

PROPOSAL FORM

LONG TERM TWO WHEELER INSURANCE POLICY PACKAGE



To be filled in BLOCK LETTERS ONLY

BUSINESS TYPE

Policy Term: ☐ 2 Years ☐ 3 Years

FOR OFFICE USE

[illegible]

INTERMEDIARY

[illegible]

Policy Issuing Office Address:	
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The event proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by the SBI General Insurance Co. Ltd.

PROPOSER'S DETAILS

Title:

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 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
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Gender: ☐ Male ☐ Female ☐ Third Gender Date of Birth: Marital Status: ☐ Single ☐ Married

Landline No.:								Mobile No.:								
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[illegible]

PAN:

 / Form 60

 Aadhaar Card No.:

Address of the Proposer (At which the vehicle is registered):	House No.:		Block:		Building:	
	Locality:		Street:		City:	
	State:		PIN Code:		Country:	

GSTIN/ISDN:	IF APPLICABLE
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PREVIOUS INSURANCE DETAILS

Have you been previously Insured in respect of this vehicle ?		Yes	No	OD Claim in the Expiring Policy:	Y	N	No of Claims in last 3 years:		Amount:	
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Previous Policy No.:																				NCB on Expiring Policy			%
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[illegible]

Previous Year Policy Period:

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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Address of Previous Insurer:

Has any Insurance Company ever: Declined your Proposal Reason: Required an increase in Premium: Cancelled or refused Renewal: Imposed special Conditions or Excess:

RISK COVERAGE DETAILS

Hrs. of

D	D	M	M	Y	Y	Y	Y
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 Period of Insurance: From

H	H	:	M	M
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 till midnight of

D	D	M	M	Y	Y	Y	Y
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Note: Cover will commence not earlier than the Date & Time of acceptance of Risk and subsequent to the payment of premium by the Insured to the Company and realisation thereof by the Company.

Usage of Vehicle:	☐	Business	☐	Private															
Driver's Driving Experience:	☐		☐				Parking Type		Garage	☐	Public Street	☐	Within Compound						

[illegible][illegible]

Vehicle Make, Model & Variant	Month & Year of Mfg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used

Declared Value of the Insured Vehicle ₹	Electrical Accessories ₹	Non-Electrical Accessories ₹	Trailer Value ₹	Side Car Value ₹	Total IDV ₹
(A)	(B)	(C)	(D)	(E)	(F = A+B+C+D+E)

	Loss of accessories by Burglary, House Breaking and Theft	
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☐ HYPOTHECATION
 ☐ HIRE PURCHASE
 ☐ LEASE PURCHASE

Branch:

 Loan Account No.:

INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
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. The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model of the insured vehicle at the commencement of Insurance/renewal and adjusted for depreciation (as per the schedule alongside). The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/CTL) claims only. 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 the Insured.	Not exceeding 6 Months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	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%

DECLARATION BY INSURED

I/We hereby declare that the statements, answers and particulars made by me/us in this Proposal Form are correct, complete and true in all respects to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the SBI General Insurance Co. Ltd. shall have no liability under this insurance. I/We hereby declare that there is no other information which is relevant to my application for Insurance under this Proposal which is not disclosed to the SBI General Insurance Co. Ltd.. I/We also declare that any additions or alterations carried out in the risk proposed after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately and in such event it shall be at the discretion of the Company as to whether to continue with the cover as may be granted.

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

 Signature of the Witness _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Long Term Two Wheeler Insurance Policy Package 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

[illegible]**VOLUNTARY DEDUCTIBLE**

GEOGRAPHICAL EXTENSION COUNTRIES

Standard minimum deductible is ₹ 100/- for Two wheeler. for each and every claim.

TWO WHEELER		DEDUCTIBLE
☐	Std. Min. Deductible Plus	₹500
☐	Std. Min. Deductible Plus	₹750
☐	Std. Min. Deductible Plus	₹1000
☐	Std. Min. Deductible Plus	₹1500
☐	Std. Min. Deductible Plus	₹2000

☐ Bangladesh ☐ Bhutan ☐ Maldives
☐ Nepal ☐ Pakistan ☐ Sri Lanka

ADDITIONAL DISCOUNT

Automobile Association of India. Membership No.:	
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Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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☐ Anti-theft device	☐ Vehicle specifically designed for the Blind / Handicapped / Mentally challenged Person	☐ Usage restricted to own premises (only if not licenced for general road use by RTO)
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Limit the Third Party Property Damage Cover to the statutory limit of ₹ 6000/-
(The Policy otherwise provides Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers)

OTHER COVERS

☐ Foreign Embassy / Consulate ☐ Vehicle Used For Driving Tuition ☐ Fiberglass Tank ☐ Cover for Vehicle imported without Customs Duty ☐ Fibre tank

OPTIONAL ADD-ON COVERS

☐ Cover for Consumables	☐ Protection of NCB	☐ Return to Invoice	☐ Depreciation Reimbursement	☐ Engine Guard	☐ Tyre and Rim Guard
☐ Inconvenience Allowance	☐ Basic Road-Side Assistance	☐ Helmet Protection			

NCB DECLARATION BY PROPOSER

I/We hereby declare that rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the Policy expiry period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited.

PERSONAL ACCIDENT COVER

A. Owner Driver

1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of ₹ 15,00,000/- for two wheelers. Compulsory Personal Accident Cover to Owner Driver cannot be granted where a vehicle is owned by a Company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving licence.

B. Unnamed Occupants/Passengers

The Sum Insured per person is in multiples of ₹10,000/- for a max. of ₹100,000/- per person for two wheelers. The number of persons to be covered for the purpose of this cover will be equivalent to the registered carrying capacity of the vehicle.

DOCUMENTS LIST (Please Tick ✓)

☐ Payment Advice / Instrument	☐ Renewal Notice / Policy Copy	☐ NCB Reserving Declaration Letter	☐ RC Book
☐ Vehicle Inspection Report	☐ Sale Deed	☐ List of Electrical/Non-electrical Accessories	☐ Valuation Certificate
☐ Driving Licence	☐ Service Tax Exemptions Driving License		

KYC DOCUMENTS ATTACHED (#Must, for Annual Premium of ₹ 50,000/- and above (Paid in Cash/DD) and ₹ 100,000/- and above paid in cheque.)

☐ PAN Card*	☐ Passport	☐ Government UID	☐ Voter's Identity Card
☐ Telephone Bill	☐ Ration Card	☐ Driving Licence	☐ Electricity Bill

PAYMENT DETAILS ☐ CHEQUE ☐ DD ☐ CASH ☐ EFT ☐ DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY

(All fields mandatory)

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

Instrument Number:		Amount:		Date:	
Bank Name:		Branch:			
Bank Account No.:		IFSC Code:			

AML GUIDELINES

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-Indian (please specify the Country) _____

Type of Organisation:

☐ Corporation	☐ Government	☐ Non-Governmental Organisation	☐ Society	☐ Trust	☐ Partnership
☐ International Organisation	☐ Cooperative	☐ Section 8 Companies			

Signature of the Insured

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).

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/our knowledge and belief.

Date:		Place:	
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Signature of the Witness: _____

Signature/Thumb impression of the Proposer: _____

SECTION 41 OF INSURANCE ACT, 1938:

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 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lacs.

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. | Long Term Two Wheeler Insurance Policy - Package, UIN: IRDAN144RP0001V02201516