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 with held 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.

Quote No.: Inward No.: Inward No.: Receipt No.: Invard No.: Invard No.:	
INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)	
Segment Type: Corporate Retail SME Business Sector: Urban Rural	Social
Business Type: New Roll-Over Renewal Sales Channel Type: Banca Agency	Direct
Sales Channel Code: Specified Person's Code*:	
Specified Person's Name*:	
GSTIN/ISDN: IF APPLICABLE	
INDIVIDUAL	
1. Name of the Proposer: 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
2. Date of Birth: D M M Y Y Y Y 3. Educational Qualification: Image: Comparison of the second secon	
4. Marital Status: Single Married 5. Occupation: 5. Occupation:	
6. Address of the Proposer: House No.: Block: Block:	
Building:	
Street:	
City: District: District:	
State: Pincode: Country:	N D I A
7. Contact Details: Phone No.: Mobile: Mobile:	
Email Id:	
8. Aadhaar Card No.: 9. Corporate: Yes No 10. GSTIN/ISDN: IF A	PPLICABLE
11. PAN No.:	
COVERAGE DETAILS	
1. Loan Tenure: D D M Y Y Y To: D D M M Y Y Y To: D M<	Y Y Y Y
3. Please provide details of occupation:	
Salaried: Central/State Govt. Employees Employees in Public Sector Companies	
Employees in Listed Private Companies Employees in Unlisted Private Companies	
Self Employed: Self Employed Persons Employees of Single Ownership Firm/Person involved in	Business
Others, provide details	
4. Name of the Nominee:	
Relationship with the Nominee:	
Date of Birth of Nominee:	Y Y Y Y
5. Are you the sole owner of the Property?	

– – ' Version: 1.0 May 2020

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: SBIPAIP11006V011011I 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.

									Na	me	ofth	e co-	appl	ican	ts							Da	ate c	of Birt	th		Rela	tions	ship	with tl	ne Pro	opos	er
	Fir	st co-applicant																															
	Se	cond co-applican	t																														
c	Day		unre eviet	in a ill		2																			1			_	1				-
6.	-	ou suffer from any		-																					Ye	s			No)			
7.		ou have any Critic				-		y oth	er tl	nan t	he o	ne pr	ropo	sed r	now,											c			No				
	eith	er with us or with a	any other l	nsure	r? I	f Yes,	kindl	y pro	vide	the	follo	wing	info	rmat	tion:										Ye	· · · · ·				, 			
	i)	Name of the Insu	rer:																														
	ii)	Policy Number:																				ii	i) Ins	ured	lsino	:e:							
																						,											
	iv)	Period of Insuran		From	D	D	M	M	Y	Y	Y	Y	То	D	D	Μ	Μ	Y	Y	Y	Y	,	v) Su	ım In	sure	d:							
	vi)	Any Exclusions of Conditions applie		licy																													
	vii)	Claims made if ar		Jiley.																													╡
	,		,	I																					1			_	1				
	viii)	Have you ever be		any H	lealtl	n or C	ritica	l IIIne	ss P	olicy	/ by a	ny In	isura	nce	Com	banyî	?						Yes				No						
		If so, please provi of the same:	ide détails																														
8.	Wha	t is the type of Lo	an:		Но	me Lo	an		Г	٦,	Auto	Loar	ı				Othe	rs (Pl	s spe	cifv.	if Ot	hers)											
																		- •		. ,,													
		ly provide the follo	-		on: _										1																		
	i) Na	me of the Financia	al Institutio	on:																											믁		
	ii) Br	anch of the Financ	cial Institut	ion:											<u> </u>																		
	iii) A	greement Type:			Нур	oothe	catio	n		Hir	re Pu	rcha	se		Le	ase		M	ortga	ige													
	iv) L	oan Account No.:																															
9.	Wha	at is the type of Bu	ilding:		Flat	I	ndep	ende	nt H	ouse	e	Se	emi-c	letac	hed H	House	e 10	. Loa	n Am	ount	/Sun	n Insu	red:										
11.	Plan	Туре:			Fixe	ed		Red	ucin	g				12. E	Equat	ed M	onth	ly Ins	talm	ent A	Amou	unt (E	MI):										
13	. Ac	lditional Informati	ion pertain	ingto):												1st A	Applio	ant				2n	d Ap	plica	ant			3	rd Ap	plicar	nt	
	1)1	Name:																															
	ii)	Educational Quali	fication:																														
		Marital Status:													_	5	Single	e/Ma	rried			Single/Married						Single/Married					
		Relationship with	the Propo	ser:											_													-					_
		Date of Birth:													_						_												_
-		Gender:															Male	/Fen	nale		_		М	ale/F	·ema	le		-	P	1ale/F	emal	e	—
-) Occupation: i) Have you ever b	oon donior	d anv l	Hoalt	thor	ritic	al illo	000	Polic	wby	201/					v	es/N						Yes	/No					Yes	/No		_
		surance Company		-							y Uy	any						23/14	0					103	/110					103	NO		
	ix)	Name of the Nom	ninee:																														
	x)	Relationship with	the Nomin	iee:																													
E	LEC	TRONIC INSUR	RANCE A	cco	UNT	DET	AIL	S SE	сті	ON																							
l wa	nt Lo	an Insurance Polic	cy and relat	ted in	form	ation	in:	Ph	ysie	al Fo	orma	t	6	e-Fo	rmat	elec	tron	ic); a	s & wl	hen a	applio	able.											
Chc	ose	our Insurance Re	pository (F	or the	ose s	electi	ng e-	-Forn	nat)																								
	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 (My CKYC No. (Central Know Your Customer Registry Number) is (If available).																																
-	SCOPE OF COVER																																
																									T								
-		ofCover				ness ¹			-				PA ((Dea	th/Pe					ablen	nent)								f Job ^²			
	Sum Insured Loan Amount									Loa	n Am	ount	:									3 EM	s of	the Loan									

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: SBIPAIP11006V011011I ADVT. No.: ADPRO/20-21/MAY/176. 1. Policy provides coverage against 13 critical illnesses as listed: Cancer of specified severity, Open chest CABG, Aorta Graft Surgery, Open Heart Replacement & Repair of Heart Valves, Stroke resulting in permanent symptoms, First Heart Attack of specified severity, Kidney Failure requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ / Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Coma of specified severity, Total Blindness, Permanent Paralysis of limbs

PAYMENT DE	TAILS	(Clai	im/R	efun	d an	nour	nt wi	ill be	dep	osi	ted i	in tł	nis B	anl	(Ac	cou	nt c	only	unle	esso	changed sub	oseq	uen	tly)								
Please draw your C	heque (A/c p	ayee o	only) i	n the	e nam	ne of	"SBI	Gen	eral	Insur	ranc	e Co	mpa	anyL	.imit	ted'	,											(*Ma	ndato	ory fi	elds
Cheque No./DD No	o.:						1	Amo	unt:												Date:	D	D	\mathbb{M}	Μ	Y	Y	Y	Y			
Bank Name:																					Branch:											
Bank Account No.*	:																				IFSC Code*:											
	NES																															

AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non-Indian

If Non-Indian, please specify the Country:

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

SECTION 41 OF INSURANCE ACT, 1938

1. 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 in 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.

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

I/We confirm that I/We are in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I/We also confirm that I/ We have never been postponed or declined for Critical Illness coverage and that I/ We have never been diagnosed or received medical care for any of the following conditions: 1. Stroke (including Transient Ischemic Attack). 2. Hepatitis B or C. 3. Alcoholism. 4. Drug Abuse. 5. Cancer (other than skin cancer). 6. Skin Cancer (2 or more occurrences). 7. Melanoma. 8. Abnormal Kidney Functions. 9. Alzheimer's or Senile Dementia. 10. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years). 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency virus infection (symptomatic or asymptomatic) or any AIDS related condition. 12. Any Disease or Disorder of the Nervous System. 13. Heart Attack.

(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 share 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.

Date:	D	D	M	M	Y	Y	Y	Y	Place:							Signature of Proposer
							 			 	 	-		 		- · J. · · · · · · · · · · · · · · · · ·

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

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

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)

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

(Relationship with the Proposer)

 $what ever {\sf I}/{\sf We}\ have {\sf stated}\ here {\sf in}\ above {\sf is}\ true {\sf and}\ correct {\sf to}\ the {\sf best}\ of {\sf my}\ knowledge {\sf and}\ belief.$

Date: D D M M Y Y Y Y	Place:						Signature of the Witness
							Signature of the Witness

Signature/Thumb impression of the Proposer

adult and inhabitant of (City)

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: SBIPAIP11006V011011I ADVT. No.: ADPRO/20-21/MAY/176.