

## GEOGRAPHICAL EXTENSION COUNTRIES

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

## ADDITIONAL DISCOUNT

☒ Automobile Association of India. Membership No. 00124601AD1012 Date of Expiry 09032019  
☐ 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)

## OTHER COVERS

☒ Foreign Embassy / Consulate ☒ Driving Tutor ☒ Fiber Glass Tank ☒ Cover for vehicles imported without customs duty  
☐ Racing, Rallies, Speed Trials ☐ Vintage Car ☐ Cover loss of accessories due to burglary, housebreaking or theft (Applicable only for Two-Wheelers)

## SECTION 41 OF INSURANCE ACT, 1938

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.

## PERSONAL ACCIDENT COVER

## 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.

## DOCUMENTS LIST (Please Tick ✓)

☒ Payment Advice/Instrument ☒ Renewal Notice / Policy Copy ☐ NCB Reserving Declaration Letter ☐ RC Book ☒ Driving License  
☒ Vehicle Inspection Report ☐ Sale Deed ☐ List of Electrical/Non Electrical Accessories ☐ 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)  
☒ Pan Card\* ☒ Passport ☒ Government UID ☒ Voter's Identity Card ☒ Aadhar Card  
☒ Telephone Bill ☒ Ration Card ☒ Driving License ☒ Electricity Bill

## 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  
 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 110216702109

My KYC 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)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Instrument Number 1023460 Amount 2001000

Bank Name BANK OF BARODA

Bank Account No. 100012981500

Date 04122020

Branch UPPER CHITPUR

IFSC Code IFSC002109829

## AML GUIDELINES

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/Non-Indian, please specify Country: GERMANY

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

## 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, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

## 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 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 it is insured.

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 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).

Date: 02032021

Place: SOVABAZAR

Shreya Biswas  
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) Akash Biswas (Relation with the Proposer) brother adult and inhabitant of (city) Kolkata and residing at Sovabazar 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: 03012021

Place: SOVABAZAR

Signature of the Witness AKASH BISWAS  
Signature/Thumb impression of the Proposer Shreya Biswas

SBI General Insurance Company Limited | IRDAI of India Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190545 | UIN: SBI-MD-P12-57-V02-11-12  
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