

Kutumb Swasthya Bima

Guidelines for Completion of The Form

- Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
 - 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.
 - 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 any one acting on his behalf.
 - Kindly contact the Company's offices or Agents for any doubts or clarifications on the proposal form.
 - Information for fields marked with asterisk (*) are mandatory.
- Note:** The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

Intermediary Details*

Intermediary Name:

Intermediary Code: Intermediary Contact Details:

Proposer Details (*Mandatory Fields)

Name of the Proposer*:

Address*:

City: State:

Pincode: Nationality*:

Contact Details*: Mobile No.: Alternate Mobile No.:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Date of Birth*: Gender*: M F Other

Aadhaar No.: PAN*: /FORM 60/61* (If PAN not available):

Passport/Driving License/ Voter ID:

Occupation*: Salaried Self Employed Any Other Email ID*:

Period of Insurance*: From: to

Details of Persons to be Insured (* Mandatory Fields)

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with the Proposer*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality* (Indian/ Non-Indian/ Non-resident Indian/ Other)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ABHA (Ayushman Bharat Health Account) number (if available):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | 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. | Kutumb Swasthya Bima, UIN: SBIPAIP20169V012021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

I/We hereby provide consent to share my/our medical records with the insurer or TPA

If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in

Note: Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

Are you or any of the proposed applicant _____, please tick whichever is applicable:

HNI Jeweller NGO Film Actor/ Producer PEP

If yes, please provide details for all person(s) in a separate sheet.

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Nominee Details*:

Name	Contact Details	Date of Birth	Gender	Relationship with Proposer								
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
D	D	M	M	Y	Y	Y	Y					

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship with Nominee	Appointee Contact details

Plan and Coverage Details*:

Sr No.	Cover Name	Cover Description	Base	Medium	Top
1	Tele-consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum	Upto 6 calls per month, subject to maximum of 36 calls per annum	Upto 10 calls per month, subject to maximum of 60 calls per annum
2	Hospitalization Benefit (per life)	a) Hospital Daily Cash	Not Covered	₹ 250 per day for maximum 30 days	₹ 250 per day for maximum 60 days
		b) Conveyance allowance benefit (lumpsum per paid claim)	Not Covered	₹ 400	₹ 400
3	Personal Accident (For Primary insured only)	a) Accidental death	₹ 1,00,000	₹ 3,00,000	₹ 5,00,000
		b) Permanent total disablement			

*Deductible of 24 hr applicable under Hospitalization Benefit.

Details of the Coverage Sought*:

Plan Opted	Base <input type="checkbox"/> Medium <input type="checkbox"/> Top <input type="checkbox"/>
Preferred Language for Teleconsultation	

Details of Existing illness*:

Sr. No	Insured name	Do you/any of the insured from any pre-existing illness?	If Yes, please specify details and the no. of years
1		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3		Yes <input type="checkbox"/> No <input type="checkbox"/>	
4		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5		Yes <input type="checkbox"/> No <input type="checkbox"/>	
6		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Previous / Existing Insurance:

Are you applying for portability / Migration: Yes No

(If "Yes", please fill the separate portability form also)

Previous Insurance Details

Does any person to be insured holds any Health Insurance Policies?

Yes No If Yes, then provide below details

Previous / Existing Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Policy Number						
Insurer's Name						
Period of Insurance						
Sum Insured						
Premium Paid (Rs)						
Claim Details (if any) Incurred Claim (Outstanding + Received): Claim Ratio (%):						

Electronic Insurance Account Details Section:

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)

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website: www.sbigenral.in to view the list of KYC OVD (Officially Valid Documents).

Premium Details*:

Name of Premium payor:

Premium Payment Mode: Annual Quarterly Half Yearly Premium Details: Amount ₹

Premium Payment Options: Cheque DD Card Cheque No.:

Bank Name:

Amount: Date:

Payment Options: Cheque Debit Card Credit Card

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Others: Please Specify: _____

Card Type:

Master

Visa

Expiry Date:

M	M	Y	Y
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Relationship with Proposer _____

SBIGI does not accept Cash for Premium Payments against the Policy.

Bank Details*:

Cheque will be issued in the name of the Proposer only.

In case of cancellation of Policy, if premium was paid through credit card, the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.)

Cheque No.:

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 Cheque Date:

D	D	M	M	Y	Y	Y	Y
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 Amount for ₹

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Bank Name:

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 Branch Name:

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Name of A/c. Holder:

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 IFSC Code:

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Bank Account No:

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 MICR Code:

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Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

Place: _____

Declaration for Update via Digital Mode:

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive number & email". services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile communication.

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Signature of Insured:

AML Guidelines (Premium Payment shall be made by the Policyholder of the Policy):

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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian Non-Indian Non-resident Indian(NRI) Others

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust

Partnership International Organisation Co-operative Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository.

Yes No. Customer can submit CKYC form for updation.

Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)
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Signature of Proposer

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Declaration & warranty on behalf of all persons proposed to be insured:

1. I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons.
2. I/We understand that the information provided by me/us 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 person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/ Proposer and seeking information from any Insurance Company to which an application for Insurance on the person to be insured/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 underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.
6. I/We aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.
7. I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature/Thumb impression of the Proposer/Primary Insured

Insurer Declaration:

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the Company.

We are under no obligation to accept any proposal for Insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for Insurance by SBI General Insurance Company Limited and does not result in a concluded contract of Insurance. The acceptance of the Proposal for Insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for Insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposal and SBI General Insurance Company Limited along with the date from which the Insurance cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to Policyissuance, notcovered under this Policy (Your proposal form will be considered after SBI General Insurance Company Limited receives the premium payment.)

Vernacular Declaration:

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) _____

_____ (Relation with the Proposer/Primary insured) _____
_____ adult and inhabitant of (city) _____ and residing at _____

_____ do hereby certify that I 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 knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Witness

Signature/Thumb impression of the Proposer/Primary Insured

Agent /Employee of Corporate Agent (Teller) Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Agent

Date:

D	D	M	M	Y	Y	Y	Y
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Place : _____

Licence No. _____

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall allow 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 or 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
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.

AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 - 2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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