

# PROPOSAL FORM

## LOAN INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf. 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the 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'S 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"/>						
GSTIN/ISDN:	<input type="text"/>						

### INDIVIDUAL

1. Name of the Proposer:	<input type="text"/>		3. Educational Qualification:	<input type="text"/>
2. Date of Birth:	<input type="text"/>	4. Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
5. Occupation:	<input type="text"/>			
6. 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"/>	Pincode:	<input type="text"/>
			Country:	<input type="text"/>
7. Contact Details:	Phone No.:	<input type="text"/>	Mobile:	<input type="text"/>
	Email Id:	<input type="text"/>		
8. Aadhaar Card No.:	<input type="text"/>	9. Corporate: Yes <input type="checkbox"/> No <input type="checkbox"/>	10. GSTIN/ISDN:	<input type="text"/>
11. PAN No.:	<input type="text"/>			

### COVERAGE DETAILS

1. Loan Tenure:	<input type="text"/>	2. Period of Insurance:	From: <input type="text"/>	To: <input type="text"/>
3. Please provide details of occupation:				
<input type="checkbox"/> Salaried:	<input type="checkbox"/> Central/State Govt. Employees	<input type="checkbox"/> Employees in Public Sector Companies		
	<input type="checkbox"/> Employees in Listed Private Companies	<input type="checkbox"/> Employees in Unlisted Private Companies		
<input type="checkbox"/> Self Employed:	<input type="checkbox"/> Self Employed Persons	<input type="checkbox"/> Employees of Single Ownership Firm/Person involved in Business		
<input type="checkbox"/> Others, provide details				
4. Name of the Nominee:	<input type="text"/>			
Relationship with the Nominee:	<input type="text"/>	Date of Birth of Nominee:	<input type="text"/>	
5. Are you the sole owner of the Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | UIN: SBIPAIP11006V011011 ADVT. No.: ADPRO/20-21/MAY/176.

If you are not the sole owner, please provide the following:  
If co-applicants also intend to get covered, they are required to take separate Policy.

	Name of the co-applicants	Date of Birth	Relationship with the Proposer
First co-applicant			
Second co-applicant			

6. Do you suffer from any pre-existing illness?  
If Yes, please specify details and the no. of years

☐ Yes
☐ No

7. Do you have any Critical Illness Policy and/or PA policy other than the one proposed now, either with us or with any other Insurer? If Yes, kindly provide the following information:

i) Name of the Insurer:

ii) Policy Number:

iii) Insured since:

iv) Period of Insurance: From

D

D

M

M

Y

Y

Y

Y

To

D

D

M

M

Y

Y

Y

Y

v) Sum Insured:

vi) Any Exclusions or Special Conditions applied in the Policy:

vii) Claims made if any:

viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company?

Yes

☐

No

☐

If so, please provide details of the same:

8. What is the type of Loan:

☐ Home Loan
☐ Auto Loan
☐ Others (Pls specify, if Others).

Kindly provide the following information:

i) Name of the Financial Institution:

ii) Branch of the Financial Institution:

iii) Agreement Type:

☐ Hypothecation
☐ Hire Purchase
☐ Lease
☐ Mortgage

iv) Loan Account No.:

9. What is the type of Building:

☐ Flat
☐ Independent House
☐ Semi-detached House

10. Loan Amount/Sum Insured:

11. Plan Type:

☐ Fixed
☐ Reducing

12. Equated Monthly Instalment Amount (EMI):

13. Additional Information pertaining to:	1st Applicant	2nd Applicant	3rd Applicant
i) Name:			
ii) Educational Qualification:			
iii) Marital Status:	Single/Married	Single/Married	Single/Married
iv) Relationship with the Proposer:			
v) Date of Birth:			
vi) Gender:	Male/Female	Male/Female	Male/Female
vii) Occupation:			
viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company ? If so, please provide details of the same.	Yes/No	Yes/No	Yes/No
ix) Name of the Nominee:			
x) Relationship with the Nominee:			

### ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Loan Insurance Policy and related information in:

Physical

☐

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 an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is

(If available).

### SCOPE OF COVER

Type of Cover	Critical Illness <sup>1</sup>	PA (Death/Permanent Total Disablement)	Loss of Job <sup>2</sup>
Sum Insured	Loan Amount	Loan Amount	3 EMIs of the Loan

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**PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)**

(\*Mandatory fields)

[illegible]

## AML GUIDELINES

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/International Organisation/Cooperative/Section 8 Companies.

## SECTION 41 OF INSURANCE ACT, 1938

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend up to ₹ 10 Lacs.

## DECLARATION BY THE PROPOSER

(1) I/We hereby declare on my behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorised to propose on behalf of these other persons. (2) I understand that the information provided by me will form the basis of the Insurance Policy, is subject to the Board approved underwriting policy of the Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable. (3) I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be Insured/Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. (4) I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be Insured/ Proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be Assured/Proposer and seeking information from any Insurance Company to which an application for Insurance on the life to be Assured/Proposer has been made for the purpose of underwriting the proposal and/or claim settlement. (5) I/We authorise the Company to pass information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/ or Regulatory Authority.

Signature of Proposer

**DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)**

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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/We 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/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Signature of the Witness

Signature/Thumb impression of the Proposer

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbiqgeneral.in](http://www.sbiqgeneral.in)