

PRIVATE CAR/TWO WHEELER INSURANCE POLICY

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

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

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

Proposal No.	1 2	RM Code		Agreement Code	
Quote No.		Secondary RM Code		Agreement Name	
Inward No.		Receipt No.		Receipt Date	D D M M Y Y Y Y
Break-in Inspection No.	3	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	M I S	Name	S H R E Y A S T N A M E M I D D L E N A M E B I S W A S M E
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Third Gender	Date of Birth	D D M M Y Y Y Y
Email ID	1 2 3 4 5 \$ h r e y a b i s w a s @ g m a i l . c o m	Contact No.	
Occupation of the Insured	B U S I N E S S	Mobile No.	
DOB of Proposer	D D M M Y Y Y Y	PAN No.	
Address of the Proposer	House No. 2 0	Block	
Locality	S O V A B A Z A R	Street	S O V A B A Z A R
State	W E S T B E N G A L	City	
Corporate	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pin code	
	GSTIN/ISDN	Country	I N D I A

RISK COVERAGE DETAILS

Period of Insurance: From	H H M M	hrs of	D D M M Y Y Y Y	till midnight of	D D M M Y Y Y Y	NCB on Expiring Policy		%
Previous Year Policy Period	D D M M Y Y Y Y	to	D D M M Y Y Y Y	OD Claim in Expiring Policy	Y N	No of Claims in last 3 years		Amount
Previous Policy No.	1 3 7 8 0 A C D 7 1	Name of Previous Insurer						
Address of Previous Insurer								
Usage of Vehicle	<input type="checkbox"/> Business <input type="checkbox"/> Private	Driver Age		Driver's Driving Experience		Parking Type	<input type="checkbox"/> Garage <input type="checkbox"/> Public Street <input type="checkbox"/> Within Compound	
Date of Registration	1 1 0 7 2 0 Y 2 Y 1 Y	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	
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)		
2011876						2011876		

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 <input type="checkbox"/> PA To Owner Driver (Please give details of Nomination) <input type="checkbox"/> PA to Unnamed Passenger	Sum Insured Rs.	
Nominee Details: Name		DOB	D D M M Y Y Y Y
Name of the Appointee (If Nominee is a Minor)		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"/> 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		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	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

GEOGRAPHICAL EXTENSION COUNTRIES

ADDITIONAL DISCOUNT

<input type="text"/>	Automobile Association of India. Membership No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Expiry	<input type="text"/> D <input type="text"/> M <input type="text"/> Y <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
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OTHER COVERS

☐ Foreign Embassy / Consulate ☐ Driving Tuition ☐ Fiber Glass Tank ☐ Cover for vehicles imported without customs duty

SECTION 41 OF INSURANCE ACT, 1938

No person shall or 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

PERSONAL ACCIDENT COVER

A. Owner/Driver

1. Personal Accident Cover for owner driver is compulsory for sum insured of Rs. 15,00,000/-.

- B. Unnamed Occupants/Passengers**

DOCUMENTS LIST (Please Tick ✓)

☐ Payment Advice/Instrument ☐ Renewal Notice / Policy Copy ☐ NCB Reserving Declaration Letter ☐ RC Book ☐ Driving License

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

☐ Pan Card* ☐ Passport ☐ Government UID ☐ Voter's Identity Card ☐ Aadhar Card

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

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

<input type="checkbox"/> NSDL Data Management Ltd.	<input type="checkbox"/> CDSL Insurance Repository Ltd	<input type="checkbox"/> Karvy Insurance Repository Ltd.	<input type="checkbox"/> CAMS Repository Services Ltd
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My CKYC No. (Central Know Your Customer registry number) is (If available)

PAYMENT DETAILS ☒ **CHEQUE** ☐ **DD** ☐ **CASH** ☐ **EFT** ☐ **DEBIT/CREDIT CARD**

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

Instrument Number

 Amount

 Date

[illegible]

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

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

Nationality: Indian/ No- Indian If Non-Indian, please specify Country: _____

NCB DECLARATION BY PROPOSER

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, and

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/our proposal, that has not been disclosed in this Proposal Form.

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

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 whereafter 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.

☐ 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).

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, (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 Co. Ltd.

Signature of the Witness _____

SBI General Insurance Company Limited | IRDAI of India Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN: SBI-MQ-R12-57-V02-11-12