

GROUP LOAN INSURANCE POLICY

GOLD PLAN

Information for fields marked with asterisk (*) are mandatory.

For Office Use

Quote No.: Inward No.:
 Receipt No.: Receipt Date:

Intermediary's Details (* Mandatory Fields If Sales Channel Type Selected Is Agency)

Segment Type: Corporate Retail SME Business Sector: Urban Rural Social
 Business Type: New Roll-over Renewal Sales Channel Type: Agency Direct
 Sales Channel Code: Specified Person's Code*/PF ID:
 Specified Person's Name*:
 Intermediary code: Agreement code:
 GSTIN/ISDN: IF APPLICABLE

Details of the Persons Proposed to be Insured for Main Borrower (* Mandatory Fields)

Name*:
 Communication Address*:
 City: State:
 PIN code: Landmark:
 Contact Details*: Mobile No.: Alternate Mobile No.:
 Email*:
 Date of Birth: Age: Gender: M F Other
 Occupation: Salaried: Self Employed: Any Other (Please specify _____)
 GSTIN/ISDN: IF APPLICABLE
 Aadhaar No.*: PAN No*.: /Form 60/61*.:
 Occupation: Salaried: Self Employed: Any Other (Please specify _____)
 Main Member & Co-applicant details (If Any): -
 Nominee's Name*:
 Nominee's Date of Birth*: Gender: Male Female Other Age
 Relationship with Proposer*:
 Address of Nominee*:
 Nominee contact details*: Mobile No.: Alternate Mobile No.:
 *If nominee is a minor:
 Name of the Appointee:
 Relationship with Minor:
 Address of Appointee:

Sr No.	Proposer	Name	Address	DOB	Gender	Mobile No.	Email ID	Occupation	Nominee
1	Main Member			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
2	Co-applicant 1			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
3	Co-applicant 2			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
4	Co-applicant 3			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				

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.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 license. | Website: www.sbigeneral.in, Tollfree: 18001021111 | Group Loan Insurance Policy, UIN: SBIPAGP20092V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Name of the Financial Institution*:

Branch of the Financial Institution:

Agreement Type: Hypothecation Hire Purchase Lease/Mortgage

Sanctioned Loan Amount: Date of Loan Sanctioned:

Loan Account Number: Loan Disbursal Date:

Loan Tenure: Type of Loan:

Equated Monthly Instalment (EMI): Rate of interest: %

Policy Tenure: Months

Policy Start date: Policy End date:

Plan and Coverage Details

Personal Accident	Mandatory Cover
Critical Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Admission Benefit - Accidental Hospitalization	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Period	6 Months/1 Year/2 Year/3 Years/4 Years/5 Years
Basis of Sum Insured	Reducing Sum Insured/Fixed Sum Insured

Existing and Previous Details of the Insured Persons*

Insured Person	Due you suffer from any pre-existing illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify details and the no. of years
Main Borrower		
Co-Applicant I		
Co-Applicant II		
Co-Applicant III		

Premium Payment and Bank Account Details*:

Premium Details: Amount Rs.:

Premium Payment Option: Cheque DD Debit Card / Credit Card Other Please specify _____

Cheque/Journal No.: Cheque Date: Amount for ₹

Bank Name: IFSC Code:

Bank Account No. Branch Name:

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

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Cheque/Journal No.: Cheque Date:

Bank Name: MICR Code:

Name as in Bank Account Branch Name:

Bank Account No. Cheque Amount in ₹

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

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Electronic Insurance Accounts Details

I have eIA Number:

I would like to apply for eIA with: NSDL Data Management CSDL Insurance Repository Ltd

Karvy Insurance Repository Ltd CAMS 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:

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

Declaration for Assignment of Policy

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

1. I understand and wish to assign the Policy, as indicated above, which may be issued, to _____ the Financial institution (hereinafter referred to as the assignee) from whom I have availed loan.
2. I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
3. I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.
4. I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognize the Policy being assigned to the aforementioned assignee thereafter.

Date:

Place:

Signature of the Main Borrower

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 Cooperative 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.

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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 proposed 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 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 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. I 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 are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned by me /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, Jewellers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.

Date: Place: Signature of the Main Borrower: _____

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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary.

Date:

Place:

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.

License No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Agent

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 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 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.