

PRIVATE CAR/TWO WHEELER INSURANCE POLICY

हिंदी प्रस्ताव प्रपत्र www.sbigeneral.in/download पर उपलब्ध है।

Proposal Form

☐ Package ☒ Liability

The queries stated below are minimum requirement to be furnished by a Proposer. The insurer may seek more information as desired for underwriting purpose.

☒ Pvt Car ☐ Two Wheeler Proposal for: ☐ New ☐ Renewal ☐ Roll Over ☒ Used ☐ Endorsement To be filled in BLOCK LETTERS ONLY

FOR OFFICE USE

Proposal No.		RM Code		Agreement Code	
Quote No.		Secondary RM Code		Agreement Name	
Inward No.		Receipt No.		Receipt Date	
Break-in Inspection No.		State		SP Code	
Business Sector	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social	GSTIN/ISDN		Customer Segment	<input type="checkbox"/> Agency <input type="checkbox"/> Banca <input type="checkbox"/> Corporate/Broking <input type="checkbox"/> Direct

PROPOSER DETAILS

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

Title	Mrs	Name	KRANTI SAMBHAJI WALKER	
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Third Gender	Date of Birth	08/08/1996	
Email ID	0kg0091e@mafi.com		Contact No.	0012567834
Occupation of the Insured			Mobile No.	
DOB of Proposer	05/08/2020		PAN No.	AFWGP0012H
Address of the Proposer	House No.	0692	Block	023
Locality	PUNE		City	PUNE
State	MAHARASHTRA		Pin code	412210
Country	INDIA			
Corporate	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	GSTIN/ISDN	9876543210	

RISK COVERAGE DETAILS

Period of Insurance: From	05/12	hrs of	10101122	till midnight of	01/02/2024	NCB on Expiring Policy		%	
Previous Year Policy Period	05/08/1990	to	05/08/2019	OD Claim in Expiring Policy	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	No of Claims in last 3 years	05	Amount	1000
Previous Policy No.	12345678910			Name of Previous Insurer	WANKHEDE				
Address of Previous Insurer	PUNE SHIVAJI NAGAR								
Usage of Vehicle	<input type="checkbox"/> Business <input checked="" type="checkbox"/> Private	Driver Age	25	Driver's Driving Experience	08	Parking Type	<input type="checkbox"/> Garage <input type="checkbox"/> Public Street <input checked="" type="checkbox"/> Within Compound		
Date of Registration	03/02/1123	RTO State		RTO City		RTO Location			

Vehicle Make, Model & Variant	Month & Year of Mfg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used
ALTO	2010	12345	15432	023	4		
Vehicle Insured Declared Value Rs.	Electrical Accessories Rs.	Non-Electrical Accessories Rs.	Trailer Value Rs.	Side Car Value Rs. (Two wheeler)	<input type="checkbox"/> CNG/ <input type="checkbox"/> LPG Kit Rs. (not provided by manufacturers)	Total IDV Rs.	
(A)	(B)	(C)	(D)	(E)	(F)	(A+B+C+D+E+F)	

Vehicle modification	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, provide details		
Legal Liability to Paid Driver	<input type="checkbox"/> No of Persons	PA To Owner Driver (Please give details of Nomination)	PA To Unnamed Passenger Sum Insured Rs.	
Nominee Details: Name	SANKET WALKER		DOB	03/03/1997
Name of the Appointee (If Nominee is a Minor)			Relationship to the Nominee	BROTHER

ADD-ON COVER DETAILS

<input checked="" type="checkbox"/> Depreciation Reimbursement (Pvt Car Only)	<input checked="" type="checkbox"/> Cover for Consumables (Pvt Car only)	<input checked="" type="checkbox"/> Engine guard (Pvt Car only)	<input checked="" type="checkbox"/> Return To Invoice
<input checked="" type="checkbox"/> Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility)	<input checked="" type="checkbox"/> Basic road side assistance (Pvt Car only)	<input checked="" type="checkbox"/> Additional road side assistance (Pvt Car only)	
<input checked="" type="checkbox"/> Loss of Personal Belongings (Pvt Car Only) Rs.	<input checked="" type="checkbox"/> Cover for Key Replacement (Pvt Car only)	<input checked="" type="checkbox"/> Inconvenience Allowance (Pvt Car Only) Rs.	
<input type="checkbox"/> Enhance PA Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) sum Insured per person Rs.			
<input type="checkbox"/> Hospital Cash Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) Rs.			
<input type="checkbox"/> EMI Protector (Private car only)			

HYPOTHECAUTION ☐ HIRE PURCHASE ☐ LEASE PURCHASE ☐

Name of Financial Institution	WONDER CARS
Branch	PIMPRI CHINCHWAD
Loan Account No.	123456789101

INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

The IDV of the vehicle will be deemed to be the sum insured for the purpose of the policy & will be fixed on the basis of the manufacturer's listed selling price of the brand and adjusted for Depreciation as per schedule below

Age of the Vehicle	% of Depreciation	Age of the Vehicle	% of Depreciation
Not Exceeding 6 months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not Exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

VOLUNTARY DEDUCTIBLE

Standard minimum deductible is Rs. 100/- for two wheelers, Rs. 1000 for private cars with CC upto 1500 & Rs. 2000/- for private cars above 1500 cc from each and every claim

PRIVATE CAR	DEDUCTIBLE	TWO WHEELER	DEDUCTIBLE
<input type="checkbox"/> Std min deductible Plus	Rs. 2500	<input type="checkbox"/> Std min deductible Plus	Rs. 500
<input type="checkbox"/> Std min deductible Plus	Rs. 5000	<input type="checkbox"/> Std min deductible Plus	Rs. 750
<input type="checkbox"/> Std min deductible Plus	Rs. 7500	<input type="checkbox"/> Std min deductible Plus	Rs. 1000
<input type="checkbox"/> Std min deductible Plus	Rs. 15000	<input type="checkbox"/> Std min deductible Plus	Rs. 1500
		<input type="checkbox"/> Std min deductible Plus	Rs. 3000

