

PRIVATE CAR/TWO WHEELER INSURANCE POLICY

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

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

www.sbgeneral.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

Proposal No.	5469	RM Code	1234567	Agreement Code	029
Quote No.	236	Secondary RM Code	9843	Agreement Name	PACKAGE
Inward No.	632	Receipt No.	112	Receipt Date	02012021
Break-in Inspection No.	007	State		SP Code	
Business Sector	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social	GSTIN/ISDN	IF APPLICABLE	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	Mr.	Name	TUSHAR SHARMA	Customer ID / Policy number	
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	Date of Birth	30071999	Contact No.	8888432109
Email ID				Mobile No.	7210880960
Occupation of the Insured					
DOB of Proposer			12091976	PAN No.	54IXA8431
Address of the Proposer	House No.	Block	21 C	Building	11
	Locality	Street	SMART CITY	City	GAZIABAD
	State		UTTAR PRADESH	Pin code	204183
				Country	INDIA
Corporate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GSTIN/ISDN	IF APPLICABLE		

RISK COVERAGE DETAILS

Period of Insurance: From	OKAY	hrs of	12071846	till midnight of	02122314	NCB on Expiring Policy		%
Previous Year Policy Period		to		OD Claim in Expiring Policy		No of Claims in last 3 years		Amount
Previous Policy No.				Name of Previous Insurer				
Address of Previous Insurer								
Usage of Vehicle	<input type="checkbox"/> Business <input checked="" type="checkbox"/> Private	Driver Age	21	Driver's Driving Experience	21	Parking Type	A	Garage
Date of Registration	12122020	RTO State	UTTAR PRADE	RTO City	GZB	RTO Location	INDIA	Within Compound
Vehicle Make, Model & Variant	Month & Year of Mtg.	Registration Number	Engine Number	Chassis Number	Seating Capacity	CC	Fuel Used	
Vehicle Insured Declared Value Rs.	Electrical Accessories Rs.	Non-Electrical Accessories Rs.	Trailer Value Rs.	Side Car Value Rs. (Two wheeler)	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	PIYUSH GANDHI	DOB	04012021
Name of the Appointee (If Nominee is a Minor)		Appointee Relationship to the Nominee	Friends

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 checked="" type="checkbox"/> Enhance PA Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) sum Insured per person Rs.			
<input checked="" 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	LIVE LIFE	Loan Account No.	143726548921
Branch	WEEKEND		

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

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

<input type="checkbox"/>	Automobile Association of India, Membership No.	1298431								Date of Expiry	12012034
<input type="checkbox"/>	Anti-theft device	<input type="checkbox"/> Vehicle specifically designed for Blind / Handicapped / Mentally challenged Person	<input type="checkbox"/>	Usage Restricted to own premises (only if not licensed for general road use by RTO)							
<input type="checkbox"/>	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 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
1. Personal Accident Cover for owner driver is compulsory for sum insured of Rs. 15,00,000/-.
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 type="checkbox"/> Payment Advice/Instrument	<input type="checkbox"/> Renewal Notice / Policy Copy	<input 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 type="checkbox"/> Pan Card*	<input 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 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
Choose your Insurance Repository (For those selecting e-Format)
☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.
☐ I have e Insurance Account & the No. is
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					Amount					Date			
Bank Name											Branch		
Bank Account No.											IFSC Code		

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: _____
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 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).

[illegible]

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) _____ (Relation with the Proposer) _____ 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.

Date:

D	
M	
M	
Y	
Y	
Y	
Y	

 Place:

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 Signature of the Witness _____
 Signature/Thumb impression of the Proposer _____