PROPOSAL FORM



LONG TERM TWO WHEELER INSURANCE POLICY PACKAGE

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			nts to be furnished by a Propos for underwriting purpose.															Poli	icy T	erm:		2	Year	'S] 3 Y	ears						
Proposal for :	N	ew		Ren	ewal		Rc	oll-Ove	er		Used	ı [Endo	orsem	ent																	
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Email ID:																				Mob	ile Nc	.: [
Occupation of th	ne Insure	ed:				Τ	Τ																										
Marital Status:		. ٦	Single	e	M	1arrie	ed .																				•						
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Secondary RM C	Code:					Ļ			<u> </u>	Rec	eipt No	o.:				_					R	eceip I	ot Da	ate:	D	D	Μ	Μ	Y	Y	Y	Y	
Customer Segn	nent:		Age	ncy		Ba	anca			Co	orpora	te / B	ank	ing			Direct			S	SP Co	de:											
Corporate:			Yes			N	0			Ģ	STIN/	'ISDN	:								IF A	PPLI	САВ	LE									
RISK COVE	RAGE	DET	AILS																														
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Note: Cover will here of by the (not ea	arlier	than th	ne Da	əte &	Time	ofac	cept	tance	of Ris	k an	nd sub	sequ	ent t		paym ′es	ent o No	fpre	mium	by t	he Ir	nsure	d to	the C	Comp	any	and r	ealis	ation		
lave you been p	orevious	ly In	sured	in res	pect c	of thi	s veh	icle?		Yes	5	N	lo		D Claii kpiring			Y	Ν			of Cla 3 yea	aims ars:	in		A	mou	nt:					
Previous Policy N	No.:																																
Name of the Pre	vious In:	sure	r:			Τ	Τ																										
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Jsage of Vehicle	:	Bus	iness		Priva	ite [Driver	's Age	9	Driv	er's D	Drivi	ng Ex	perie	nce:		P	arking	ј Тур	e	G	arage	e 🗌	P	ublic	Stree	et			/ithin	ound	
Date of Registrat	tion:	D	M	\mathbb{M}	Y	Y	Y	Y							R	то	State:																
RTO City:															RTC	Loc	ation:																
Vehicle Mał	ke, Mode	el & V	/arian	t	Мо	nth &	x Yea	r of M	fg.	Re	gistrat	ion N	umł	ber	I	Engir	ne Nur	nber			Cha	ssis	Num	ber			eatin Ipaci			сс	Fu		
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Vehicle Insur	ed Dool	arod	Value	.₹				trical						Electr				Trail	ar Val					ide C		Τ							
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Vehicle Modification:	Yes No If Yes, provide details:																													
Legal Liability to Paid Drive	er 🗌		J No. c	No. of Persons PA To Owner Driver (Please give details of Nomination)								ion) PA to Unnamed Passenger Sum Insured ₹																		
Details of the Nominee: Name:																	Τ										Τ	Γ		
	DO	B: D	D	M	M	ΥY	Y	Y	(Re	latic	on:							•					•			-			
Name of the Appointee:																										Τ	$\overline{\top}$			
(If Nominee is a Minor)	Annoi	intoo P			. + 0 +		inco:									<u> </u>									<u> </u>	<u> </u>				
Appointee Relationship to the Nominee: Loss of accessories by Burglary, House Breaking and Theft Liability to Employees travelling or driving the vehicle (Other than paid driver) to the second driver in the second driver in the second driver is the second driver.															er) No															
Name of Financial Institution:			1														1				_		r –	1			1	1		1
																 1										-	$\frac{1}{1}$			
Branch:																														
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 Not exceeding 6 Months purpose of this Policy and shall be fixed for each year of the Policy at the commencement of Policy																			5%											
purpose of this Policy and shall be fixed for each year of the Policy at the commencement of Policy period for the Insured vehicle. Exceeding 6 months but not exceeding 1 yea															'ear	15%														
	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 Exceeding 1 year but not exceeding 2 years															s	20%													
	commencement of Insurance/renewal and adjusted for depreciation (as per schedule alongside). The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/ Exceeding 2 years but not exceeding 3 years															irs	30%													
	Constructive Total Loss (TL/CTL) claims only. DV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the Exceeding 3 years but not exceeding 4 years															ırs	40%													
basis of understanding betweer	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. Exceeding 4 years but not exceeding 5 years															irs														
Basis of understanding between the insurer and the insured. Exceeding 4 years but not exceeding 5 years 50% Has any Insurance Company ever: Declined your Proposal Reason: Required an increase in Premium: Image: Company ever: Company ever:																														
Cancelled or refused Renewal: Imposed special Conditions or Excess:																														
ELECTRONIC INSURANCI	E ACO	COUN	T DE	TAIL	S SI	ECTION																								
I want Long Term Two Wheeler Ir	nsuran	nce Poli	cy Pa	ckage	and	related i	nform	ati	ion in:		Pł	nysic	al For	mat				e-F	orma	at (e	lect	roni	c); as	& wh	ien a	pplic	able			
Choose your Insurance Repositor	ry (For	r those	selec	ting e	-For	mat)												_												
NSDL Data Management L	td.	C	DSL lr	surar	ice R	epositor	y Ltd.			Karv	y Ins	suran	ce Re	pos	itory	/ Lto	±		CAM	1S R	epo	sitor	y Se	rvice	s Ltc	I.				
I have an e-Insurance Acco	ount &	the No	. is																											
My CKYC No. (Central Know Your	Cust	omer R	egisti	y Nur	nber	r) is														(lf a	avail	able).							
VOLUNTARY DEDUCTIBL	E											(GEOG	GR/	APH	ICA	LE	хт	ENS	101		IUC	ITR	IES						
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ADDITIONAL DISCOUNT											I																			
Automobile Association o		Memh	pershi	n No.	. [T					T		Т									
	. in ara			Expiry			M	A A	\sim	~ ~	/ .	\sim																		
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OTHER COVERS				·	-																									
Foreign Embassy / Consula	te 🗌	Ve	ehicle	Used	For	Driving T	uition	י [F	Fiberg	lass	Tanl	< _	0	Cove	er fo	r Vel	hicl	e imp	oorte	ed w	vitho	ut C	ustor	ns D	uty			Fibre	e tank

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OPTIONAL A	DD-O	N COV	VER	S																								
Protection	of NCB				Re	turn to In	voice] c	over fo	or C	onsumal	bles													
	RATIO	N BY P	PRO	POSE	J ER																							
l/We hereby decla						oy me/us i	s corre	ct an	d tha	at NO C	LAI	1 has a	arise	en in the	Polic	y ex	piry pe	eriod	(Copy	ofPo	olicy en	close	d). I/V	Ne fi	urthe	r unde	rtake	e that if
this declaration is	found ir	ncorrec	ct, all	lbene	fits u	inder the	Policy ir	n resp	pect	of Sect	ion1	ofthe	Po	licy will s	tand	forf	eited.											
PERSONAL A		ENT C	OVE	ER																								
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1.Personal be granted							-	-											-									cannot
	3.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																											
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.															of this													
DOCUMENTS LIST (Please Tick ✓)																												
						Bonow	al Notic	o / P	olicy	Conv			٢			Cor	ving D	oclar	otion	otto	-			DC	Peek			
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 Certifica														ficate	е													
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 [#]	Card" Passport Government UID Voter's Idea													entity	Carc	ł												
Telephone	one Bill Ration Card Driving Licence Electric											icity Bill																
PAYMENT DETAILS CHEQUE DD CASH EFT DEBIT/CREDIT CARD																												
															atorv)													
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"																												
nstrument Number:														Ý	Ý													
Bank Name:																				E	Branch:							
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offence listed in							•																					
Company has the Prevention of Mor	-				ance	Contract	in case	lam	/ hav	ve beei	n fou	nd gui	lty l	by any co	ompe	ten	t court	ofla	w unde	er an	y statu	es, di	rectly	or ir	ndire	ctly go	verni	ing the
Nationality: Indiar			-		ian, p	olease spe	cify the	Cou	ntry	:																		
Type of Organisat	ion: Corp	ooratio	n/Go	overnr	nent	/Non-Gov	vernmei	ntal C	rgan	nisation	/Soc	iety/T	rust	t/Partner	ship/	Inte	rnatior	nal Or	ganisat	ion/	Cooper	ative	/Secti	on 8	Com	panies		
SECTION 41	OF INS	URAN	NCE	АСТ	, 19	38																						
1. No person sha	all or off	er to al	llow	either	dire	ctly or ind	irectly	as an	indu	icemer	nt to	any pe	erso	on to take	e out	or r	enew c	or cor	ntinue a	an in	surance	e in re	espect	t of a	any k	nd of	risk r	elating
to lives or prop or continuing															•										takir	ig out	orrei	newing
2. Any person m		-	-			-			-								-											
DECLARATIO	ON (If s	igned	l in V	/erna	cula	r langua	ge / lf y	'ou h	ave	affixe	d Tł	numb	imp	pressio	n abc	ove))											
Applicable where	the Prop	ooser is	s illite	erate	oris	suffering	from a d	lisab	ility c	due to v	whicł	n writir	ng is	s restrict	ed or	whe	ere the	Prop	oser h	as si	igned in	vern	acular	^r lanç	guage	e).		
(Note: The below	must be	witne	ssed	l by so	meo	ne other i	han the	Adv	isor/	/Emplo	yee	ofthe	Con	npany).														
I/We certify that t certify that the re	-	-			-					-					-	/ exp	plainec	l to m	ne/us a	nd l/	/we hav	e full	y und	ersto	ood t	hem. I	/We f	further
I, (Full name of th	•											•				(Re	lations	ship v	vith the	e Pro	oposer)							_ adult
and inhabitant of																												ed the
contents of the P	roposal	Form a	and a	all othe	er do	cuments	inciden	tal to	ava	iling th	e Ins	urance	e Pc	olicy fron	n SBI	Ger	neral In	surar	nce Co	mpa	iny Ltd.,	to t	ne Pro	pos	er/Pr	imary	Insur	ed and
he/she/they have	unders	tood th	he sa	ame. I/	/We d	declare th	at what	ever	l/We	have s	tate	d here	in a	bove is t	rue a	nd c	orrect	to th	e best	ofm	ny know	ledge	e and b	celie	f.			
																	Signat	ture c	of the V	Vitne	ess:							
Date: D D M	M	ΥÌ	ΥÌ	ΥY	F	Place:																						
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								Sig	<i></i>			pre	2010															

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