

COMMERCIAL VEHICLE 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 Customer ID:

2.* Title ☐ Mr. ☐ Miss ☐ Mrs.

3.* Name

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.	<input type="text"/>	Block	<input type="text"/>
Building	<input type="text"/>	Locality	<input type="text"/>
Street	<input type="text"/>		<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	Pin code	<input type="text"/>
		Country	<input type="text"/>

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.a. Are you entitled to No Claim Bonus (NCB) at this Renewal? ☐ Yes ☐ No
- 7.b. Kindly indicate the No Claim Bonus (NCB) percentage _____ (%) mentioned on your expiring policy
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 Section 1 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

ABOUT THE MOTOR VEHICLE TO BE INSURED

1. Vehicle Type ☐ 2 Wheeler ☐ 3 Wheeler ☐ 4 Wheeler ☐ More than 4 wheels

Vehicle is ☐ Brand New ☐ Used

2. Date of Registration/New Purchase Year of Manufacture of the vehicle

3. RTO State RTO City/District

4. RTO Location

5. Foreign Embassy Vehicle (Reg.) ☐ Yes ☐ No

6. Registration No.

7.* Where will the vehicle be generally driven on?

☐ Express Way ☐ National Highways ☐ State Highways ☐ City Roads ☐ Town/Village Roads ☐ Private Roads

8. Engine No. Chassis No.

9. Make Model

10. Variant Cubic Capacity or HP

11. Gross Vehicular Weight

12. Maximum Licensed Carrying Capacity (No. of Passengers including Driver)

13.*Fuel used ☐ Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Electric ☐ Hybrid Any Other (Pls specify) _____

14. Trailer Details: No. of Trailers

Sr. No.	Trailer Type	Trailer Registration No.	Trailer Chassis No.

15. Is the vehicle fitted with Fibre Glass Fuel Tank? ☐ Yes ☐ No

16. Colour of Vehicle

17. What will be the vehicle used for?

☐ Goods Carrying (Public Carrier) ☐ Goods Carrying (Private Carrier)

☐ Passenger Carrying (Passenger Carrying capacity equal to or less than 6) ☐ Passenger Carrying (Passenger Carrying capacity more than 6)

☐ Miscellaneous & Special Class ☐ Others (Pls specify) _____

17A. Vehicle Sub - Class

18. Proposed usage of the vehicle (applicable only to passenger carrying vehicles with seating capacity not exceeding 9):

☐ Driven by the owner(s) only ☐ Driven by the owner(s) along with other drivers ☐ Driven by other drivers

☐ For rent to tourists ☐ For rent to individuals for personal use ☐ Radio Taxis

☐ Business purposes by Hotels ☐ Business purposes by Corporates ☐ Official purposes by Foreign Embassy / Consulate

19. What type of goods will the vehicle carry? (applicable only to goods carrying vehicles)

☐ Hazardous Goods ☐ Non-Hazardous Goods

20. What is the vehicle permit type?

20A. For Passenger Carrying Vehicles:

☐ Maxicab ☐ Contract Carriage Bus ☐ All India Tourist Permit (AITP)-Contract Carriage ☐ Stage Carriage ☐ Interstate Stage Carriage

☐ Institution ☐ School Buses ☐ Taxis ☐ All India Tourist Permit Cab ☐ Rent-A-Cab permit ☐ Auto Rickshaw ☐ Others

20B. For Goods Carrying Vehicles: ☐ Local ☐ State ☐ National

21. Is the vehicle Company maintained? ☐ Yes ☐ No

22.*Whether any modification or conversion has been done in the vehicle from the maker's standard specification? ☐ Yes ☐ No

If Yes, give details of such modifications/conversions _____

23. Are you a Member of any Automobile Association of India? ☐ Yes ☐ No

If Yes, please provide the following: Name of Association _____

Membership No.

Date of expiry

24. Is the vehicle in good state of repair?

☐ Yes ☐ No

25. Is the vehicle fitted with anti-theft device?

☐ Yes ☐ No

If Yes, please provide:

Name of Manufacturer

Type of Device

26. Whether approved by ARAI, Pune?

☐ Yes ☐ No

27. Will the vehicle be used for Private purposes too? (IMT - 34)

☐ Yes ☐ No

28. What will be the average monthly use of the vehicle?

☐ Less Than 500 Kms ☐ Between 501 & 2500 Kms ☐ Between 2501 to 5000 Kms ☐ Above 5001 Kms

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

☐ Yes ☐ No

If Yes, please give address _____

30. Will the vehicle be used for driving tuitions?

☐ Yes ☐ No

31. Where will the vehicle be generally parked

a) During the Day ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open
☐ Pay & Park ☐ On Public Road ☐ Others

b) During the Night ☐ Locked Garage ☐ Inside Covered ☐ Unlocked Garage ☐ Inside Compound in Open
☐ Pay & Park ☐ On Public Road ☐ Others

32. 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

33. 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%

For vehicles more than 5 years of age, please contact the Company for fixing the IDV

Vehicle Value (Chassis Price) Rs _____

Vehicle Value (Body Price) Rs _____

Non Electrical Accessories (other than factory fitted) _____ Rs _____

Electrical Accessories (other than factory fitted) _____ Rs _____

(Please provide the details of such accessories)

Bi-fuel/CNG/LPG Kit Rs _____

Trailer(s) / Side Car (Two Wheelers) Value Rs _____

TOTAL IDV Rs _____

PAYMENT DETAILS

(*Mandatory fields)

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

Cheque No/DD No.	<input type="text"/>	Amount	<input type="text"/>	Date	<input type="text"/>
Bank Name	<input type="text"/>	Branch	<input type="text"/>		
Bank Account No.*	<input type="text"/>	IFSC Code*	<input type="text"/>		

PART III - DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd immediately.

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:	<input type="text"/>	Place:	<input type="text"/>	_____ Signature of Proposer
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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 RS.10,000,00/-

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