



PRIVATE CAR / TWO WHEELER INSURANCE POLICY - PACKAGE

Proposal Form						
FOR OFFICE USE						
Quote No.	Inward No.					
Receipt No.	Receipt Date D D M M Y Y Y Y					
INTERMEDIARY DETAILS	(* Mandatory Fields if Sales Channel Type selected is Banca)					
	orporate Retail SME Business Sector Urban Rural Social					
Business Type Ne	ew Roll-over Renewal Sales Channel Type Banca Agency Direct					
Sales Channel Code	Specified Person's Code*					
Specified Person's Name*						
DARTI INDIVIDIAL (*A						
	Mandatory Fields) nship with SBI General Insurance? Yes No					
If Yes, then please mention y						
2.* Title	Mr. Miss Mrs.					
3.* Name	FIRSTNAME					
	M D D L E 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 N	Non-Matriculate Graduate Post-Graduate Professional					
11. Occupation S	Self Employed Business Student Retired Agriculture Others /Professional					
12. E-Mail address						
13. Telephone details Contac	ct 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 Locality					
	Street					
	City District					

Country

State

Pin code

	Type of Policy	Package	Liability O	nly					
3. F	Period of Insurance: From	n :	hrs of D D	M M Y Y	Y Y till mid	night of DD	M M Y	YYY	
4. H	. Have you been previously insured in respect of this vehicle?								
I	If Yes, please provide the name & address of your previous Insurer								
-									
-									
-									
	Previous Policy No.								
6. F	Previous Policy Start Date D D M M Y Y Y Y Y Previous Policy End Date D D M M Y Y Y Y								
	Are you entitled to No Cla			Insurer?		Y	es N	0	
	If Yes, kindly indicate the						/	I_	
8. ŀ	Have you made any OD (Claims in expiring	Policy?			Y	es N	0	
	We hereby declare that tl We further undertake tha								
							Sign	nature of Propose	
ABOI	UT THE DRIVER						Sigi	luture of Fropose	·
1.* T	he vehicle will be driven l	by							
Sr. No.		Full Name			Date of Birth	Driving Experience		Driving ense No.	Gender
1.				Self					
2.				Spouse					
3.				Paid Driver					
4.									
4. 5.									
5.	Has a claim been made in	n the last 5 years f	or any regular drive	r?		Y	és N	0	
5. 2. H	Has a claim been made ir	n the last 5 years f	or any regular drive	r?	3	Y		o 5	
5. 2. H		•		r?	3			<u> </u>	
5. 2. H	Year No of Claims	•		r?	3 OD/TP			<u> </u>	
5. 2. H Y	Year No of Claims	1	2	r?		4		5	
5. 2. H Ye N	Year No of Claims Type of Claim	1 OD/TP	2 OD/TP			4		5	
5. 2. H Ye N	Year No of Claims Type of Claim	1 OD/TP	2 OD/TP			4		5	
5. H YY A A A PPRO	Year No of Claims Type of Claim Amount POSER'S DETAILS (Riversed Address of	1 OD/TP	2 OD/TP			4		5	
5. YY A A PPRO	Year No of Claims Type of Claim Amount POSER'S DETAILS (RI	OD/TP	2 OD/TP		OD/TP	4		5	
5. YY A A PPRO	Year No of Claims Type of Claim Amount POSER'S DETAILS (Riversed Address of	OD/TP EGISTERED OW House No.	2 OD/TP		OD/TP	4		5	
5. YY A A PPRO	Year No of Claims Type of Claim Amount POSER'S DETAILS (Riversed Address of	OD/TP EGISTERED OV House No. Building	2 OD/TP		OD/TP	4		5	
5. YY A A PPRO	Year No of Claims Type of Claim Amount POSER'S DETAILS (Riversed Address of	OD/TP EGISTERED OV House No. Building Street	2 OD/TP		OD/TP Block Locality	4		OD/TF	

PART II (RISK COVERAGE PROPOSAL DETAILS)

Proposal For:

New Policy

Roll-Over

Renewal

Endorsements

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20. Will the vehicle be used for Business purpose?

ABOUT THE MOTOR VEHICLE TO BE INSURED Two Wheeler 4 Wheeler **Brand New** Used 1. Vehicle Type Vehicle is Date of Registration/New Purchase Year of Manufacture of the vehicle RTO City/District 3. **RTO State RTO** Location Does the vehicle belong to or used by a Foreign Embassy / Consulate? Yes No Registration No. 4.* Where will the vehicle be generally driven on? City Roads Express Way National Highways State Highways Town/Village Roads Private Roads Engine No. Chassis No. Make Model Variant Cubic Capacity Seating Capacity including Driver 9.* Fuel used Petrol Diesel CNG LPG Electric Hybrid Any Other (Pls specify) 10. Is the vehicle fitted with Fibre Glass Fuel Tank? No Yes 11. Colour of Vehicle 12. Vehicle category (specific usage) (select any one): Courier & express delivery Camper Van/Motor Homes Racing, Rallies, speed trials Conveyance of passenger for hire/reward Special Purpose vehicle Fast food/Restaurant-Delivery service Amusement centre Tourist or charter operator Airfield/Airside operation Vehicle specifically designed or adapted for Military & or law enforcement use Others (Pls. specify) 13.*Whether any modification or conversion has been done in the vehicle from the maker's standard specification? No If Yes, give details of such modifications/conversions 14. Are you a Member of any Automobile Association of India? No If Yes, please provide the following: Name of Association Membership No. Date of expiry 15. Is the vehicle in good state of repair? Yes Νo 16. Is the vehicle fitted with anti-theft device? Yes No If Yes, please provide: Type of Device Name of Manufacturer 17. Is the vehicle designed for use of Blind / Handicapped / Mentally Challenged Persons and duly endorsed as such by RTA? Yes No 18. Whether approved by ARAI, Pune? Yes No 19. Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? No Yes

No

Yes

21. What will be the average da	ily use of the vehicle?					
Less Than 50 Kms	Between 50 an	d 100 Kms	Between 101 to 2	200 Kms	Above 200 Kms	
22. Whether the use of the vehic	le will be restricted to	own premises	?		Yes No	
If Yes, please give address _						
23. Will the vehicle be used for a	driving tuitions?				Yes No	
24. Where will the vehicle be ge	-					
a) During the Day	Locked Garage		Inside Covered		Unlocked Garage	Pay & Park
	On public road		Inside compound in op	pen	Others	
b*) During the Night	Locked Garage		Inside Covered		Unlocked Garage	Pay & Park
	On public road		Inside compound in op	pen	Others	
25. What is the Additional / Volu	ıntary Deductible you	wish to opt for	?			
	ole (Std Min Deductib			- for Pvt Cars	with CC upto 1500 and Rs 1000)/- for Pvt Cars
	, ,			TV	VO WHEELER	DEDUCTIBLE
PRIVATE CAR	DEDUC	CTIBLE		Sto	d min deductible Plus	Rs. 500
Std min deductible Pl	us Rs. 2	2500		Sto	d min deductible Plus	Rs. 750
Std min deductible Pl	us Rs. 5	5000		Sto	d min deductible Plus	Rs. 1000
Std min deductible Pl	us Rs. 7	7500		Sto	d min deductible Plus	Rs. 1500
Std min deductible Pl	us Rs. 1	5000		Sto	d min deductible Plus	Rs. 3000
Signature of Proposer						
26. Whether extension of Geogra	aphical Area to the fo	llowing countri	es required?		Yes No	
If Yes, pls tick the countries t	o which the extension	is required	Bangladesh, B	nutan, M	aldives, Nepal, Pakist	ran, Sri Lanka
27. Insured's Declared Value (IE	DV) of the Vehicle					
					on the basis of the manufacturer! newal & adjusted for depreciation	
Age of the Vehicle		% Depreciati	ion	Age of the Veh	icle	% Depreciation
Not exceeding 6 months		5%	E	xceeding 2 ye	ars but not exceeding 3 years	30%
Exceeding 6 months but no	ot exceeding 1 year	15%			ars but not exceeding 4 years	40%
Exceeding 1 year but not e	xceeding 2 years	20%		Exceeding 4 ye	ars but not exceeding 5 years	50%
Vehicle Value					Rs	
Non Electrical Accessories (o	ther than factory fitted	d)			Rs	
Electrical Accessories (other t	rhan factory fitted)				Rs	
(Pls provide the details of suc	ch accessories)					
Bi-fuel/CNG/LPG Kit					Rs	
Trailer(s)(Pvt Car) / Side Car ((Two Wheelers) Value				Rs	
TOTAL IDV						

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28. Type of Cover Required	Pad	ckage Co	ver			Act	Only	y Cov	ver			
29. Do you wish to limit the Third Party Property Damage Cover to the statutory limit of Rs of	5000/-?			Yes		No						
(The Policy otherwise provides Third Party Property Damage cover of Rs 1 lakh for $2\ \text{wh}$	eelers an	d Rs 7.5	lakh	s for F	Privat	e Cai	s)					
30. Do you want to opt for wider legal liability cover to:												
a) Paid Driver Yes No b) Other Employees Yes	No I	f Yes, No	o. of	persoi	ns to	be co	overe	ed				
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 ma for Private Cars. The number of persons to be covered for the purpose of this Add-on w		•	•									
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	·			Relo	itions	hip _					
(b) Name of the Appoi ntee (If Nominee is a Minor)	Rel	ationship	to t	ne No	mine	e						
Note: 1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs.1,0	0,000/- fo	or Two W	heel	ers ar	nd Rs	.2,00	,000	/- for	r Privo	ate C	ars.	
Compulsory PA cover to owner driver cannot be granted where a vehicle is owned where the owner does not hold an effective driving license.	by a com	pany, a p	artn	ership	o firm	or a	simil	lar bo	ody c	orpoi	rate (or
33. Do you wish to include PA Cover for unnamed persons/hirer/pillion passengers (two when	elers)?			Yes		No						
If Yes, give the number of persons & Capital Sum Insured (CSI) opted. The max. CSI avo	ailable pe	r person	is R	s.1 lak	kh in	the c	ase c	of Mo	otoris	ed Tw	VO	
Number of persons CSI opted (Rs.)												
34. Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Appli	cable only	for Two-W	/heel	ers)			Yes			No		
35. Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy?							Yes	s [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 Prem	ium?						Yes	s [No		
a) Re-imbursement of Depreciation deducted as per Policy from own damage claims? (Cover is available for vehicles up to 3 years of age - For Private Car Only)							Yes	s [No		
b) Return to Invoice in case the vehicle meets with total loss within the first 2 years of m	anufactu	re?					Yes	s [No		
c) Do you want to protect your NCB in case of a single accident in the Policy period?							Yes	s [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? (A	oplicable	only for p	oriva	te car	-)		Yes	s [No		
f) Do you wish to cover loss of personal belongings from the vehicle? (Applicable only	for private	e car)					Yes	s [No		
g) Do you wish to have an enhanced Personal Accident cover for You / Your Driver / unroccupants of the vehicle? (Applicable only for private car)	amed						Yes	s [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 Yourself / Your Driver / Unnamed passengers? (Applicable only for private car)	for						Yes	s [No		

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PAYMENT DETAILS							
Please draw your Cheque (a/c payee only) in the name of "SBI C	General Insurance Company Limited"						
Cheque No/DD No. Amount		Date D D M M Y Y Y Y					
Bank Name	E	ranch					
PART III - DECLARATION BY PROPOSER							
I/We hereby declare that the rate of NCB claimed by me/us is correcundertake that if this declaration is found incorrect, all benefits under	•						
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 voi disclosure/concealing of any material particulars by me/us. My/ou avoidance of my/our policy when a claim is made.							
I/We hereby undertake that if any additions/alterations are carried o SBI General immediately by me/us.	ut in the risk proposed after the submission of	his Proposal Form then the same shall be conveyed to					
I/We understand that SBI General is under no obligation to accept this Proposal by SBI General and it does not result in a concluded cothe premium by SBI General. If SBI General does not accept this Pro	ontract of insurance until the proposal has bee	n accepted by SBI General and upon full realization of					
I/We hereby give my/our consent to SBI General that it can disclose/information, if any) provided in this Proposal Form, whereas I/we have relation to the insurance coverage and benefits requested by me/us.	. , , , , , , , , , , , , , , , , , , ,						
Date: D D M M Y Y Y Y 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 ✓)							
Proposal cum Questionnaire	List of Electronic Equipments	NCB Reserving Letter					
Payment Advice/Instrument	RC Book	Form No. 28 & 29					
Driving License	Sale Deed	Renewal Notice / Policy Copy					
Valuation Certificate	Service Tax Exemptions	Vehicle Inspection Report					
KYC DOCUMENTS ATTACHED (*Must in case of annual premium of Rs.1 Lac and above)							
Pan Card [#] Passport	Government UID	Voter's Identity Card					
Telephone Bill Ration Card	Driving License	Electricity Bill					