PROPOSAL FORM

SBI GENERAL COMPREHENSIVE PROTECTION POLICY



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 of 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.
- $Kindly\ contact\ the\ Company's\ Office\ or\ Intermediary/\ Agents\ for\ any\ doubts\ or\ clarifications\ on\ the\ proposal\ form.$

 Information for fields marked Note: The Coverage proposed for 							-	opos	al is a	ccep	oted a	nd pı	remiu	m is p	paid a	ınd th	ne san	ne is r	ealize	ed by	SBI G	enera	ıl Ins	urand	ce Co	mpar	ıy Lim	nited.	("Co	mpan	y").
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 $\textbf{Disclaimer:} \ SBI \ General \ Insurance \ Company \ Limited \ | \ Corporate \ \& \ Registered \ Office: Fulcrum \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Road, Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Floor, A \& B \ Wing, Sahar \ Andheri \ (East), Mumbai \ 400 \ 099. \ | \ For more \ Building, 9 \ Buil$ 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 $Limited \, under \, license. \, | \, SBI \, General \, Comprehensive \, Protection \, Policy, \, UIN: \, SBIHLGP25036V012425 \, | \, SBI \, General \, Insurance \, and \, SBI \, are \, separate \, legal \, entities \, and \, SBI \, is \, working \, as \, license \, licen$ Corporate Agent of the company for sourcing of insurance products.

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ELECTRONIC INSURANCE ACCOUNT DETAILS*
I have an elA Number:
NSDL Database Management Ltd. Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) Karvy Insurance Repository Ltd. Ltd
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: D D M M Y Y Y Y Y Y Sindly 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. I understand and wish to assign the Policy, as indicated above, which may be issued, to
 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.
• 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: D D M M Y Y Y Y Place: Signature of the Main Borrower:
DECLARATION FOR UPDATE VIA DIGITAL MODE
"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email".
Date: D D M M Y Y Y Y Place: Signature of the Main Borrower:
AML GUIDELINES*
I/ We hereby confirm that all premiums have been/ will be paid from bonafide 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/We 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. Residential Status: Resident Individual Non-Resident Indian Person of Indian Origin
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Signature of Agent:

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 informati	ion 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 in	cidental to availing the insurance policy from SBI Gene	eral 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/Thumbimpression of the Proposer/Primary
,										
Date:	D	D	М	М	Υ	Υ	Υ	Υ	Place :	

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.)

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details are sought by any governmental bodies, regulatory authority's reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

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.
- $2) \quad Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakhrupees.$

Insurance is subject matter of solicitation.

ANNEXURE A

Coverage Details (Tick if	opted)	
Cover Section	Cover Name	Sum Insured/ Limit
Section 3.1.	Accidental Death	
Personal Accident^ ☐	Permanent Total Disablement (PTD)	
	Permanent Partial Disablement (PPD)	
	Temporary Total Disablement (TTD)	
	Broken Bones	
	Burns	
	Mobility Extension^	
Section 3.2.	Major Critical Illness	Sum Insured:
Critical Illness [^]	< <option 1:="" major<="" no.="" of="" th=""><th>Waiting Period:</th></option>	Waiting Period:
	Critical Illness>>	Survival Period:
	< <option 2:="" diseases="" group="" of="">></option>	Survivar reliou.
	Early-Stage (Minor) Critical Illness	Sum Insured: Waiting Period: Survival Period:
Section 3.3. Major Surgic	al Procedures	Sum Insured: Waiting Period:
Section 3.4. Hospital Dail	ly Cash^	Limit: For ICU: Number of days:
		Day Deductible:
		Payout:
		Waiting Period: Initial Waiting Period: PED Waiting Period: Specific Waiting Period: Waiver of Maternity Cover
Section 3.5. Convalescen	ce/ EMI Protect ^	EMI Amount/ SI Limit: No of EMI (If Loan Linked): Min Hospitalization Days: Waiting Period: Initial Waiting Period: PED Waiting Period: Specific Waiting Period: Waiver of Maternity Cover:
Section 3.6. Loss of Salar	у	
Section 3.7. Loss of Job/	Earning	
Section 3.8. Payment Pro	tection	
Section 3.9. Family Prote	ction^	
Section 3.10. Education E	Benefit^	
Section 3.11. Infectious D	Disease	Sum Insured: Waiting Period: Min Hospitalization:

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^ Note:

- 1. If Personal Accident benefit is opted then it is mandatory to opt Accidental Death and/or Permanent Total Disablement.
- 2. Early-Stage (Minor) Critical Illness can be opted only with Major Critical Illness.
- $3. \quad Education \ Benefit \ and \ Family \ Protection \ covers \ can be \ only \ opted \ with \ Critical \ Illness \ and/or \ Personal \ Accidental \ Covers.$
- ${\bf 4.} \quad {\bf Mobility \, Extension \, can \, be \, purchased \, with \, Permanent \, Total \, Disablement.}$
- $5. \ \ \, \text{Either Hospital Daily Cash or Convalescence/ EMI Protect, any one cover can be opted}.$

Sr No.	Waiting Period	
1.	Pre-existing Diseases (PED)	
2.	Specific Waiting Period	
3.	Initial Waiting Period	