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 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")

Note: The dotterage proposed for insulance is not covered until the proposaris decepted until premium is paid until the same is realized by asi deferring unital unce company Emilieur, Company 1,											
INTERMEDIARY'S DETAILS*											
Intermediary Name: F R S T N A M E M I D D L E N A M E S U R N A M E											
Intermediary code: Intermediary Contact Detail:											
Intermediary Email ID:											
POLICY DETAILS											
Policy Type*: Business Type*: New Renewal Policy Sub-Type*: Loan Linked Non-Loan Linked											
Sum Insured Basis (For Loan Linked only): Fixed Reducing Policy Tenure:											
Period of Insurance*: Policy Start Date: D D M M Y Y Y Y Policy End Date: D D M M Y Y Y Y											
PROPOSER'S DETAILS											
Name of the Proposer*:											
Communication Address*											
Pincode:											
Nationality* PAN No.*: Form 60/61 As Available											
Aadhar Number/ Passport/ Driving License/ Others*											
GSTN No.											
Contact Details*: Alternate contact no.											
Email Address*:											
Nature of Business: Group type*: Employer-Employee Non-Employer-Employee											
No of Employees/ Applicants Covered:											
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.</policy>											
COVERAGE DETAILS											
Please refer to Annexure-A at the end of this form and choose the covers.											
PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*											
Premium Details: Amount (in Rs.)*:											
Add: Taxes as applicable (in Rs.)*: Final Premium amount (in Rs Inclusive of GST)*:											
Premium Payment Mode: Monthly Quarterly Half Yearly Single											
Instrument Type: Cheque DD Credit Card Debit Card Other Please specify											
Credit Card/ Debit Card No.: Card Type: Master Visa											
Cheque No./DD No.: Amount: Date: D M M Y Y Y Y											
Bank Name: Branch:											
Bank Account No.: IFSC Code:											

 ${\sf SBIGI}\ does\ not\ accept\ Cash\ for\ Premium\ Payments\ against\ the\ Policy.}$

 $Note: Duly filled \ and \ signed \ ACH/ECS/E-Mandate form \ shall \ be \ submitted \ for \ installment \ option.$

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 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 Corporate Agent of the company for sourcing of insurance products.

BANK ACCOUNT D	DETAIL	S FC)R PI	ROC	ESS O	FRE	FUN	ID*:																							
Cheque will be issued in the name of the Proposer only. 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.																															
Cheque No.*:	Lelled Ci	leque	Cai		eque Da		D	D		M	Y	Y	Y	Υ	CITCI			e Amo				euit	euui	rectiy	•						
Bank Name*:							Τ				Ι						T		nch:	г	` <u> </u>	T	l							T	$\overline{}$
Name of Account Holder	*:					T	1	T			Τ	T	$\frac{1}{1}$		T		T		Τ	Ť				İ						T	ī
Bank Account No.*: MICR Code IFSC Code											_																				
	Note: The proposer agrees and undertakes to intimate in writing to SBI General Insurance for any change in bank account details. f ECS is selected, please submit the standing instruction form available at our branches.																														
PREVIOUS/ EXISTING INSURANCE DETAILS:																															
Policy Number Insurer name & Address									Peri	od o	of Insu	ırand	:e (F	rom 8	⊊ T	o)	Sum Insured						(Claim details (if any)							
									F		n: DE DD//																				
											F		n: DE																		
DECLARATIONS O	N BEH	ALF	OF A	ALL	PERSC	NS.	TOE	BE IN	SUR	ED:																					
Il 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. It 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. If urther 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 claims settlement in surance on the person to be insured /proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority." If we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above. If 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. Note- 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 politi																															
I have al A Number: NSDL Data Manag I have an e-Insurar My CKYC No. (Central Kr	jement l	_td. ☐	& the	CD:							nt exi							ory Ltc				lf ava	ailabl	e).				padino	ıofr	mv Ck	ΚΥC
record from the Central acknowledge that SBI Ge revoked in writing by me.	eneral In	surar	ice C	omp	any will	hand	le m	at this y CKY	s info	rmat orma	ion i	s es in c	ssentia ompli	al for ance	the wit	purp h all a	ose ppli	e of en	suri data	ng i	accura otectio	te ar n lav	d up /s an	dated d reg	d re ulat e m	cords ions. ٦	for in	suran	ce s	ervice	es. I
Customer Name:	stomer Name: Date: D D M M Y Y Y Y Y																					D	ate:	D	D	M	M	Υ	Y	Υ '	

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 $Limited \, under \, license. \, |\, SBI \, General \, Comprehensive \, Protection \, Policy, \, UIN: \, SBIHLGP25036V012425 \, |\, SBI \, General \, Insurance \, and \, SBI \, are \, separate \, legal \, entities \, and \, SBI \, is \, working \, as \, protection \, Policy, \, UIN: \, SBIHLGP25036V012425 \, |\, SBI \, General \, Insurance \, and \, SBI \, are \, separate \, legal \, entities \, legal \, ent$ Corporate Agent of the company for sourcing of insurance products.

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

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.	
assignee) from whom I have availed a loan.	Financial Institution (hereinafter referred to as the
 I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Polic be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above 	* * * * * * * * * * * * * * * * * * * *
 I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee. 	e re-assigned to me. In the event of death after the
 I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Comsame and recognize the Policy being assigned to the aforementioned assignee thereafter. 	pany shall, after issuance of the Policy, endorse the
Date: D D M M Y Y Y Y Place: Signature of the Mai	in Borrower:
DECLARATION FOR UPDATE VIA DIGITAL MODE	
"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communicati Limited related to my insurance policy through my registered mobile number & email".	ion/services from SBI General Insurance Company
Date: D D M M Y Y Y Y Place: Signature of the Mai	in 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 from bonafide sources and no premiums have been/ will be poffence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for docc Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law understand of money laundering in India. Nationality: Indian Non-Indian Non-Resident Indian Others	uments to establish source of funds. The insurance
If Non-Indian, please specify nationality and Country address:	
If NRI, please specify nationality and country address:	
Type of Organisation:	
Corporation Government Non-Governmental Organisation Society Trust	
Partnership International Organisation Cooperative Section 8 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.	
	Signature of Proposer:
AGENTS DECLARATION	
I,(Full Name)) in my capacity as an Insu Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this F contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is a have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there policy issued to his/herfavour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid und	s Proposal Form to questions contained herein or any accepted by the Company for issuance of the Policy. I g addendum(s), affidavits, statements, submissions, a has been a non-disclosure of any material fact, the
Specified Person Name: Specified Person Code:	Licence No
Date: D D M M Y Y Y Y Place:	

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Signature of Agent:

DECLARATION FOR ASSIGNMENT OF POLICY

VERNACULAR DECLARATION

must be	e witr	nesse	ed by s	ome	eone	other	han th	ne Advisor/Empl	byee of the Company).
I/We ce	ertify	that	the p	odu	ict ap	oplied 1	or by	me/us and the c	ontents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further
certify	thatt	there	pliesi	n the	e Pro	posal F	ormh	ave been record	ed as per the information provided by me/us. I, (Full name of the witness)
(Relatio	on wit	th the	Prop	osei	r/Pri	mary ir	sured)	adult and inhabitant of (city) and residing atdo hereby certify that I have reac
out and	d exp	olaine	d the	cor	ntent	s of th	ne Pro	posal Form and	all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the
Propos	er/Pr	rimar	y Insu	red	and l	ne/she	/they	have understoo	the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and
belief.									
Signatu	ure of	fthe	Vitnes	ss In:	sure	d			Signature/Thumbimpression of the Proposer/Primary
Date:	D	D	М	М	Υ	Υ	Y	Place:	

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

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.
- $2) \quad Any person making default in complying with the provisions of this section shall be punishable with penalty, which may extend to Rupees Ten Lakhs.$

 $In surance \, is \, subject \, matter \, of \, solicitation. \,$

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	M-Min - David de
Critical Illness [^]	< <option 1:="" major<="" no.="" of="" th=""><th>Waiting Period:</th></option>	Waiting Period:
	Critical Illness>>	Completed David de
	< <option 2:="" diseases="" group="" of="">></option>	Survival Period:
	Early-Stage (Minor) Critical Illness	Waiting Period:
		Survival Period:
Section 3.3. Major Surgio	al Procedures	Waiting Period:
Section 3.4. Hospital Dai	lv Cash^	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	nce/ EMI Protect ^	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 I	Disease	Min Hospitalization: Waiting Period:

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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. Education Benefit and Family Protection covers can be only opted with Critical Illness and/or Personal Accidental Covers.
- 4. 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	