Liability	
6.	Previous Insurance History: Date of Purchase of the vehicle: $\Box$ $\Box$ $M$ $M$ $Y$ $Y$ $Y$ $Y$	
	Was it new at the time of purchase?	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	Yes No
d.	Imposed special conditions or excess	Yes No
7.	Previous Policy Start Date: D D M M Y Y Y Y Y	blicy End Date:
8.a.	a. Are you entitled to 'No Claim' Bonus (NCB) at this Renewal?	Yes No
8.b.	b. Kindly indicate the 'No Claim' Bonus (NCB) percentage (%) mentioned in your expiring Policy	
9.	Have you made any OD Claims on your expiring Policy?	Yes No
	I/We hereby declare that the rate of NCB claimed by me/us is correct $\&$ that No Claim has arisen in the expiring	Policy Period (Copy of Policy enclosed) 1/We further undertake

that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

Signature of the Proposer

#### **ABOUT THE DRIVER**

1.\* The vehicle will be driven by:

Sr. No.	Full Name	Relationship with the Proposer	Date of Birth	Driving Experience	Driving Licence No.	Gender
1.		Self				
2.		Spouse				
3.		Paid Driver				
4.						
5.						
2. H	as a claim been made in the last 5 years for any regular driver?			Y	'es No	

Year	1	2	3	4	5
No of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount					

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<b>PROPOSER'S DETAILS</b> (REGISTERED OWNER OF THE VEHICLE)
---

	PROPOSER'S DETA	ILS (REGISTI	ERED O	OWNE	ROF	• TH	E VI	HIC	LE):																					
1.	Registered Address of					-	-		-		-												1							
	the Vehicle:	House No.:																I	Block	: _										
		Building:																Lo	cality	:										
		Street:																												
		City:			Τ													Di	strict	:										
		State:			Τ						1	T		Pin	code	: [				T		7	. (	Count	try:					
2.	City where the vehicle	will			+					1		T				T	T				+		1							
	primarily be used:						-				-			_		_					-		<u> </u>							
	ABOUT THE MOTO	R VEHICLE I	O BE IN	NSUR	ED:																									
1.	Vehicle Type:			3 W	heele	r [		4 Wh	eele	r	I	More	e tha	n 4 v	vheel	s														
	Vehicle is:			Brar	nd Ne	w		Used																						
2.	Date of Registration/N	lew Purchase:	D	D	М	Μ	Y	Y	Y	Y	Y	′ear o	of Ma	nufa	actur	eoft	the v	ehicl	e:	Y	ΥY	Y								
3.	RTO State:														RT	O Ci	ty/D	listrio	t:	T	T	T								
4.	RTO Location:														]		-									1	1	1		
	Foreign Embassy Vehic	cle (Reg.):		Yes	 ; [		No						1																	
6.	Registration No.:														7															
	Where will the vehicle t	o apperally dr	iven on?	, ,																										
/.		be generally un		7	ressw	avs		Natio	onal	Hiahv	wavs	s	St	ate	Highv	wavs		Cit	ty Roa	ads		Town	/Villa	ae Rc	ads		Priv	ate R	oads	
	Engine No.														٦			is No			┯	1								
	Engine No.: Make:												 		] T	CI		1ode			+		1							
															]						+									
	Variant:														] C	ubic	Сар	acity	or HI	P:										
11.	Gross Vehicle Weight:																													
12.	Maximum Licensed Ca	rrying Capacity	y (No. of	Passe	enger	s inc	ludin	ng Driv	ver):										_											
13.'	*Fuel Used:			Petro	ol	I	Dies	el	С	NG		LPG		E	lectri	c	ł	Hybri	d	A	ny O	ther (	Pls. sj	pecify	/):					
14.	Trailer Details:		No.	ofTra	ailers																									
Sr	. No.	Trailer	Туре									Tr	ailer	Regi	istrat	ion N	۱o.							Traile	er Ch	assis	No.			
								_																						
								_													-									_
																														_
15.	Is the vehicle fitted wit	h Fibre Glass F	uel Tank	</td <td></td> <td>Yes</td> <td>; [</td> <td></td> <td>No</td> <td></td> <td></td> <td></td> <td></td> <td></td>																		Yes	; [		No					
10.															-							]								
16.	Colour of the Vehicle:																													
17.	What will be the vehicle	e used for?																												
	Goods Carrying (													] (	Good	s Car	rryin	g (Pri	vate	Carri	er)									
	Passenger Carryi			a capa	acity e	aual	too	r less	thar	n 6)				ī								rying	cana	citv n	nore	than	6)			
	Miscellaneous & S		20.1911	5 5000		- 4900								-	Other															
174	. Vehicle Sub - Class:													 				·····								T				
- / /						1		1		1					- 1	- 1			1	- 1		1							1	

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18. Proposed usage of the vehicle (applicable only to passenger carrying vehicles with seating capacity not exceeding up to 6:

[	Driven by the owner(s) only	iven by the owner(s	along with other drive	ers		Driven by oth	er drivers	
[		r rent to individuals	-			Radio Taxis		
l ſ		siness purposes by				]	ses by Foreign Emba	assy / Consulate
10	What type of goods will the vehicle carry? (applicable or					]		
15.		n-Hazardous Good						
20 20	What is the vehicle permit type?		15					
20.	20A. For Passenger Carrying Vehicles:							
	Maxicab Contract Carriage Bus	All India Tourist Pe	ermit (AITP)-Contract C	arriage	Stage	e Carriage	Interstate Stag	le Carriage
	Institution School Bus		All India Tourist Permit			-A-Cab permit	Auto Rickshaw	-
	20B. For Goods Carrying Vehicles:	Local	State National		State			
21.	Is the vehicle Company maintained?	Yes	No					
22.	*Whether any modification or conversion has been don	ne in the vehicle fror	n the maker's standard	l specificatio	n?		Yes No	
	If Yes, give details of such modifications/conversions:_							
23.	Is the vehicle in good state of repair?						Yes No	
24.	Is the vehicle fitted with anti-theft device?						Yes No	
	If Yes, please provide:			7				
	Name of the Manufacturer:			Туре о	Device:			
25.	Whether approved by ARAI, Pune?						Yes No	
26.	Will the vehicle be used for Private purposes too? (IMT	- 34)					Yes No	
27.	What will be the average monthly use of the vehicle?							
	Less Than 500 Km Between 2501 t	to 5000 Km	Above 5001 Km					
28.	Whether the use of the vehicle will be restricted to own	premises?					Yes No	
	If Yes, please give address:							
29.	Will the vehicle be used for driving tuitions?						Yes No	
30.	Where will the vehicle be generally parked:			_	_			
	a) During the Day: Locked Garage	Ins	ide Covered		Unlo	cked Garage	Inside C	ompound in Open
	Pay & Park	On	Public Road		Othe	ers		
	b) During the Night: Locked Garage	Insi	ide Covered		Unlo	cked Garage	Inside C	ompound in Open
	Pay & Park	On	Public Road		Othe	ers		
31.	Whether extension of Geographical Area to the followin	ng countries require	ed?				Yes No	
	If Yes, please tick the countries to which the extension	is required: Ba	angladesh Bhuta	an M	aldives	Nepal	Pakistan	Sri Lanka
32.	Insured's Declared Value (IDV) of the Vehicle:							1
	The IDV of the vehicle will be deemed to be the Sum-Insu	redforthepurpose	of the Policy and will be f	fixed on the b	asisofth	ne Manufacture	r'slisted sellingprice	of the brand & model as
	the vehicle proposed for insurance at the time of comme					rtheschedules	pecifiedbelow:	
	Age of the Vehicle	% Depreciatio	on	Age of the				% Depreciation
	Not exceeding 6 months Exceeding 6 months but not exceeding 1 year	5% 15%		-	-	but not exceed but not exceed		30% 40%
	Exceeding 1 year but not exceeding 2 years	20%		-	-	but not exceed		50%
	For vehicles more than 5 years of age, please contact th	he Company for fixi	ng the IDV					
	Vehicle Value (Chassis Price)					₹		
	Vehicle Value (Body Price)					₹		
	Non-Electrical Accessories (other than factory fitted)					₹		
						` <u> </u>		

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	Electrical Accessories (other than fact	ory f	fitted)																	₹									
	(Please provide the details of such Acc	esso	ories)																										
	Bi-fuel/CNG/LPG Kit:																			₹_									
	Trailer(s) / Side Car (Two Wheelers) Va	alue:	:																	₹_									
	TOTAL IDV:																			₹_									
33.	Do you wish to limit the Third Party Pr	oper	rty Dam	age Co	over t	o the	e stat	utor	ry limi	itof₹	600	0/-?										Y	es		No				
	(The Policy otherwise provides Third F	arty	/ Proper	ty Dan	nage	of₹∶	1 Lac	for 2	2 whe	elers	and	₹ 7.5	Lac	s for	othe	er cla	ss of	veh	icles)										
34.	Personal Accident Cover for Owner D	river	. Please	give d	etails	sofn	omin	atio	n:																				
	(a) Name of the Nominee:									Dat	te of	fBirth	n: [	D	D	Μ	Μ	Y	Y	Υ	Y	Rel	ation	ship	·				
	(b) Name of the Appointee (If Nomine	e is a	Minor):												Rela	ition	ship	to th	ne No	mine	e:								
Not	e:1. Personal accident cover for owner	drive	er is cor	npulso	ry fo	r sun	n insu	ured	Rs. 1	5,00,0	000/																		
	<ol> <li>Compulsory PA cover to owner driv an effective driving license.</li> </ol>	'er ca	annotbe	grante	edwh	nerea	avehi	cleis	sown	edbya	aCo	mpa	ny,a	Parti	nersl	nipFi	rmoi	rasi	milar	Body	Cor	pora	teorv	vher	ethe	owner	does	snot	nold
35.	Do you want to opt for wider legal liab	lity c	cover to	:	_																								
	a) Paid Driver:		Ye	es	No	C																							
	b) Cleaner / Conductor / Coolies:	[	Ye	es	No	c		lfY€	es, No	o. of p	ersc	on to	be c	over	ed: _														
	c) Other Employees:	[	Ye	es 🗌	No	D		lfY€	es, No	o. of p	ersc	onsto	be	cove	red:														
36.	Do you want to cover Legal Liability fo	r nor	n fare pa	aying p	asse	nger	s?																		Yes		N	0	
	If Yes, No. of passengers to be covere	d:																											
37.	Do you wish to include Personal Accid	ent C	Cover fo	or paid	drive	r/cl	eane	r/co	onduc	tor?															Yes		N	0	
	If Yes, please indicate the number of p	erso	ons and S	Sum In	sure	d for	each	pers	son (N	1ax.₹	1 lao	c per	pers	son fo	or Tv	vo W	heele	ers &	k₹2la	acsp	er p	ersor	n for c	othe	r class	ofveh	icle	s).	
	No. of persons			Sur	n Ins	ured	per p	oerso	on to	be:₹_						/	-												
38.	Do you wish to cover Legal Liability fo	r Pas	ssengers	s (Appl	icabl	e for	Amb	ulan	ce/⊦	learse	es)		Yes	[		No			N	o. of	Pas	seng	ers:_						
39.	Is there any Hypothecation / Hire Pure	chase	e / Leas	e Inter	est to	o be i	noted	d in t	he Pc	licy?	L			L									Γ		Yes		N	0	
	If Yes, kindly provide the following info									2													L						
	i) Name of the Financial Institution:																				1			Т					
	ii) Branch of the Financial Institution:																		1					$\frac{1}{1}$					
	iii) Loan Account No.																	T	+		T			$\overline{\Box}$					
40.	Do you wish to opt for any of the below	w-me	entione	d Add-	Ons	by pa	aying	add	itiona	al Pren	niun	n?					1							1	Yes		N	0	
	a) Cover for overturning Loading of M	ohilo	Cranes	Mach	anica		vios	Shou	vols (	Frabe	Din	nore	and	Evca	vato	rc							L				_		
	Dragline Excavators, Mobile Drilling													LACO	valu	15,									Yes		N	0	
	b) Do you wish to cover for loss or dan	nade	tolam	ns Tvi	es T	ube	s. Mu	daua	ard B	onnet	side	e nar	s B	ump	er an	d Pa	int w	ork?	<b>,</b>				Γ		Yes			0	
	(Not applicable for taxis) (IMT - 23)			, . <u>,</u> .	, -		-,	- 9	, _				,_	P									L					-	
	c) Do you want to cover for Additional	Tow	ving Cha	rges?																					Yes		N	0	
	If 'Yes', Sum Insured:																												
	d) Return to Invoice in case the vehicle	e mee	ets with	total l	oss w	vithir	n the f	first	2 yea	rs of r	man	ufact	ure												Yes		N	0	
	e) Do you want to protect your 'No Cla	aim' E	Bonus in	case	ofasi	ingle	accio	dent	inthe	e Polic	:y P€	eriod	?												Yes		N	0	
	f) Do you wish to have an enhanced Pe	erson	nal Accio	lent Co	over	for y	ousel	f/yo	ur Pa	id driv	ver o	ofthe	veh	icle?											Yes		N	0	
	If Yes, please provide the Sum Insur	ed pe	er perso	on:																									
	g) Do you wish to cover Hospital Cash of the vehicle?	for ⊦	Hospital	isatior	arisi	ing o	ut of	acci	dent	for Yo	ourse	elf / Y	our	Paid	Driv	er									Yes		N	D	
	h) Do you wish to opt for Theft & Conv	/ersi	on Cove	er (Ava	ilable	only	/ for P	asse	enger	Carry	ying	Vehi	cles	-Carı	ying	сара	acity	less	than	6)					Yes		N	0	
	i) Do you want to cover for Key Replac	eme	ent? (Api	olicable	e only	y for	Taxis	5)															Γ		Yes		_ N	0	
	. ,					,																	L				` <b>`</b>		

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j) Do you wish to opt for Engine	Gua	ard co	over	? (Ap	plica	able	only <sup>-</sup>	Taxis	5)																		Y	es	L	N	0	
k) Do you wish to opt for EMI Pr	rote	ctor?																									Υ	es		N	0	
Please specify the EMI amount and provide a copy of the loan approval letter with EMI Amount:Deductible: ₹500 ₹1000 ₹2000 ₹2500 ₹500 I) Do you wish to opt for Loss of Income? If yes, please indicate the limit of cover Please select the per day benefit limit ₹:															500	0																
I) Do you wish to opt for Loss o	flnc	:ome?	?																								٦v	'es		N	0	
																														_		
	nefit	limit	₹:								_				r																	_
Type/ Class of Vehicle			-				Perl		Limit		_					T	ype/	Class	sofV	ehicle	е							it - Pe		-		_
Three wheelers (Goods Carryir	na &		+		linim 500	num	+-		aximu 2000	um	_					<u> </u>		i) U	Into	GVW	7500	)Ka			-	₹ 10	imur	n		1axin 400		-
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*Name:	L	$\perp$	$\downarrow$									_																	<u> </u>			$\square$
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Percent of Claim Payable:	Γ		Τ																													
Permanent Address:	Ī		T															Ī														
Bank details of nominee:	Bar	nk Ni	ame			Τ	Τ	Τ	T	T	T		-		T	7			Bra	nch	Nam	e:						$\square$				
Ank details of nominee: Bank Name: Bank Account Number: Where Nominee is a minor, please give the details of Appointee/Authorized person. Bank Account Number: Bank Account Number: Branch Name: IFSC Code: Branch Name: IFSC Code: Branch Name: IFSC Code: Branch Name: IFSC Code: Branch Name: Branch Name: Bra																																
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Note (*) marked fields are man	dat	.ory																														
PAYMENT DETAILS*																																
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Cheque No./DD No.:		Τ	$\square$	7		Amo	unt:													[	Date:	D	D	М	М	Y	Y	Y	Y			
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Period of Insurance: From:	D	D	М	М	Y	Y	Y	Y	] fo:	C	D		Μ	М	Y		r Y	Y		ΕFΤ	No:											

Yes No

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

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#### BANK ACCOUNT DETAILS FOR PROCESS OF REFUND\*:

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).

Holder																																				
Bank Name:																		В	ranc	:h Na	ame:															
Bank Account No.:									]											IFSC	Cod	e: [														
MICR Code:																																				
Note: The Proposer instruction form ava						o inti	imat	e in v	writii	ng to	SBI	Gen	eral	Insur	anco	e abo	out a	ny (	chan	ige ir	n banl	acc	oun	t de	tails	IfE	CS is	s sel	ecte	d, pl	ease	sub	mit t	:he s	stan	ding
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Nationality:	ndian		No	n-In	dian		1	Non-	resid	dent	ndia	n(NF	RI)		С	Other	rs																			
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Type of Organisati	on (O	nly ap	plicat	le if	polic	y iss	sued	l on C	Grou	p Bas	sis):																									
Corporation		G	overn	men	nt [		Nor	n-Go	vern	ment	al O	rgan	isati	ion			Socie	ety			Trus	st														
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I hereby declare tha	it the	curre	nt add	ress	s is dif	fere	ent fr	om t	he a	valila	ble iı	n the	Cer	ntrali	iden	titie	s Dat	a R	epos	sitor	у.	Y	es		No	. Cu	stor	ner	can s	ubm	nit Cł	۲C	form	۱ for	upd	atior
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#### **DECLARATION BY PROPOSER**

1. I/We hereby declare that the statement made by me/us in the 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 statement made by me and this declaration shall from 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. 2. 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. 3. I/We hereby undertake that if any additions/alternations 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. 4. I/We understand that SBI General is under no obligation to accept my/our Proposal has been accepted by SBI General does not commence on the receipt of this Proposal by SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest. 5. I/We hereby give my/our consent to SBI General Inst SBI General does not accept this Proposal, it will inform the information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or which aw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us. 6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank G

The details filled in the proposal form would be used for new as well as for renewal purpose

Please tick mark if Authorized Person has explained the product features and benefits and I have understood the questions in the form and

the an	swer	s give	en ar	e cor	rect.	Yes	;	No	).	
Date:	D	D	Μ	Μ	Y	Y	Y	Y	Place:	

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

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#### AGENT DECLARATION

Licence No.														
Date:         D         M         M         Y         Y         Y         Place:	Signature of Agen	t:												
DOCUMENTS LIST (Please Tick 3)														
Proposal cum Questionnaire	List of Electronic Equipment	NCB Reserving Letter												
Payment Advice/Instrument	RC Book	Form No. 28 & 29												
Driving Licence	Sale Deed	Renewal Notice / Policy Copy												
Valuation Certificate	GST Exemptions	Vehicle Inspection Report												
DECLARATION (If signed in vernacular language / If you have a	affixed thumb impression above)													
Applicable where the Proposer is illiterate or is suffering from a disability du (Note: The below must be witnessed by someone other than the Advisor/E		oser has signed in vernacular language.												
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 pritify that the replies in the Proposal Form have been recorded as per the information provided by me/us. [Full name of the witness]														
Date: D D M M Y Y Y Y P		Signature of the Witness												
		Signature/Thumb impression of the Proposer												
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION														
I want Commercial Vehicle Insurance Policy- Package and related informat	ion in: Physical Format e	-Format (electronic); as & when applicable.												
Choose your Insurance Repository (For those selecting e-Format)														
NSDL Database Management Ltd. Centrico Insurance Repos Known as CDSL Insurance		pository 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 record from the Central KYC Records Registry. I understand that this inform acknowledge that SBI General Insurance Company will handle my CKYC into revoked in writing by me. I have read and understood the terms and conditional c	ormation is essential for the purpose of ensuring formation in compliance with all applicable data p	rotection laws and regulations. This consent is valid until												
Customer Name:		Date: D D M M Y Y Y Y												

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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8

CONSENT CODE AND ACCOUNT DEBIT MANDATE					
is the consent code to authorize SBI to Debit the customer account					
1	authorize SBI to debit my Account Number	with ₹ for premium of			
Date: D D M M Y Y Y Y Place:		Signature of the Witness			

Signature/Thumb impression of the Proposer

#### \*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 twenty-five 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 fifteen 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.

#### **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.

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### AML Declaration as per AML Master Guideline 2022:

- 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.

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