



## PRIVATE CAR/TWO WHEELER INSURANCE POLICY

हिंदी प्रस्ताव प्रपत्र [www.sbigeneral.in/download](http://www.sbigeneral.in/download) पर उपलब्ध है।

Call (Toll Free) 1800 22 1111 | 1800 102 1111

[www.sbigeneral.in](http://www.sbigeneral.in)

## 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		Agreement Code		Agreement Name	
Proposal No.	541329419	RTM Code		Receipt No.	1001
Quote No.	6019452	Secondary RTM Code		Receipt Date	01/01/2020
Inward No.	1100112	SP Code			
Break-in Inspection No.		State			
Business Sector	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input checked="" 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 SUMAN SINGH
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender Date of Birth 07/03/1999
Email ID	SUMAN.SINGH.1999@GMAIL.COM
Occupation of the Insured	
DOB of Proposer	
Address of the Proposer	House No. D-109 Block Building City GR-NOIDA State UTTAR PRADESH Pin code 201308 Country INDIA
Corporate	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> GSTIN/ISDN

RISK COVERAGE DETAILS	
Period of Insurance: From	11/01/2021 to 11/01/2022
Previous Year Policy Period	11/01/2021 to 11/01/2022
Previous Policy No.	
Address of Previous Insurer	
Usage of Vehicle	<input type="checkbox"/> Business <input checked="" type="checkbox"/> Private Driver Age Driver's Driving Experience Parking Type Garage Public Street Within Compound
Date of Registration	12/12/2020 RTO State UP City GZB RTO Location GZB
Vehicle Make, Model & Variant	HONDA CITY
Month & Year of Mfg.	2020
Registration Number	UP13AL8009
Engine Number	2413921946
Chassis Number	221942021
Seating Capacity	05
CC	1500
Fuel Used	PETROL
Vehicle Insured Declared Value Rs.	50,000
Electrical Accessories Rs.	10,000
Non-Electrical Accessories Rs.	10,000
Trailer Value Rs.	10,000
Side Car Value Rs. (Two wheeler)	10,000
CNG/LPG Kit Rs. (not provided by manufacturers)	10,000
Total IDV Rs.	1,00,000

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 Number(s)) PA to Unarmed Passenger Sum Insured Rs.
Nominee Details: Name	SURAJ KUMAR
Name of the Appointee (If Nominee is a Minor)	
DOB	09/01/2000
Appointee Relationship to the Nominee	

ADD-ON COVER DETAILS	
<input type="checkbox"/> Depreciation Reimbursement (Pvt Car Only)	<input type="checkbox"/> Cover for Consumables (Pvt Car only)
<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"/> Loss of Personal Belongings (Pvt Car Only) Rs.	<input type="checkbox"/> Cover for Key Replacement (Pvt Car only)
<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"/> Inconvenience Allowance (Pvt Car Only) 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	Loan Account No.
Branch	

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
Not Exceeding 6 months	5%
Exceeding 6 months but not Exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%

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

☐ Anti-theft device ☐ Vehicle specifically designed for blind / handicapped persons

☐ Date of Expiry

☐ Foreign Embassy / Consulate ☒ Driving Tactics ☐ Fiber Glass Tank ☐ Cover for vehicle (see page 10)

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 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 in accordance with the published prospectuses or tables of the insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THIS PROVISION SHALL BE DEEMED TO BE IN BREACH OF THE INSURANCE ACT, 1938 AND SHALL BE LIABLE TO A FINE OF UP TO RUPEES TEN LAKHS.

**A. Owner Driver**

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 insured shall not exceed the registered carrying capacity of the vehicle.

<input checked="" type="checkbox"/> Payment Advice/Instrument	<input checked="" type="checkbox"/> Renewal Notice / Policy Copy	<input checked="" type="checkbox"/> NCB Reserving Declaration Letter	<input checked="" type="checkbox"/> RC Book	<input checked="" type="checkbox"/> Pollution Agreement
<input checked="" type="checkbox"/> Vehicle Inspection Report	<input checked="" type="checkbox"/> Sales Order			

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

☐ Physical Format ☐ e-Format (electronic), as & when applicable

☐ I have a Insurance Account & the No. is

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY

Bank Name	AXIS	Amount	100000	Date	11/01/2021
				Branch	Noida

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 call for documents to establish source of funds.

Nationality: Indian/ Non-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 SSB General Insurance Company Limited (SSB General) and I/We agree to accept a policy issued by the member of SSB General in the name of me/us in accordance with the terms and conditions of the policy.

I/We understand that the policy issued by the Company shall be voidable at the option of the Company in the event of any misrepresentation, mis-description or non-disclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation 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 SRI General is under no obligation to accept my/our proposal for insurance and the liability of SRI General does not commence on the receipt of this Proposal by SRI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SRI General and upon full realization of the premium by SRI General. If SRI General does not accept this Proposal, it will inform me/us and refund any

I/we hereby give my/our consent to SBT General that it can disclose, use, transfer, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Personal Form, whomever 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.

Date: 21012020 Place: NCIDA

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, (Full name of the witness), (Relationship with the Proposer) adult and independent of policy and and residing at 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/Policyowner and he/she has acknowledged the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Date: 11012021 Place: GR NOIDA Signature/Thumb impression of the Proposer: 