

PROPOSAL FORM FOR REGIONAL RURAL BANKS

GROUP PERSONAL ACCIDENT

#Regional Rural Banks : Arunachal Pradesh Rural Bank/ Assam Gramin Vikash Bank/ Jharkhand Rajya Gramin Bank/ Meghalaya Rural Bank/ Mizoram Rural Bank/ Utkal Grameen Bank/ Uttarbanga Kshetriya Gramin Bank/ Baroda U.P. Bank/ Ellaquai Dehati Bank/ Rajasthan Marudhara Gramin Bank/ Uttarakhand Gramin Bank/ Chaitanya Godavari Grameena Bank/ Karnataka Gramin Bank/ Tamil Nadu Grama Bank/ Telangana Grameena Bank/ Andhra Pradesh Grameena Vikas Bank/ Chhattisgarh Rajya Gramin Bank/ Madhyanchal Gramin Bank/ Saurashtra Gramin Bank.

Savings Bank / Individual Current A/c No.:	<input type="text"/>	Intermediary's Details:	IF APPLICABLE
Bank Branch Name:	<input type="text"/>	GSTIN/ISDN	
Name of the proposed Insured Person:	<input type="text"/>	Code:	<input type="text"/>
Address for this Policy will be the same as provided by me to the Bank for my Savings Bank / Individual Current Account cited above.			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Occupation:	<input type="text"/>
Email ID*:	<input type="text"/>	Mobile No.*:	<input type="text"/>
* These fields are optional however they are most helpful in ensuring that we are able to serve you better.			
Aadhaar Card No.:	<input type="text"/>	PAN No*:	<input type="text"/> / FORM 60/61: <input type="text"/>
Corporate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	GSTIN/ISDN:	IF APPLICABLE
Sum Insured Option:	<input type="checkbox"/> Sum Insured: ₹2,00,000/- for Premium: ₹100/- (Incl. of Applicable Taxes)	<input type="checkbox"/> Sum Insured: ₹4,00,000/- for Premium: ₹200/- (Incl. of Applicable Taxes)	<input type="checkbox"/> Sum Insured: ₹10,00,000/- for Premium: ₹500/- (Incl. of Applicable Taxes) <input type="checkbox"/> Sum Insured: ₹20,00,000/- for Premium: ₹1000/- (Incl. of Applicable Taxes)

Kindly Note:

- Coverage is for Accidental Death (AD) only
- Period of Insurance will be one year from the date of account debit transaction
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any Country, whether in peace or war are not covered under this Policy
- Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Further, SBI shall not be held liable for non-renewal of the Policy for not debiting the account of the Insured for whatsoever reason.

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 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian If Non-Indian, please specify the Country: _____

Type of Organisation:

<input type="checkbox"/> Corporations	<input type="checkbox"/> Government	<input type="checkbox"/> Non- Governmental Organization
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Society <input type="checkbox"/> NGO
<input type="checkbox"/> Politically exposed Parties^	<input type="checkbox"/> International Organizations	<input type="checkbox"/> Cooperatives <input type="checkbox"/> Section 25 Companies

^ Political expose parties (PEPS)- Politically Exposed Parties are group of persons who are or have been entrusted with prominent public functions i.e., Heads / ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

DECLARATION

- 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.
- 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.
- 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.
- 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.
- 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."
- I/we are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned by me /us above .
- 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 details of beneficiaries to the Company as and when required.

POLICY RENEWAL ADVICE SLIP (Tear Off):

I authorise for automatic debit of renewal premium of this cover from my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by submitting a written notice to the Bank.

Date: _____ Signature/ Thumb impression of the Proposer/ Primary Insured

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 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. | Group Personal Accident UIN: SBIPAGP11005V011011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

For internal purpose only (To be filled by the Bank Branch Official):

Account No.: _____ Journal No.: _____ Date: _____

NOMINATION

I _____ do hereby nominate Mr/Mrs/Ms _____ as the person & Mr/Mrs/Ms _____ as the Guardian of the Nominee (In case the Nominee is a minor) to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my Accidental Death and he/she (Nominee) is related to me as _____ (Relationship with the Insured) and I further declare that his/her receipt shall be sufficient to discharge for the Company. Dated this _____ Day of _____ 20____ at _____ Address of the Nominee / Guardian: _____

Date: _____ Place: _____ Signature of the proposed Insured: _____

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) _____ 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 declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness

Signature/Thumb impression of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Group Personal Accident and related information in: Physical Format e-Format (electronic); as & when applicable.

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

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My CKYC No. (Central Know Your Customer Registry Number) is

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 (If available).

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 person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹ 10 Lacs.

MOST IMPORTANT TERMS & CONDITIONS OF THE MASTER POLICY

This Insurance is subject to the terms and conditions of the Master Policy Number mentioned on the Certificate of Insurance issued to SBI & Regional Rural Banks[®] and is based on this Proposal and payment of the Premium. This records the agreement between the Insured and SBI General Insurance Company Ltd. and sets out the brief terms of Insurance and the obligations of each party as below:

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FOR QUERIES / SERVICE REQUEST / NON - HEALTH CLAIMS REGISTRATION

Call SBI General Insurance on Toll Free	1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)
Fax	1800 22 7244
E Mail	customer.care@sbigeneral.in
Visit us at any of our Branches	
We will acknowledge receipt of your concerns & will respond to you within 72 hours	

FOR HEALTH CLAIM RELATED QUERIES

Toll Free Numbers (24 X 7)	1800 210 3366 / 1800 210 6366
E Mail	sbig.health@sbigeneral.in
SMS	"HEALTHCLAIM" to 561612 for call back
Postal Address	SBI General Insurance Company Limited, 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra - 411 045

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 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. | Group Personal Accident UIN: SBIPAGP11005V011011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

Grievance Redressal Procedure: We value your relationship and are committed to offer you best-in-class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation. **Stage 1:** If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customer@sbigenral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint. For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigenral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm). **Stage 2:** In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigenral.in. or contact at: 022-42412070. Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. For List of Grievance Redressal Officers at Branches, kindly refer the link www.sbigenral.in/portal/grievance-redressal. **Stage 3:** If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (<https://www.cioins.co.in/Ombudsman>)

TERMS & CONDITIONS

- This Policy can be bought by any permanent Indian resident having a Savings Bank / Individual Current Account with RRBs[#] of SBI and aged between 18 years to 65 years. Renewal of the Policy can be done beyond 65 years of age.
- Irrespective of the number of accounts the Insured has with SBI or its Regional Rural Banks[#], he/ she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. Even if multiple Policies are taken through one or more than one account with SBI or its Regional Rural Banks[#] for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other Policies shall be deemed as null and void. In case of joint account, two separate Policies may be issued in case both the account holders opt for respective individual Policies.
- Coverage under this Policy will be over and above any other Personal Accident Policies the Insured has with SBI General or with any other Indian General Insurance Companies.
- Insured may terminate this Policy at any time by giving us 15 days written notice. If no claim has been made under the Policy, then we will refund the premium in accordance with the table below:

Length of time during which the Policy is in force	Refund of premium
Upto 1 month	75%
Upto 3 months	50%

Length of time during which the Policy is in force	Refund of premium
Upto 6 month	35%
Exceeding 6 months	0%

- We may terminate this Policy upon 15 days notice by sending a written notice of cancellation to your address and we shall refund a rateable proportion of the premium actually paid in respect of any Insured Person. Termination of this Policy shall not affect any claim filed prior to the date on which the termination becomes effective as specified in the notice of termination.
- Such termination may be on grounds of mis representation, fraud, non-disclosure of material facts or non-cooperation of the Insured.
- The premium at the time of the renewal of the Policy would be the applicable premium at the date of renewal and as approved by IRDAI. However, renewal will be subject to the Account of the Insured with SBI being still live and operational.
- The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or 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 Insured or anyone acting on the Insured's behalf. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for Insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, which will be held responsible to render the Policy voidable at the sole discretion of the Company.

EXCLUSIONS

The Company shall not be liable for any claim or claims under this Policy arising from:

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any country, whether in peace or war; or
- Being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion; or
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world; or
- Any loss arising out of war, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether war be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- Payment of compensation in case of death of the Insured person from nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - any nuclear fuel or from any nuclear waste; - from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - nuclear weapons material; - nuclear equipment or any part of that equipment;
 - The dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials, or congenital anomalies or any complications or conditions arising therefrom; or
- Participation in winter sports, skydiving/parachuting, hand-gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorised vehicle or bicycle, caving or potholing, hunting or equestrian activities, skin diving or other underwater activities, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 nautical miles), participation in any professional sports, any bodily contact sport and/or any other hazardous or potentially dangerous sport for which the Insured is untrained; or
- Death resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy; or
- For any loss to which a contributing cause was the Insured person's actual or attempted commission, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest or the Insured person committing any breach of law with criminal intent; or
- Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.

For complete details of Coverage & Policy Wording, kindly visit our website - www.sbigenral.in

For Renewal of your Policy or for Cancellation of your Auto Renewal Authorisation please contact 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customer.care@sbigenral.in.

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