

PRIVATE CAR/TWO WHEELER INSURANCE POLICYहिंदी 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. | 2345628 | RM Code | 123 | Agreement Code | 1234 |
| Quote No. | 0219 | Secondary RM Code | 148 | Agreement Name | |
| Inward No. | 87654321 | Receipt No. | | Receipt Date | DDMMYY |
| Break-in Inspection No. | 18234 | State | U.P | SP Code | 28396532182 |
| Business Sector | <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social | GSTIN/ISDN | IF APPLICABLE | Customer Segment | <input checked="" 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 | MR. | Name | PRAMOD KUMAR | MIDDLE NAME | | SURNAME | |
| Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender | Date of Birth | 12091992 | Contact No. | 9889797197 | Mobile No. | |
| Email ID | KUMARMISHRA018@GMAIL.COM | | | | | | |
| Occupation of the Insured | 398624 | | | | | | |
| DOB of Proposer | 02010239 | | | | | | |
| Address of the Proposer | House No. | 138 | Block | B | Building | | PAN No. |
| Locality | | Street | | City | ALLAHABAD | Pin code | 221509 |
| State | UTTAR PRADESH | | | Country | INDIA | | |
| Corporate | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | GSTIN/ISDN | IF APPLICABLE | | | | |

RISK COVERAGE DETAILS

| | | | | | | | | |
|------------------------------------|---|--------------------------------|-------------------|----------------------------------|--|------------------------------|-----------|-----------------|
| Period of Insurance: From | 1:234 | hrs of | 12 | till midnight of | DDMMYY | NCB on Expiring | | % |
| Previous Year Policy Period | 0239 | to | DDMMYY | OD Claim in Expiring Policy | <input checked="" type="checkbox"/> N | No of Claims in last 3 years | | Amount |
| Previous Policy No. | | | | | | | | |
| Address of Previous Insurer | | | | | | | | |
| Usage of Vehicle | <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private | Driver Age | | Driver's Driving Experience | 12 | Parking Type | 2 | Garage |
| Date of Registration | 12082008 | RTO State | | RTO City | F2R | RTO Location | | Within Compound |
| Vehicle Make, Model & Variant | Month & Year of Mfg. | Registration Number | Engine Number | Chassis Number | Seating Capacity | CC | Fuel Used | |
| CAR | 122018 | 1234P | 2348 | 234862 | | | | |
| Vehicle Insured Declared Value Rs. | Electrical Accessories Rs. | Non-Electrical Accessories Rs. | Trailer Value Rs. | Side Car Value Rs. (Two wheeler) | CNG/ 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 checked="" type="checkbox"/> Yes <input 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) | |
| Nominee Details: Name | PRAMOD MISHRA | DOB | DDMMYY |
| Name of the Appointee (If Nominee is a Minor) | | Appointee Relationship to the Nominee | |

ADD-ON COVER DETAILS

| | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Depreciation Reimbursement (Pvt Car Only) | <input type="checkbox"/> Cover for Consumables (Pvt Car only) | <input type="checkbox"/> Engine guard (Pvt Car only) | <input type="checkbox"/> Return To Invoice |
| <input type="checkbox"/> Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility) | <input type="checkbox"/> Basic road side assistance (Pvt Car only) | <input type="checkbox"/> Additional road side assistance (Pvt Car only) | |
| <input type="checkbox"/> Loss of Personal Belongings (Pvt Car Only) Rs. | <input type="checkbox"/> Cover for Key Replacement (Pvt Car only) | <input 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) | | | |

HYPOTHECATION HIRE PURCHASE LEASE PURCHASE

| | | | | | |
|-------------------------------|-----|--------|-----|------------------|--|
| Name of Financial Institution | SBI | Branch | F2R | Loan Account No. | |
|-------------------------------|-----|--------|-----|------------------|--|

INSURED'S DECLARED VALUE (IDV) OF THE VEHICLE

| 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 |

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

☐ Automobile Association of India. Membership No. 23486956221345987 Date of Expiry 12032009
☐ Anti-theft device ☐ Vehicle specifically designed for Blind / Handicapped / Mentally challenged Person ☐ Usage Restricted to own premises (only if not licensed for general road use by RTO)
☐ Limit the Third Party Property Damage Cover to the statutory limit of Rs 6000/-
 (The Policy otherwise provides Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private Cars)

| | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Foreign Embassy / Consulate | <input type="checkbox"/> Driving Tuition | <input type="checkbox"/> Fiber Glass Tank | <input type="checkbox"/> Cover for vehicles imported without customs duty |
| <input type="checkbox"/> Racing, Rallies, Speed Trials | <input type="checkbox"/> Vintage Car | <input type="checkbox"/> Cover loss of accessories due to burglary, housebreaking or theft (Applicable only for Two-Wheelers) | |

No person shall 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 of 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 LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

A. Owner Driver

2. Compulsory PA 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 license.

B. Unnamed Occupants/Passengers

The sum insured per person in multiples of Rs 10,000/- for a max of Rs. 100,000/- per person for two wheelers & Rs 200,000/- per person for private cars. The number of persons to be covered for the purpose of this Cover will be equivalent to the registered carrying capacity of the vehicle.

| | | | | |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> Payment Advice/Instrument | <input type="checkbox"/> Renewal Notice / Policy Copy | <input checked="" type="checkbox"/> NCB Reserving Declaration Letter | <input type="checkbox"/> RC Book | <input type="checkbox"/> Driving License |
| <input type="checkbox"/> Vehicle Inspection Report | <input type="checkbox"/> Sale Deed | <input type="checkbox"/> List of Electrical/Non Electrical Accessories | <input type="checkbox"/> Valuation Certificate | |

KYC DOCUMENTS ATTACHED (*Must in case of annual premium in Cash/DD Rs. 50,000 and above & for Cheque Rs.100,000 and above)

- | | | | | |
|---|---|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Pan Card* | <input checked="" type="checkbox"/> Passport | <input type="checkbox"/> Government UID | <input type="checkbox"/> Voter's Identity Card | <input type="checkbox"/> Aadhar Card |
| <input type="checkbox"/> Telephone Bill | <input checked="" type="checkbox"/> Ration Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Electricity Bill | |

I want PRIVATE CAR/TWO WHEELER INSURANCE POLICY and related information in ☒ Physical Format ☐ e Format (electronic); as & when applicable

- ☒ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd

☐ I have e Insurance Account & the No. is

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 7 | 6 | 5 | 2 | 1 | 6 | 2 | 8 | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

My CKYC No. (Central Know Your Customer registry number) is (If available)

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 2345689 Amount 296.345

Date 12092809

Bank Name SBI

| | | | | | | | | | | |
|--------|----|---|--|--|--|--|--|--|--|--|
| Branch | f2 | 2 | | | | | | | | |
|--------|----|---|--|--|--|--|--|--|--|--|

Bank Account No. 3212682892146

IFSC Code SBIN0009248

I/We hereby confirm that all premiums have been/ will be paid from bonafide 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/ No- Indian If Non-Indian, please specify Country: INDIA

Type of Organization: Corporations/ Governments/ Non-Governmental Organizations/ Society/ Trust/ Partnership/ International Organization/ Cooperatives/ Section 25 Companies

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited."

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 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: 12082020 Place: ALLANABAD Signature of Proposer

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) Virendra Kumar (Relation with the Proposer) FRIEND adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Vincent Jy

Date: 13042020 Place: ALLAHABAD