PROPOSAL FORM





Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. 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 Proposer 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 Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form. Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

FOR OFFICE USE																				
Quote No.:						In	ward No	o.:						\mathbb{L}						
Receipt No.:						R	eceipt D	ate:	D D	M	MY	Y	Y	7						
INTERMEDIARY'S DETAILS	(* Mandatory Fie	lds if S	ales Cl	hanne	el Type	selected	is Band	ca)												
Segment Type:	Corporate	Retail			SME	Busi	ness Se	ctor:	Ur	ban	М	etro	F	Rural		Vill	lage		So	cial
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Specified Person's / Intermediary's Name*:																				
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PART I - PROPOSER'S DETA	AILS																			
1. Name:	S U R N	А	МЕ		М	D D	L E	N	A M	Е		FI	R S	Т	Ν	Α	М	Е		
Gender:	Male	Fe	emale			Others					Date	of Birt	h: D	D	M	\bowtie	Υ	Υ	Υ	Υ
Marital Status:	Single	Ma	arried			Others														
Occupation:	Salaried	Se Pro	elf Emplo ofessio	oyed/ nal		Busines	5	Stude	nt	Retire	ed	Ag	riculture		Oth	ners (speci	ify)_)
Address where you normally reside	Plot No./Door No.:	:							Buildi	ing nam	ne:									
(Communication Address):	Road:									Are	ea:			\mathbb{L}	L					
	City:									Pincoo	de:			\mathbb{L}						
	State:								P	hone N	o.:			\perp						
	Email ID:																			
Address of the Insured if different from above	Plot No./Door No.:	:							Buildi	ing nam	ne:			\mathbb{L}	L					
(Permanent Address):	Road:									Are	ea:									
	City:									Pincoo	de:									
	State:								P	hone N	o.:									
	Email ID:																			
4. Policy Term:	1 Year	2 Y	Years		3 Years	.														
5. Policy Period:	From: D D A	M	Υ	Y	Y	o: D [M	M	/ Y	Y		_								
6. Total No. of Persons to be covered:				7.	Are you	one amon	g the Ins	ureds	Covere	d below	v?	Yes		lo						
8. Nominee's Name:																				
Nominee's Relationship with the Proposer:				П						$\overline{\Box}$	Da	ate of B	irth: D	D	M	М	Υ	Υ	Υ	Υ

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: SBIHLIP21334V022021 | URN: SBIG/APLP/V.01/22122014.

10. If the Nominee is a mino Name of the Appointee																																
relationship with the No								i														T	Ť		Ť	Ŧ	T	Ť	Ŧ	T		
11. Aadhaar Card No.:					_			$\frac{1}{1}$		_		<u> </u>		I]		1.		 	\perp	<u> </u>		_	_			\pm	十	十			,	
]		12. PAN:								/ Form 60:									
13. Corporate: Yes No																14. (۱۱۱ کو	N/ISI	JN:					- 11	- Al	PPLICA	ABLE	—		—		
DETAILS OF COVERAGE S Note: By Family we mean Yo (Parents, Parents-in-law, ca	ou, Your le	-	-		_			t Ch	ildre	n, De	pen	ndent	t Pare	ents a	anc	d Paren	its-in	-law														
Policy Term (Please tick): 1 Year									2 Years 3 Years																							
Type of Policy (Please tic	:k):			Indi	ividua	ıl			Fa	amily	Nor	n-flo	ater	Ī		Family	/ Floa	ter														
Sum Insured:				₹1L	_ac				₹2	2 Lacs	5			₹3 Lacs																		
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ELECTRONIC INSUR	ANCE A	CCC	UNT	DET	TAIL:	S SI	ECTIO	N																								
l want Arogya Plus Policy an	want Arogya Plus Policy and related information in: Physical Format e-Format (electronic); as & when applicable.																															
Choose your Insurance Rep	ository (F	or th	nose s	elect	ing e-	-For	mat)																									
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I have an e-Insurance	e Account	& th	ie No.	is						Ī	Ī			T																		
My CKYC No. (Central Know	v Your Cus	stom	ner Re	gistry	y Num	nber) is														(If	fav	available).									
PART I - MEMBERS PE	ROPOSE	D F	OR IN	ISUR	RANC	Œ																										
Name								G	ende	er	ı	Date		Ma			F	Relat	ionsl	nip w	ith th	ne P	rop	oser		T	Otl	her l	nsura	nce		
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PART II - OTHER / C	URRENT	HE	ALTI	- INS	SUR/	ANC	E INF	OR	MA'	10IT	1																					
PART III - DETAILS O	FILLNES	SS/A	ACCII	DEN	т																											
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If yes, name the Insured																							L	'	-3	'						
Do any of the Insured sm	noke?																							Ye	es	^	10					
Do any of the Insured consume any other type of tobacco include						includi	ng b	etel	nut?														Ye	es		10						
Do any of the Insured consume alcohol?																							Ye	es		10						
PAYMENT DETAILS (Claim/Re	efun	nd am	ount	t will	be o	depos	itec	l in t	this E	Banl	k Ac	cou	nt or	nly	unles	s cha	ange	ed su	ıbse	quei	ntly	y)									
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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 payant making default in complying with the payaising of this postion shall be lighter from a malty which may extend up to 7.10 Loss

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹ 10 Lacs. **AGENTS DECLARATION** (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. Licence No. Date: Signature of Agent: **DECLARATION BY PROPOSER** 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. Date: Place: Signature of Proposer: Name of the Proposer: **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. $(Note: The \ below \ must \ be \ witnessed \ by \ someone \ other \ than \ the \ Advisor/Employee \ of \ the \ Company).$

Name of the Proposer:

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)

(Relationship with the Proposer)

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/Thumb impression of the Proposer Signature S

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: SBIHLIP21334V022021 | URN: SBIG/APLP/V.01/22122014.