### **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

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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.

Please Provide The Details	Of Claims Reported In The F	Past 5 Years																
Years	1		2		3				4						5			
No. of Claims																		
Type of Claim	OD/TP		OD/TP		OD/TP	<b>)</b>			OD/TI	P					OD/	TP		
Amount (₹)																		
Expiring Policy Stand-alone	e Then Provide Below Detail	s Of Active L	iability Only Po	olicv:														
Active Liability Policy No.:					Liability I	Policy Period	:								T			Τ
Active Liability Only Policy	Insurer's Name:												T		T			T
Has Any Insurance Compa	ny ever																	
a. Declined The Proposal	Yes	No		b. Cancelled	The Poli	cy Or refuse	d To R	Renew	Yes		N	。	$\Box$					
c. Required An Increase Of	Premium Yes	No		d. Imposed S	Special C	Conditions O	r Exce	ess	Yes		N	。	ヿ					
If yes provide reasons there	eof:					_						_						
DRIVER's DETAILS																		
Driver's Age:	Drivin	g Experience	e In Years:															
Does The Driver Suffer Fro	m Defective Vision Or Heari	ng Or Any Pi	ــــــ hysical Infirmit	y Yes 1	No	If Yes Pleas	e Pro	vide De	etails C	of Such	h Infi	rmity	/:					
Has The Driver Been Involv	ed /convicted For Causing A	ccident?	Yes No	,	If Yes Ple	ase Provide I	Detail	ls:										_
Driver's Name:								Date o	of Acci	dent:	D	D	M	Μ	Υ	Υ	Υ	Y
Circumstances of Accident	:/claim:		Loss/Cost	:														
PROPOSED PERIOD	OF INSURANCE		_		,													
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TP FROM:	M M Y Y Y	Y DATE	: D D A	A M Y Y	YY	TIME:	н	H :	М	М								
PA FROM:	) M M Y Y	Y DATE	D D A	M M Y	YY	TIME:	Н	н :	М	М								
PROPOSED COVER	ТҮРЕ																	
BUNDLED ST.	AND-ALONE OD	COMF	REHENSIVE	If only Sta	andalone	cover is opt	ed											
Active Liability Policy Numl	ber:					Act	tive L	iability	Policy	Date:	D	D	Μ	M	Υ	Υ	Υ	Υ
Active Liability Policy Insur	er's Name:														Ħ			
Active TP Policy Start Date	e: DDMA	1 Y Y	YY		Activ	e TP Policy E	Expiry	date:	•		D	D	М	M	Υ	Υ	Υ	Υ
INSURED'S DECLAR	ED VALUE (IDV) OF TH	E VEHICLE	Ε															
The IDV of the vehicle will b	e deemed to be the sum inst dule below:	ured for the p	purpose of the	Policy & will be fi	ixed on t	he basis of th	ne ma	nufactu	ırer's lis	sted se	elling	price	of th	ne br	and a	nd ac	djust	ed fo
Age of the Vehicle		% of	Depreciation			f the Vehicle							ــــــ	%	of D	epre	ciati	on
Not Exceeding 6 months  Exceeding 6 months but			5% 15%			eding 2 years eding 3 years							$\vdash$		—	—		0% 0%
Exceeding 1 year but not			20%			eding 4 years							+					0%
Vehicle Insured Declared	Value R		Electrical	Non-Electric		Trailer Value			CNG/				Kit₹		To	otal II	DV₹	-
(A)		AC	cessories R (B)	Accessories (C)	S R	(D)		(not pr	ovided	l by the (F)		nufa	cture	r)	(Δ+F	3+C+	D+F	+F)
(A)			(6)	(0)		(D)				(1)	<u>'</u>				(// . [	,,,,,,	D.L	
OTHER VEHICLE / C	OVERAGE INFORMATION	DN																
At The Time Of Purchase T		Use	ed															
The Vehicle Is In Good Con-			ease Give Full [	Details														
The Vehicle Is Used by drivi		Yes	No No	]		Use Of M	lv Vah	nicle le l	imited	1 To O	wn P	remi	SAC 1	/es	$\overline{\Box}$		No	$\overline{\Box}$
The Vehicle Belongs To For		Yes	No No	]		036 OI M	., veii	cic (3 L		. 100	**111	. 01111	,03	.03			, 40	_
Vintage And Classic Car Clu		163		_														

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No

No

 $The \ Vehicle \ Is \ Designed \ For \ Use \ Of \ Blind/handic apped/Mentally \ Challenged \ Person \ And \ Duly \ Endorsed \ As \ Such \ By \ RTO \ Yes$ 

The Car Is Certified As Vintage Car By

Are You A Member of the Automobile Association Of India: Yes

If Yes, Association's Name:
Membership No.:  Membership Expiry Date:    D   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y
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. of drivers Legal Liability To Employees Yes No. of employees
Legal Liability To Airmen/sailors /solider Yes No If yes, No. of persons PA Owner Driver Cover Yes No
PERSONAL ACCIDENT COVER
If selected as yes - Nominee Name:  Date Of Birth:  D D M M Y Y Y Y
Relationship With Owner:
Name Of Appointee:  Appointee Relationship:
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 Yes No Basic Roadside Assistance Yes No
Additional Roadside Assitance 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 Standaone OD Cover)
Hospital Cash Cover For Insured (paid Drivers) (Not Applicable For bundled And Standaone OD Cover)  Yes No
Hospital Cash Cover For Insured (unnamed Passengers) (Not Applicable For bundled And Standaone 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/-
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 7. Greater than 6,000 Kms and Less than 7,000 Kms
2. Greater than 1,000 Kms and Less than 2,000 Kms 8. Greater than 7,000 Kms and Less than 8,000 Kms
3. Greater than 2,000 Kms and Less than 3,000 Kms  9. Greater than 8,000 Kms and Less than 9,000 Kms
4. Greater than 3,000 Kms and Less than 4,000 Kms
5. Greater than 4,000 Kms and Less than 5,000 Kms
6. Greater than 5,000 Kms and Less than 6,000 Kms
Insured vehicle Odometer (Kilometers) reading at the time of inception of the Policy:

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

Kms Opted	Tick Box
500 Kms	
1,000 Kms	
1,500 Kms	
2,000 Kms	
2,500 Kms	

Kms Opted	Tick Box
3,000 Kms	
3,500 Kms	
4,000 Kms	
4,500 Kms	
5,000 Kms	

#### **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: D D M M Y	Y Y Place: Signature Of The Proposer:
ELECTRONIC INSURANC	E ACCOUNT DETAILS SECTION
I want Private Car Insurance Polic Choose your Insurance Reposito	ey and related information in:  Physical Format e-Format (electronic); as & when applicable.  ry (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 Acc	ount & the No. is
My CKYC No. (Central Know You	Customer Registry Number) is (If available).
Kindly visit our website www.sbigener	al.in to view the list of KYC OVD (Officially Valid Documents).
AML GUIDELINES (Premi	um Payment shall be made by the Policyholder of the Policy)
listed in Prevention of Money La	niums 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 undering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the partract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of
Nationality: Indian/Non- Indian	If Non-Indian, please specify the Country:
(Only applicable if policy issued on Group Basis)	rporation Government Non-Governmental Organisation Society Trust  tnership International Organisation Cooperative Section 8 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.
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)	
	Signature of Proposer

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.

<b>DECLARATION</b> (If signed in Vernacular language / If you have affixed Thumb impression abov )
(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) 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.
The sales are an action and the saline in the decide and whatever in the have stated in the area and correct to the best of my our knowledge and belief
Signature of the Witness:
Date: D D M M Y Y Y Place:
Circulus (Though incorporation of the Duncasian
Signature/Thumb impression of the Proposer:
DOCUMENTS LIST (Please Tick v)
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
Vehicle Inspection Report Sale Deed List of Electrical/Non-electrical Accessories Valuation Certificate
KYC DOCUMENTS ATTACHED
Passport Government UID Voter's Identity Card Aadhaar Card
Telephone Bill Ration Card Driving Licence Electricity Bill
PAYMENT DETAILS CHEQUE DD EFT DEBIT/CREDIT CARD
CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY  (All fields mandatory)
( In roles in an easily )
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
Bank Name: Branch: Branch:
Bank Account No.: IFSC Code:

Signature Of The Proposer: \_

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

Place:

Date:



## AML Declaration as per AML Master Guideline 2022:

- 1. KYC Details for Individual Memebers 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).