

**PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE**
**Proposal Form**
**FOR OFFICE USE**

Quote No.	<input type="text"/>	Inward No.	<input type="text"/>
Receipt No.	<input type="text"/>	Receipt Date	<input type="text"/>

**INTERMEDIARY DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)**

Segment Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type	<input type="checkbox"/> New	<input type="checkbox"/> Roll-over	<input type="checkbox"/> Renewal	Sales Channel Type	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code	<input type="text"/>			Specified Person's Code*	<input type="text"/>		
Specified Person's Name*	<input type="text"/>						

**PART I - INDIVIDUAL (\* Mandatory Fields)**

1.\* Do you have existing relationship with SBI General Insurance?  Yes  No  
 If Yes, then please mention your Contact ID:

2.\* Title  Mr.  Miss  Mrs.

3.\* Name  
 F I R S T N A M E  
 M I D D L E N A M E  
 S U R N A M E

4.\* Gender  Male  Female

5. Date of Birth

6.\* Unique Identification (minimum one is required)  PAN Card  Ration Card  Passport  Biometrics Card  Gov UID  Voter ID  Driver's License

7.\* Unique Identification No.

8. Marital status:  Single  Married  Others

9.\* Nationality

10. Education  Non-Matriculate  Matriculate  Graduate  Post-Graduate  Professional

11. Occupation  Salaried  Self Employed /Professional  Business  Student  Retired  Agriculture & allied  Others

12. E-Mail address

13. Telephone details Contact No.  Mobile No.

14.\* Preferred Contact Mode  Email  Paper Mail  Phone

15. Preferred Payment Mode  EFT  Cheque

16.\*Address of the Proposer  
 House No.  Block   
 Building  Locality   
 Street   
 City  District   
 State  Pin code  Country

**PART II (RISK COVERAGE PROPOSAL DETAILS)**

1. Proposal For:  New Policy  Roll-Over  Renewal  Endorsements
2. Type of Policy  Package  Liability Only
3. Period of Insurance: From  :  hrs of         till midnight of
4. Have you been previously insured in respect of this vehicle?  Yes  No

If Yes, please provide the name & address of your previous Insurer

---



---



---

5. Previous Policy No.
6. Previous Policy Start Date         Previous Policy End Date
7. Are you entitled to No Claim Bonus (NCB) from your previous Insurer?  Yes  No  
If Yes, kindly indicate the percentage \_\_\_\_\_ %
8. Have you made any OD Claims in expiring Policy?  Yes  No

I/We hereby declare that the rate of NCB claimed by me/us is correct & 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

\_\_\_\_\_  
Signature of Proposer

**ABOUT THE DRIVER**

1.\* The vehicle will be driven by

Sr. No.	Full Name	Relationship with Proposer	Date of Birth	Driving Experience	Driving License No.	Gender
1.		Self				
2.		Spouse				
3.		Paid Driver				
4.						
5.						

2. Has a claim been made in the last 5 years for any regular driver?  Yes  No

Year	1	2	3	4	5
No of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount					

**PROPOSER'S DETAILS (REGISTERED OWNER OF THE VEHICLE)**

1. Registered Address of the Vehicle
- House No.         Block
- Building         Locality
- Street
- City         District
- State         Pin code       Country

2. City where the vehicle will primarily be used



21. What will be the average daily use of the vehicle?

Less Than 50 Kms     Between 50 and 100 Kms     Between 101 to 200 Kms     Above 200 Kms

22. Whether the use of the vehicle will be restricted to own premises?

Yes     No

If Yes, please give address \_\_\_\_\_  
 \_\_\_\_\_

23. Will the vehicle be used for driving tuitions?

Yes     No

24. Where will the vehicle be generally parked

a) During the Day     Locked Garage     Inside Covered     Unlocked Garage     Pay & Park  
                                   On public road     Inside compound in open     Others

b\*) During the Night     Locked Garage     Inside Covered     Unlocked Garage     Pay & Park  
                                   On public road     Inside compound in open     Others

25. What is the Additional / Voluntary Deductible you wish to opt for? \_\_\_\_\_

Standard Minimum Deductible (Std Min Deductible is Rs 50/- for two wheelers, Rs 500/- for Pvt Cars with CC upto 1500 and Rs 1000/- for Pvt 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

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

I hereby agree to the above ticked deductible to be applied on each and every claim I lodge on the Company.

\_\_\_\_\_  
 Signature of Proposer

26. Whether extension of Geographical Area to the following countries required?

Yes     No

If Yes, pls tick the countries to which the extension is required     Bangladesh,     Bhutan,     Maldives,     Nepal,     Pakistan,     Sri Lanka

27. 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 and will be fixed on the basis of the manufacturer's listed selling price of the brand & model as the vehicle proposed for insurance at the time of commencement of insurance/renewal & adjusted for depreciation as per the schedule specified below:

Age of the Vehicle	% 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	% 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%

Vehicle Value    Rs \_\_\_\_\_

Non Electrical Accessories (other than factory fitted)    Rs \_\_\_\_\_

Electrical Accessories (other than factory fitted)    Rs \_\_\_\_\_

(Pls provide the details of such accessories) \_\_\_\_\_

Bi-fuel/CNG/LPG Kit    Rs \_\_\_\_\_

Trailer(s)(Pvt Car) / Side Car (Two Wheelers) Value    Rs \_\_\_\_\_

**TOTAL IDV**    **Rs \_\_\_\_\_**

28. Type of Cover Required  Package Cover  Act Only Cover

29. Do you wish to limit the Third Party Property Damage Cover to the statutory limit of Rs 6000/-?  Yes  No

(The Policy otherwise provides Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private Cars)

30. Do you want to opt for wider legal liability cover to:

a) Paid Driver  Yes  No b) Other Employees  Yes  No If Yes, No. of persons to be covered \_\_\_\_\_

31. Do you wish to include Personal Accident Cover for unnamed occupants of the vehicle?  Yes  No

If Yes, please indicate the Sum-Insured per person (in multiples of Rs.10,000/- for a max. of Rs.1 lakh per person for Two Wheelers & Rs.2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle)

Sum Insured per person to be Rs \_\_\_\_\_/-

32. Personal Accident Cover for Owner Driver. Please give details of nomination:

(a) Name of the Nominee \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

(b) Name of the Appointee (If Nominee is a Minor) \_\_\_\_\_ Relationship to the Nominee \_\_\_\_\_

Note: 1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs.1,00,000/- for Two Wheelers and Rs.2,00,000/- for Private Cars.

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.

33. Do you wish to include PA Cover for unnamed persons/hirer/pillion passengers (two wheelers)?  Yes  No

If Yes, give the number of persons & Capital Sum Insured (CSI) opted. The max. CSI available per person is Rs.1 lakh in the case of Motorised Two Wheelers

Number of persons \_\_\_\_\_ CSI opted (Rs.) \_\_\_\_\_

34. Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Applicable only for Two-Wheelers)  Yes  No

35. Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy?  Yes  No

If Yes, kindly provide the following information;

i) Name of the Financial Institution 



  
ii) Branch of the Financial Institution 



  
iii) Loan Account No.

36. Do You wish to opt for any of the below mentioned Add-Ons by paying additional Premium?  Yes  No

a) Re-imbursalment of Depreciation deducted as per Policy from own damage claims?  Yes  No  
(Cover is available for vehicles up to 3 years of age - For Private Car Only)

b) Return to Invoice in case the vehicle meets with total loss within the first 2 years of manufacture?  Yes  No

c) Do you want to protect your NCB in case of a single accident in the Policy period?  Yes  No

d) Do you want to cover for key replacement? (Applicable only for private car)  Yes  No

e) Do you wish to cover inconvenience allowance for loss of use of insured vehicle? (Applicable only for private car)  Yes  No

f) Do you wish to cover loss of personal belongings from the vehicle? (Applicable only for private car)  Yes  No

g) Do you wish to have an enhanced Personal Accident cover for You / Your Driver / unnamed occupants of the vehicle? (Applicable only for private car)  Yes  No

If Yes, please provide the Sum-Insured per person \_\_\_\_\_

h) Do you wish to cover Hospital Cash benefit for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed passengers? (Applicable only for private car)  Yes  No

i) Do you wish to cover additional road side assistance cover? (Applicable only for private car)  Yes  No

## PAYMENT DETAILS

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

Cheque No/DD No.       Amount         Date

Bank Name                      Branch

## PART III - 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.

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.

Date:           Place:

\_\_\_\_\_  
Signature of Proposer

## 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 PUNISHABLE WITH FINE, WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

## DOCUMENTS LIST (Please Tick ✓)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Proposal cum Questionnaire | <input type="checkbox"/> List of Electronic Equipments | <input type="checkbox"/> NCB Reserving Letter         |
| <input type="checkbox"/> Payment Advice/Instrument  | <input type="checkbox"/> RC Book                       | <input type="checkbox"/> Form No. 28 & 29             |
| <input type="checkbox"/> Driving License            | <input type="checkbox"/> Sale Deed                     | <input type="checkbox"/> Renewal Notice / Policy Copy |
| <input type="checkbox"/> Valuation Certificate      | <input type="checkbox"/> Service Tax Exemptions        | <input type="checkbox"/> Vehicle Inspection Report    |

## KYC DOCUMENTS ATTACHED (#Must in case of annual premium of Rs.1 Lac 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"/> Telephone Bill | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Electricity Bill      |