

SBI GENERAL INSURANCE COMPANY LIMITED.

PROPOSAL FORM

•Dependent children will be covered up to 25 years of age

•Pre-existing diseases would be covered after 4 policy years provided the policy has been renewed without a break

GUIDELINES FOR COMPLETION OF THE FORM: (1) Please answer all 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 any one acting on his behalf. (4) Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form. (5) Company may ask for PAN no. of the proposer in case the premium is more than ₹ 50,000.

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").

Important Information: Health Check Up: Medical Examination may be required for all persons aged 45 years and above, and pre-acceptance medical tests is 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.

INTERMEDIARY DETAILS

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

PROPOSER DETAILS

Name

Communication Address:

City: State: Pin Code:

Contact Details Mobile: E-mail ID:

PAN No.: Aadhaar No.:

Date of Birth Gender: M F Other

Occupation Salaried: Self Employed: Any Other: _____

Period of Insurance: From to

Coverage Details:

Policy Type: Individual

Family Floater

Family Non-Floater

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DETAILS OF PERSONS TO BE INSURED

Sr. No.	Name of the Insured	Sum Insured	Date of Birth	Age	Gender	Height	Weight	Occupation	Marital Status	Relationship with Proposer
1			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					
2			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					
3			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					
4			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					
5			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					
6			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>					

NOMINEE DETAILS

Name	Date of Birth	Age	Relationship with primary insured
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship

PREVIOUS/EXISTING DETAILS OF INSURED

Do you/any of the insured suffer from any pre-existing illness? Yes No

If Yes, please specify details and the no. of years: _____

Do any of insured smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do any of insured consume any other type of tobacco including betel nut?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do any of insured consume alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please provide details of your existing Health Insurance Details

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years
		From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

ELECTRONIC INSURANCE ACCOUNT DETAILS

I want Arogya Sanjeevani Insurance Policy related information in –

Physical Format - Yes No e-Format (electronic) as & when applicable - Yes No

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)

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PREMIUM PAYMENT DETAILS

Name of Premium payor:

Premium Payment Options: Monthly Quarterly Half Yearly Annual

Premium Amount: Cheque No./DD No.:

Date: Instrument Type: Cash Cheque Debit Card Credit Card

Others: Please Specify: _____

Bank Name:

Bank Account Number: IFSC Code:

Branch Name:

BANK DETAILS

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.

Name of Account holder:

Cheque No.: Cheque Date: Cheque Amount for ₹

Bank Name: Branch Name:

Name as in Bank Account:

Bank Account No.: IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Place:

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

- **Nationality:** Indian Non-Indian If Non-Indian, please specify Country:
- **Type of Organization**
- Corporations Governments Non Governmental Organizations Society Trust
- Partnership International Organization Co-operatives Section 25 Companies

Signature:

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AGENT'S 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.

Date: _____

Signature of Agent: _____

Place: _____

Licence No.: _____

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- ii. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- iii. 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.
- iv. I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- v. I/We authorize 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.
- vi. I/We are aware of premium loading, (if any declared above) for habits & diseases as declared / mention by me/ us above.

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 by 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.)

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You are obliged to inform SBI General Insurance Company Ltd without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed members have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, 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.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹ 10 Lakhs.

Place: _____ Date: _____ Signature of the Proposer: _____

SECTION 41 OF INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

- (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) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

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 information 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 incidental to availing the insurance policy

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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 knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Witness

Signature/Thumb impression of
the Proposer/Primary Insured

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