# PROPOSAL FORM

## CRITICAL ILLNESS INSURANCE POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1) Please answer all the questions fully and accurately. 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 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 Proposer's behalf. Kindly contact SBI GENERAL Offices or Agents for any doubts or clarifications on the proposal form.

Important Information: Health Check-Up/ Medical Examination will be required for acceptance of the proposal based on the Medical History, Sum Insured & Age of the Proposer as per our guidelines. For all persons aged 45 and above, medical examination is compulsory, irrespective of the Sum Insured opted and pre-acceptance medical tests at the cost of the Proposer. However, if the Proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

Our Liability: The liability of SBI General does not commence until this Proposal has been accepted by SBI General and premium paid by Proposer/ Insured to SBI General and upon full realization of the premium payment by the Insurer, the acceptance of which shall be specifically intimated to the Proposer by the Insurer along with the date from which the Insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Insurer. The Insurer is under no obligation to accept any Proposal for Insurance. The Proposer agrees that the receipt of this Proposal by the Insurer along with the premium payment does not tantamount to the acceptance of the Proposal for Insurance by the Insurer and does not result in a concluded contract of Insurance.

Scope of Cover (Basic Details): This is a benefit Policy & covers the listed Critical Illnesses. Fixed lump sum amount as stated in Policy Schedule is payable irrespective of actual medical expenses.

Significant exclusions: Pre-existing Diseases, AIDS, Pregnancy, Alternative Medicine, and External & Internal Congenital deformities. For a full list of exclusions, kindly refer the Policy Wording & schedule.

Note: The foregoing is only an indication of the cover offered. For full details, please refer to the Policy wording & schedule.

### FOR OFFICE USE

Quote No.: Inward No.:

Receipt No.: Receipt Date: D D M M Y Y Y Y

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

Segment Type: ☐ Corporate ☐ Retail ☐ SME Business Sector: ☐ Urban ☐ Metro ☐ Rural ☐ Village ☐ Social

Business Type: ☐ New ☐ Roll-Over ☐ Renewal Sales Channel Type: ☐ Banca ☐ Agency ☐ Direct

Sales Channel Code: Specified Person's Code*:

Specified Person's Name*: SURNAME MIDDLENAME FIRSTNAME

GSTIN/ISDN: IF APPLICABLE

### PROPOSER DETAILS (* Mandatory Fields)

1. Do you have an existing relationship with SBI General Insurance?* ☐ Yes ☐ No
2. Title*: ☐ Mr. ☐ Miss ☐ Mrs.
3. Name*: SURNAME MIDDLENAME FIRSTNAME
4. Gender*: ☐ Male ☐ Female ☐ Others 5. Date of Birth*: D D M M Y Y Y Y
6. Aadhaar Card No.: XXXXXXXX 7. PAN No*.: /Form 60/61* (If PAN not available):
8. Passport/Driving License/ Voter ID:
9. What industry do you work in?
10. Occupation*: ☐ Salaried ☐ Self-employed/ Professional ☐ Business ☐ Student ☐ Retired ☐ Defense Personnel ☐ Agriculture & Allied ☐ Others (specify) _____)
11. Email address*: 12. Marital status*: ☐ Single ☐ Married ☐ Others
13. Nationality*: 14. Preferred Contact Mode*: ☐ Email ☐ Paper Mail ☐ Phone
15. Contact details*: Mobile No.: Alternate Mobile No.:
16. Preferred Payment Mode*: ☐ EFT ☐ Cheque

Version: 1.0 Jan 2024

### ACKNOWLEDGEMENT SLIP (Tear Off):

This is to certify that the amount of Rs. _____ will be debited from the Bank Account No. _____

of Mr/Ms./Mrs. _____ towards the premium for SBI General's Critical Illness Insurance Policy.

Signed at: _____ Journal No.: _____

Signature: _____ Journal Date: D D M M Y Y Y Y

Authorised Signatory of SBI

Version: 1.0 Jan 2024

17. Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

18. Proposer's Permanent Residential Address*:

City: Pincode:

19. Are you or any of the proposed applicant_____, please tick whichever is applicable: Yes No

HNI Jeweller NGO Film Actor/ Producer PEP

If yes, please provide details for all person(s) in a separate sheet.

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.

20. Corporate: Yes No 21. GSTIN/ISDN: IF APPLICABLE

## NOMINEE DETAILS

| Name | Contact Details | Date of Birth | Age | Relationship with primary insured |
|---|---|---|---|---|
| | | D D M M Y Y Y Y | | |

**Where Nominee is a minor, give the details of Appointee**

| Name of the Appointee | Relationship | Appointee contact details |
|---|---|---|
| | | |

## MEMBERS PROPOSED FOR INSURANCE (* Mandatory Fields)

| Details | Insured 1 |
|---|---|
| Name* | |
| Gender* | |
| Date of Birth* | |
| Marital Status* | |
| Relationship with the Proposer* | |
| Height (in Meters): | |
| Weight (in Kg): | |
| Occupation* | |
| Gross Monthly Income: | |
| Benefit Amount/Sum Insured: | ₹3 Lakhs ₹5 Lakhs ₹7 Lakhs ₹10 Lakhs |
| Plan Duration | 1 year 3 years |
| Nationality* (Indian/ Non-Indian /Non-resident Indian/Other) | |
| Other Insurance* Yes No | |
| Industry: | |
| ABHA (Ayushman Bharat Health Account) number (if available) : | |

I/We hereby provide consent to share my/our medical records with the insurer or TPA

If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in

**Note:** Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

## ACKNOWLEDGEMENT SLIP (Tear Off):

Note: (1) You shall receive the Policy copy on acceptance of your Proposal Form by the Head Office of SBI General Insurance Company. (2) Irrespective of the number of accounts the Insured has with SBI, he/she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. (3) Even if multiple Policies are taken through one or more than one account with SBI 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. Premium paid for all such Policies by the Insured will be refunded after deduction of administrative expenses of Rs. 150. (4) In case of a Joint account, two separate Policies may be issued in case both the account holders opt for respective Individual Policies. (5) Period of Insurance shall be 1 year from the date of transaction. (6) This acknowledgement slip does not in any way communicate the acceptance or commencement of risk under the application submitted by you. This is only an acknowledgement slip and is not the premium receipt. This acknowledgement slip should not be used for Income Tax purpose. The premium receipt shall be issued once the Company accepts the risk on your health and the amount deposited is applied to your Policy as premium. (7) Premium will be refunded in case your proposal is rejected by us. (8) For any assistance / clarification required kindly get in touch with SBI General Insurance Company Ltd. on 1800 22 1111, 1800 102 1111 (Toll Free).

## PREVIOUS/EXISTING INSURANCE

Are you applying for portability / Migration: ☐ Yes ☐ No

**(If "Yes", please fill the separate portability from also)**

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

☐ Yes ☐ No If Yes, then provide below details

| **Previous / Existing Insurance Details** | Policy Number | Insurer's Name | Period of Insurance | Sum Insured | Premium Paid (Rs) | Claim Details (if any) Incurred Claim (Outstanding+ Received): Claim Ratio (%): |
|---|---|---|---|---|---|---|
| **Insured 1** | | | | | | |

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Critical Illness 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).

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

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

## PERSONAL HEALTH DETAILS (To be filled in respect of all the members proposed to be covered under the policy)

| Sr.No. | Details | Insured |
|---|---|---|
| 1. | Are you in good health and free from physical and mental diseases or infirmity or medical complaints or deformity? | Yes / No |
| 2. | Lifestyle details of the Insured: | |
| 2.a | Is your occupation associated with any specific hazard? (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc.) | Yes / No |
| 2.b | Do you consume tobacco in any form? If Yes, whether it is: Cigarette/Beedi/Cigar/Gutka/Pan Masala/Others | Yes / No |
| | Quantity per day. | |
| | Consuming fo the past | _____years |
| | If you have stopped smoking or using tobacco products then please provide from when? | |
| 2.c | Do you consume alcohol? If Yes, type of alcohol - Beer/Hard Liquor/Wine/Others | Yes / No |
| | Amount consumed per week : | |
| | Consuming for the past | _____years |
| | If you have stopped drinking then please provide when? | |
| 3. | Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner? | Yes / No |
| 3.a | High Blood Pressure/Heart Attack/Cardiovascular disease, Diabetes, Tuberculosis, Asthma, or other Respiratory disease, *Kidney disorder, Bladder disorder, Urine abnormality, Renal Stones or Genital Organ disorder, Cancer or any form of Tumour or Lump, Cyst growth, Liver and Gall Bladder disorder, Stomach or Duodenal disorder, Fistula, Piles, Hernia, Eye, Ear, Nose, Throat or Endocrine diseases, diseases of Bones, Joints or Spine, Stroke, Epilepsy or any other disorder of Brain, Spinal Cord or Nerves | Yes / No |
| 3.b | Any other illness/injury requiring investigation or treatment | Yes / No |
| | If answer to 3a or 3b is 'Yes', provide details of the ailment and nature of treatment in the Annexure. | |
| 4. | Have you ever been tested positive for HIV/AIDS, Hepatitis B or C or sexually transmitted diseases? | Yes / No |

## PREMIUM PAYMENT DETAILS (Claim/ Refund amount will be deposited in the understated Bank Account unless requested to change/update subsequently)

Journal Entry No.: _____ Journal Entry Date: _____ Bank A/c No.: _____ Premium Amount in figures (including ST as applicable): _____

Amount in words: _____ Bank Branch: _____ Branch Office Code: _____

Signed at: _____ Signature: _____ Authorised Signatory for SBI: _____

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

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

Cheque No/DD No.: _____ Date: _____ Amount: _____ Bank A/c No.*: _____

Bank Name: _____ Branch: _____ IFSC Code*: _____

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

## 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 statues, 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 avalilable 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 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 the 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 to ₹10 Lacs.

## 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.

Licence No. _____

Date: D D M M Y Y Y Y Place: _____ Signature of Agent: _____

## DECLARATION BY PROPOSER

1. I/We hereby declare that the statement made by me/us in the Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statement made by me and this declaration shall from the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. 2. I/We understand that the policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or non- disclosure/concealing of any material particulars by me/us. My/our faillure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our policy when a claim is made. 3. I/We hereby undertake that if any additions/alternations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us. 4. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest. 5. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us. 6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data). 7. 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.

Please tick mark if Authorizes Person has explained the product features and benefits and I have understood the questions in the form and the answers given are correct. Yes ☐ No. ☐

Date: D D M M Y Y Y Y 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: D D M M Y Y Y Y  Place:

_____
Signature of the Witness

_____
Signature/Thumb impression of the Proposer

## CONSENT CODE AND ACCOUNT DEBIT MANDATE

_____ is the consent code to authorize SBI to Debit the customer account

I _____ authorize SBI to debit my Account Number _____ with ₹. _____ for premium of

_____

Date: D D M M Y Y Y Y  Place:

_____
Signature of the Witness

_____
Signature/Thumb impression of the Proposer

# PROPOSAL FORM

## CRITICAL ILLNESS INSURANCE POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

### Annexure to Critical Illness Insurance Policy

| Sr. No. | Particulars | Details |
|---|---|---|
| 1 | Name of the Insured: | |
| 2 | Name & address of the Treating Doctor | |
| 3 | Nature of Ailment (Exact Diagnosis) | |
| 4 | Date of First Diagnosis | |
| 5 | Nature of Symptoms (Onset, Duration and Intensity) | |
| 6 | List of Prescribed Medication | |
| 7 | Further Consultation Planned (if any) | |
| 8 | Details of Investigations performed along with the Dates and Results | |

# AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

| Sr. No | Name of Ultimate Beneficial Owner | Percentage (%)* | Remarks, if any |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***Notes:**

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder: