PROPOSAL FORM

HOSPITAL DAILY CASH-GROUP-MICRO INSURANCE PRODUCT

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form:

1) Please answer all 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.
5) 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")

OFFICE USE ONLY

Branch Office Code:

Branch Name:

Business Type: New ☐ Renewal ☐ Migration ☐ Portability ☐

Sales Channel Type: Agency ☐ Direct ☐ Broker ☐ POS ☐ CSC ☐ Corporate Agent ☐ IMF ☐

Business Sector: Urban ☐ Rural ☐ Social ☐ Others ☐

INTERMEDIARY DETAILS*

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

PROPOSER DETAILS*

Name of the Proposer*

Present Address* (Current Residing Address)

City: Village:

Gram Panchayat: State:

Pin-Code: Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*

City: Village:

Gram Panchayat: State:

Pin-Code: Landmark:

Nationality* E-mail ID*

Contact Details* Mobile: Alternate Mobile:

Aadhaar Card No.: PAN No*. : Form 60/61*: (If PAN not available) ☐

Number of Insured Member :

Are you or any of the proposed applicant_____, please tick whichever is applicable: Yes ☐ No ☐

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

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.

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

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.

COVERAGE DETAILS*

Sr. No.	Coverage Name	Inbuilt / Optional	☑ against opted cover	☑ against Franchise or Deductible opted
1	Accident and Sickness Hospital Cash Benefit	Inbuilt	Compulsory Cover	Franchise ☐ Deductible ☐
	ı Option to Choose Sum Insured/Benefit Amount : - 500/day ☐ | 750/day ☐ | 1000/day ☐ | 1500/day ☐ | 2000/day ☐ | 2500/day ☐ 3000/day ☐ | 3500/day ☐ | 4000/day ☐ | 4500/day ☐ | 5000/day ☐			–
	ı Option to Choose no. of Days :- 10/day ☐ | 15/day ☐ | 20/day ☐ | 30/day ☐ | 45/day ☐ | 60/day ☐ 90/day ☐ | 100/day ☐			
2	Accident Hospital Cash Benefit	Optional	Yes ☐ No ☐	Franchise ☐ Deductible ☐
3	ICU Cash Benefit	Optional	Yes ☐ No ☐	Franchise ☐ Deductible ☐
4	Convalescence Benefit	Optional	Yes ☐ No ☐	–
5	Compassionate Benefit	Optional	Yes ☐ No ☐	–
6	Day Care Treatment Benefit	Optional	Yes ☐ No ☐	–
7	Maternity Hospital Cash Benefit Option to reduce Maternity waiting period :	Optional	Yes ☐ No ☐	Franchise ☐
				Deductible ☐
	i. 24 months ii. 12 months iii. 9 months iv. No maternity waiting		If Yes - Please mention opted waiting period.	–
	ı Option to Choose Sum Insured/Benefit Amount :- 500/day ☐ | 750/day ☐ | 1000/day ☐ | 1250/day ☐ | 1500/day ☐ 1750/day ☐ | 2000/day ☐ | 2250/day ☐ | 2500/day ☐ | 2750/day ☐ 300/day ☐ | 3250/day ☐ | 3500/day ☐ | 3750/day ☐ | 4000/day ☐ 4250/day ☐ | 4500/day ☐ | 4750/day ☐ | 5000/day ☐ ı Option to Choose no. of Days :- 5 days ☐ | 10 days ☐			–
8	Shorter Waiting Period (PED) Option 1 : 30 days waiver Option 2 : 24 Months Specific illness waiting period waiver Option 3 : 12 Months Specific illness waiting period Option 4 : 12 Months waiting period for PED Option 5 : 24 Months waiting period for PED Option 6 : 36 Months waiting period for PED Option 7 : No waiting period for PED	Optional	Yes ☐ No ☐	–
			If Yes - Please mention opted waiting period.	
9	Increased Deductible/ Franchise	Optional	Yes ☐ No ☐	–
			If Yes - Please mention Deductible or Franchise opted.	

Period Insurance*:	From D D M M Y Y Y Y	To D D M M Y Y Y Y

Policy Type*:	Individual ☐	Family Individual ☐	Family Floater ☐

PREMIUM PAYMENT AND BANK A CCOUNT DETAILS*:

Premium Amount in ₹: Cheque No.:

Instrument Type: Cash Cheque Credit Card Debit Card EFT Other Please Specify: _____

Cheque/Journal No.: Cheque Date: D D M M Y Y Y Y Amount for ₹

Bank Name: IFSC Code:

Bank Account No. Branch Name:

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

Cheque No.: Cheque Date: D D M M Y Y Y Y

ASBA Declaration:

I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

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

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

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund/claim needs to be credited directly)

Bank Name: Cheque No.:

Name as in Bank Account:

Bank Account No.:

IFSC Code: MICR Code:

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

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 statues, 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: Corporation Government Non-Governmental Organisation Society Trust

(Only applicable if policy issued on Group Basis) Partnership International Organisation Cooperative Section 25 Companies

I hereby declare that the current address is different from the avalilable 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)

Signature of Proposer :

"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.

DECLARATIONS ON BEHALF OF ALL PERSONS TO BE INSURED

1. I hereby declare, on my behalf and on behalf of all 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 am authorized 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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 insurer to whom 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. authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer 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 diseases as declared / mentioned by me or us above.
7. I/We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewelers, NGO, Film Actor/Producer and PEPs to provide the details of beneficiaries to the company as and when required.
8. I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
10. I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

Date: D D M M Y Y Y Y

Place:

Signature/Thumb impression of the Proposer/Primary.

ELECTRONIC INSURANCE ACCOUNT DETAILS

I have an eIA Number

I would like to apply for eIA with: NSDL Database Management Ltd. ☐ Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited). ☐

Karvy Insurance Repository Ltd. ☐ CAMS Insurance Repository Services Ltd. ☐

CKYC No (Central Know Your Customer Registry Number), (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: D D M M Y Y Y Y

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

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 Proposer 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 policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives 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 _____ 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 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

Place: _____

_____ Signature of the Witness

_____ Signature/Thumb impression of the Proposer

AGENTS 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.

Date: D D M M Y Y Y Y

Signature of Agent: _____

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 liable for a penalty which may extend to Ten Lakh rupees

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 persona exercising ultimate effective control over the trust through a chain of control or ownership.

Date: D D M M Y Y Y Y

Signature of Policyholder: _____