

# 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

### 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 (\* Mandatory Fields)

If you have an existing relationship with SBI General Insurance then please provide Customer ID / Policy Number :

Title:  Name:   
Gender: ☐ Male ☐ Female ☐ Third Gender Date of Birth:  Contact No.:   
Mobile No.:  Email ID:  Aadhaar Card No.:   
PAN\*:  / Form 60/61: ☐ GSTIN/ISDN:  IF APPLICABLE

Occupation of the Insured:   
Address of the Proposer: House No.:  Block:  Building:   
Locality:  Street:  City:   
State:  PIN Code:  Country:

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 are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

### 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:

Disclaimer: SBI General Insurance Company Limited I 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.

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

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

Driver's Age:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		Driving Experience In Years:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Does The Driver Suffer From Defective Vision Or Hearing Or Any Physical Infirmary    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please Provide Details Of Such Infirmary: _____					
Has The Driver Been Involved /convicted For Causing Accident?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please Provide Details: _____					
Driver's Name:				Date of Accident:	
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: -1px; left: 0; right: 0; border-bottom: 1px solid black;"></div></div>				<div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Circumstances of Accident/claim:			Loss/Cost:		
<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: -1px; left: 0; right: 0; border-bottom: 1px solid black;"></div></div>			<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: -1px; left: 0; right: 0; border-bottom: 1px solid black;"></div></div>		

OD	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M
TP	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M
PA	FROM:	D	D	M	M	Y	Y	Y	Y	DATE:	D	D	M	M	Y	Y	Y	Y	TIME:	H	H	:	M	M

BUNDLED	<input type="checkbox"/>	STAND-ALONE OD	<input type="checkbox"/>	COMPREHENSIVE	<input type="checkbox"/>	If only Standalone cover is opted																					
Active Liability Policy Number:												Active Liability Policy Date:		D	D	M	M	Y	Y	Y							
Active Liability Policy Insurer's Name:																											
Active TP Policy Start Date:		D	D	M	M	Y	Y	Y	Y	Active TP Policy Expiry date:										D	D	M	M	Y	Y	Y	Y

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)

At The Time Of Purchase The Vehicle Was: New ☐ Used ☐

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 ☐

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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"/>

- 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).

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(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).

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: 

D	D	M	M	Y	Y	Y	Y
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 Place:

Signature of the Witness: \_\_\_\_\_

Signature/Thumb impression of the Proposer: \_\_\_\_\_

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

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

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 No.:								Amount:											Date:	D	D	M	M	Y	Y	Y	Y
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Bank Name:		Branch:	
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Bank Account No.: 



 IFSC Code:

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place:

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

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

## 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."

### 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:

- 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.
    - "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;
  - 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**.
  - 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**.
  - 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.
  - 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).