SBI General Insurance Company Limited
IRDA of India Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN: SBG-MO-P12-57-V02-11-12

SBI General INSURANCE

Call (Toll Free) 1800 22 1111 | 1800 102 1111
www.sbigeneral.in

PRIVATE CAR/TWO WHEELER INSURANCE POLICY | 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
Quote No
Inward No
Break-in Inspection No
RM Code
Secondary RM Code
Receipt No
Agreement Code
Agreement Name
Receipt Date D D M M Y Y Y Y
SP Code
Business Sector ☐ Urban ☐ Rural ☐ Social
Customer Segment ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

PROPOSER DETAILS

If you have existing relationship with SBI General Insurance then please provide Customer ID / Policy number :

Title
Name FIRST NAME MIDDLE NAME SURNAME
Gender ☐ Male ☐ Female ☐ Third Gender
Date of Birth D D M M Y Y Y Y
Contact No
Email ID
Mobile No
Occupation of the Insured
Address of the Proposer
House No.
Block
Building
Locality
Street
City
State
Pin code
Country INDIA

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.
Name of Previous Insurer
Address of Previous Insurer
Usage of Vehicle ☐ Business ☐ Private
Driver Age
Driver's Driving Experience
Parking Type ☐ Garage ☐ Public Street ☐ Within Compound
Date of Registration D D M M Y Y Y 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)	☐ 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 ☐ Yes ☐ No If Yes, provide details _____

☐ Legal Liability to Paid Driver ☐ No of Persons ☐ PA To Owner Driver (Please give details of Nomination) ☐ PA to Unnamed Passenger Sum Insured Rs. _____

Nominee Details: Name
DOB D D M M Y Y Y Y
Relation
Name of the Appointee (If Nominee is a Minor)
Appointee Relationship to the Nominee

ADD-ON COVER DETAILS

☐ Depreciation Reimbursement (Pvt Car Only)
☐ Cover for Consumables (Pvt Car only)
☐ Engine guard (Pvt Car only)
☐ Return To Invoice
☐ Protection of NCB (Cover available to protect NCB upto 50% Only as per eligibility)
☐ Basic road side assistance (Pvt Car only)
☐ Additional road side assistance (Pvt Car only)
☐ Loss of Personal Belongings (Pvt Car Only) Rs. _____
☐ Cover for Key Replacement (Pvt Car only)
☐ Inconvenience Allowance (Pvt Car Only) Rs. _____
☐ Enhance PA Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) sum Insured per person Rs. _____
☐ Hospital Cash Cover for Insured (Owner Driver) / unnamed passengers / Paid Drivers (Pvt Car only) Rs. _____

☐ HYPOTHECATION ☐ HIRE PURCHASE ☐ LEASE PURCHASE

Name of Financial Institution
Branch
Loan Account No

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%

Age of the Vehicle	% of Depreciation
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

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Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

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
☐ Std min deductible Plus	Rs. 2500
☐ Std min deductible Plus	Rs. 5000
☐ Std min deductible Plus	Rs. 7500
☐ Std min deductible Plus	Rs. 15000

TWO WHEELER	DEDUCTIBLE
☐ Std min deductible Plus	Rs. 500
☐ Std min deductible Plus	Rs. 750
☐ Std min deductible Plus	Rs. 1000
☐ Std min deductible Plus	Rs. 1500
☐ Std min deductible Plus	Rs. 3000

GEOGRAPHICAL EXTENSION COUNTRIES

☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Srilanka

ADDITIONAL DISCOUNT

☐ Automobile Association of India. Membership No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Expiry D D M M Y Y Y Y

☐ 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 Tuition ☐ 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 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 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 100,000/- for two wheelers & Rs 200,000/- for private cars. 2.Compulsory PA cover to owner driver can not 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

☐ Vehicle Inspection Report ☐ Sale Deed ☐ List of Electrical/Non Electrical Accessaries ☐ Valuation Certificate

☐ Driving License ☐ Service Tax Exemptions

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

☐ Telephone Bill ☐ Ration Card ☐ Driving License ☐ Electricity Bill

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 ☐☐☐☐☐☐☐ Amount ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐☐

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 Section1 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 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).

Date: D D M M Y Y Y Y Place: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature of Proposer

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