

LOAN INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. 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 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. 3. 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 in 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. 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

FOR OFFICE USE

Quote No.:	<input type="text"/>	Inward No.:	<input type="text"/>
Receipt No.:	<input type="text"/>	Receipt Date:	<input type="text"/>

INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code:	<input type="text"/>			Specified Person's Code*:	<input type="text"/>		
Specified Person's Name*:	<input type="text"/>						
GSTIN/ISDN:	IF APPLICABLE						

INDIVIDUAL (* Mandatory Fields)

1. Name of the Proposer:	<input type="text"/>													
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	2. Date of Birth:	<input type="text"/>										
3. Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	4. Educational Qualification:	<input type="text"/>										
5. Occupation:	<input type="text"/>							Nationality:	<input type="text"/>					
6. Address of the Proposer:	House No.:	<input type="text"/>				Block:	<input type="text"/>							
	Building:	<input type="text"/>				Locality:	<input type="text"/>							
	Street:	<input type="text"/>												
	City:	<input type="text"/>				District:	<input type="text"/>							
	State:	<input type="text"/>				Pincode:	<input type="text"/>	Country:	<input type="text"/>					
7. Contact Details:	Phone No.:	<input type="text"/>				Mobile:	<input type="text"/>							
	Email Id:	<input type="text"/>												
8. Aadhaar Card No.:	<input type="text"/>				9. Corporate: Yes <input type="checkbox"/> No <input type="checkbox"/>	10. GSTIN/ISDN:	IF APPLICABLE							
11. PAN No*:	<input type="text"/>				/ Form 60/61.:	<input type="text"/>								

COVERAGE DETAILS

1. Loan Tenure:	<input type="text"/>	2. Period of Insurance:	From:	<input type="text"/>	To:	<input type="text"/>	
3. Please provide details of occupation:	<input type="checkbox"/> Salaried: <input type="checkbox"/> Central/State Govt. Employees <input type="checkbox"/> Employees in Public Sector Companies <input type="checkbox"/> Employees in Listed Private Companies <input type="checkbox"/> Employees in Unlisted Private Companies <input type="checkbox"/> Self Employed: <input type="checkbox"/> Self Employed Persons <input type="checkbox"/> Employees of Single Ownership Firm/Person involved in Business <input type="checkbox"/> Others, provide details						
4. Name of the Nominee:	<input type="text"/>						
Relationship with the Nominee:	<input type="text"/>					Date of Birth of Nominee:	<input type="text"/>
5. Are you the sole owner of the Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

If you are not the sole owner, please provide the following:

If co-applicants also intend to get covered, they are required to take separate Policy.

	Name of the co-applicants	Date of Birth	Relationship with the Proposer
First co-applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second co-applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th 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 licence. | Loan Insurance Policy UIN: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

6. Do you suffer from any pre-existing illness? Yes No
If Yes, please specify details and the no. of years _____

7. Do you have any Critical Illness Policy and/or PA policy other than the one proposed now, either with us or with any other Insurer? Yes No
If Yes, kindly provide the following information:

i) Name of the Insurer: _____

ii) Policy Number: _____ iii) Insured since: _____

iv) Period of Insurance: From To v) Sum Insured: _____

vi) Any Exclusions or Special Conditions applied in the Policy: _____

vii) Claims made if any: _____

viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company? Yes No
If so, please provide details of the same: _____

8. What is the type of Loan: Home Loan Auto Loan Others (Pls specify, if Others).
Kindly provide the following information: _____

i) Name of the Financial Institution: _____

ii) Branch of the Financial Institution: _____

iii) Agreement Type: Hypothecation Hire Purchase Lease Mortgage

iv) Loan Account No.: _____

9. What is the type of Building: Flat Independent House Semi-detached House 10. Loan Amount/Sum Insured: _____

11. Plan Type: Fixed Reducing 12. Equated Monthly Instalment Amount (EMI): _____

13. Additional Information pertaining to:	1st Applicant	2nd Applicant	3rd Applicant
i) Name:			
ii) Educational Qualification:			
iii) Marital Status:	Single/Married	Single/Married	Single/Married
iv) Relationship with the Proposer:			
v) Date of Birth:			
vi) Gender:	Male/Female	Male/Female	Male/Female
vii) Occupation:			
viii) Have you ever been denied any Health or Critical illness Policy by any Insurance Company? If so, please provide details of the same.	Yes/No	Yes/No	Yes/No
ix) Name of the Nominee:			
x) Relationship with the Nominee:			
xi) Nationality			

14. Are You or any of the proposed applicants are Politically Exposed Person? Yes No
Politically Exposed Persons (PEP) are individuals 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.

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Loan Insurance Policy 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 _____

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

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

SCOPE OF COVER

Type of Cover	Critical Illness ¹	PA (Death/Permanent Total Disablement)	Loss of Job ²
Sum Insured	Loan Amount	Loan Amount	3 EMIs of the Loan

1. Policy provides coverage against 13 critical illnesses as listed: Cancer of specified severity, Open chest CABG, Aorta Graft Surgery, Open Heart Replacement & Repair of Heart Valves, Stroke resulting in permanent symptoms, First Heart Attack of specified severity, Kidney Failure requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ / Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Coma of specified severity, Total Blindness, Permanent Paralysis of limbs

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PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

(*Mandatory fields)

Instrument Type: Cash/ Cheque/ Debit Card/ Credit Card

Cheque No./DD No.: Amount:

Date:

Bank Name:

Branch:

Bank Account No.*:

IFSC Code*:

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

If Non-Indian, please specify the Country: _____

Type of Organisation: Corporation Government Non-Governmental Organisation Society Trust
 (Only applicable if policy issued on Group Basis) 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.

Recent photograph of proposer:
 (Photograph is required, if customer does not have CKYC ID)

Signature of Proposer :

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 punishable with fine, which may extend up to ₹ 10 Lacs.

DECLARATION BY THE PROPOSER

I/We confirm that I/We are in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I/We also confirm that I/ We have never been postponed or declined for Critical Illness coverage and that I/ We have never been diagnosed or received medical care for any of the following conditions: 1. Stroke (including Transient Ischemic Attack). 2. Hepatitis B or C. 3. Alcoholism. 4. Drug Abuse. 5. Cancer (other than skin cancer). 6. Skin Cancer (2 or more occurrences). 7. Melanoma. 8. Abnormal Kidney Functions. 9. Alzheimer's or Senile Dementia. 10. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years). 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency virus infection (symptomatic or asymptomatic) or any AIDS related condition. 12. Any Disease or Disorder of the Nervous System. 13. Heart Attack.

(1) I/We hereby declare on my behalf and on behalf of all the 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/We am/are 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 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 life to be Insured/Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. (4) I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be Insured/ Proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be Assured/Proposer and seeking information from any Insurance Company to which an application for Insurance on the life to be Assured/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 proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority. (6) I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.

Date:

Place:

Signature of 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) _____ adult and inhabitant of (City) _____ 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.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

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