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"). 											/").												
INTERMEDIARY'S DETAILS*																							
Intermediary Name:	R S	T N	A M	Е			М	I D	D	L	E N	Α	МЕ			S	U	R	N	Α	М	Е	
Intermediary code:								Inter	media	ry Cc	ontact Det	ail:											
ntermediary Email ID:																							
Business Type: New																							
POLICY DETAILS																							
olicy Type*: 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																							
DETAILS OF PROPOSER (FOR PRIMARY BORROWER)																							
Name of the Proposer*:	F	I R	S T	N A	М	Е		М	D	D	L E	N	A N	E			S	U	R	N	Α	М	Е
Present Address* (Current Residing Address)																							
	City:										Village:							П	\Box	\Box		Т	
	Gram Panchayat:									司	State:									ī		Ī	一
	Pin-Code:						•			L	andmark:								\exists	\exists		T	一
My Present Address is same as l	My Present Address is same as Permanent Address																						
Permanent Address*																							
	City:										Village:								Ī			Ī	\equiv
	Gram Panchayat:									司	State:									ī		Ī	一
	Pin-Code:									L	andmark:												
Nationality*								P	AN No	o.*: [For	rm 60)/61	А	s Av	ailable	Э
Aadhar Number*									Passp Licens		Driving thers												
Contact Details*:									Alte	ernat	te contact	no. [
Email Address*:											GSTN	No. [
	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 DETAILS*																							
Name of Premium payor:	F	I R	S T	N A	М	Е	Щ	М	D	D	L E	N	A N	E			S	U	R	Ν	Α	Μ	Е
Premium Payment Options: Mon	ıthly Q	uarterly	<u>' </u>	Half Yea	rly	Annua	al 📗																_
Premium Amount:	\coprod	1 .		$\perp \perp$	$\frac{1}{2}$		$\frac{1}{1}$		heque		/DD No.:						Ш					\perp	
Date: D D M M Y	YYY	Instru	ment Ty	/pe:	Chequ	ie	Debit	Card	Щ	Cred	dit Card	Othe	rs: Plea	se Sp	ecify:					<u> </u>			
Bank Name:		\perp		$\perp \perp$						\perp													

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.

Card No*.:

Card details*:

Card Expiry Date*:

Bank Account Number:														Branch:												
Branch Name:								İ		Ť	Ť									Ť	T	T				
SBIGI does not accept Casl	∟∟ for P	remiun	n Payn	nents	agair	nst the	Policy	y.												-				I I		
INSURED BANK DETA	ILS*	(Claim	/Refu	nd an	nour	nt will b	e dep	pos	sited ir	n this	В	ank Account only (unl	ess cha	nged	sub	sequ	ıent	ly)							
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) Bank Name*: Bank Name*:																										
	_													Dai	ik ivai	ne .						_	=			
Name as in Bank Account*	: <u>L</u>																									
Bank Account No.*:					<u> </u>			<u> </u>	<u></u>]					T									
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.																										
PREVIOUS/ EXISTIN	PREVIOUS/ EXISTING INSURANCE DETAILS:																									
Policy Number		lı	nsurer	name	e & A	ddress				Pe	ric	od of Insurance (Fro	m 8	To)			Sum	Insu	ıred			T	Clain	n deta	ails (i	fany)
										From: DD/MM/YYYY												+				
										to DD/MM/YYYY																
												om: DD/MM/YYY to DD/MM/YYYY	Υ													
	το Δυ/ΜΜ/ΤΤΤΤ																									
DECLARATIONS ON BEHALF OF ALL PERSONS TO BE INSURED:																										
1) 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 authorized 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 insurer and that the																										
policy will come into force only after full payment of the premium chargeable.																										
3) 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.																										
4) 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 prese insurer to whom an ap						_																	-			-
5) I authorize the compar	-					-		-			-		of	the insu	red/p	ropo	ser f	or th	e so	le pu	rpose	e of ur	nderv	vriting	g the	proposal
and/or claims settleme 6) I/we aware of premium			-				_		-		-		us a	above.												
7) I/ We hereby agree to	keep	record	of KY	C det	ails o	f all inc	lividua	al m	nembe	rs co	ve	ered under the Grou			e incl	uding	but	not	limit	ted to	o HNI	l, Jew	elers	, NG	O, Fil	m Actor/
Producer and PEPs to p Note- Politically Expos												·	: pเ	ublic fun	ction	s bv	a for	eian	COL	ıntrv	. incl	udina	the	heads	s of	States or
Governments, senior p	olitici	ians, se	nior go	overn	ment	t or judi	cial or	r mi	ilitary o	office	rs	, senior executives o	of s	tate-ow	ned c	orpoi	ratio	ns ar	nd in	nport	ant p	olitica	al par	ty off	icials	S.
 I/We hereby provide co and may notify in case 			-						n the ir	isure	rc	or TPA and encourag	ge (creation	of Al	BHA I	D fo	r all f	Polic	y hol	ders	at ww	vw.he	ealthi	d.ndl	nm.gov.in
9) I declare that the detail									or both	new	ar	nd renewal purposes	i.													
10) I/ We hereby agree to Company as and when			of KY0	C deta	ails o	f all the	indiv	/idu	ıal mer	nbers	s c	covered under the g	rou	p insura	nce,	and e	nsur	e to	pro	vide 1	the K	YC of	· ben	eficial	lowr	er to the
Company as and when	Tequi	100.					_	_			_		_		1											
Date: D D M M	Υ	YY	Υ		Plac	ce:										Š	Signa	ature	:							
ELECTRONIC INSUF	RANC	E ACC	OUN	T DE	TAII	LS*																				
I have an eIA Number:																										
NSDL Database Mar	_			Kno	wn a	s CDSL	Insur					d (Formerly Ka	arv	y Insura	nce R	eposi	itory	7		IJ L₁	td	Insura	ance	Repo	sitor	y Services
My CKYC No. (Central Kno	w You	ır Custo	mer R	egist	ry Nu	ımber) i														ilable						
I,	eral In	suranc	e Com	pany	will h	andle r	hat th ny CK	nis i	inform inform	ation natior	is n ii	n compliance with al	ırp II ap	ose of e oplicable	nsurii data	ng ac prote	cura ectio	te ar n lav	nd up vs ar	odate nd reg	ed red gulati	cords ions. 1	for in	nsura conse	nce s	services. I
Customer Name:		. Juu uri								ya	u	g and adage of filly	J1\		·······	ui l	. voi		ate:		D	M	M	Υ	γ	ΥΥ
Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).																										
DECLARATION FOR ASSIGNMENT OF POLICY																										
You have an option to assunfortunate event of your	sign tl	he Poli	cy to t	he Fii	nanci	ial Insti											Polic	cy in	cas	e of	non-ı	repay	men	t of tl	he lo	an at the
 I understand and wish assignee) from whom I I further affirm that such 	to as: have	sign the availed	e Polic a loan	y, as	indica	ated ab	ove, v	whi	ich ma	y be i	iss	sued, to				the										to as the
be paid to the said assi																									CONTA	ILIOIIS WIII

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.

same and recognize the Policy being assigned to the aforementioned assignee thereafter. $$
ate: D D M M Y Y Y Y Place: Signature of the Main Borrower:
DECLARATION FOR UPDATE VIA DIGITAL MODE
/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company imited related to my insurance policy through my registered mobile number & email". ate: DDMMMYYYYYY Place: Signature of the Main Borrower:
AML GUIDELINES*
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 ffence 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 ompany 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 revention of money laundering in India.
ationality: Indian Non-Indian Non-Resident Indian Others
Non-Indian, please specify nationality and Country address:
NRI, please specify nationality and country address:
/pe of Organisation:
Corporation Government Non-Governmental Organisation Society Trust Partnership
International Organisation Cooperative Section 8 Companies
nereby declare that the current address is different from the available in the Central identities Data Repository.
ustomer can submit CKYC form for updation.
Signature of Proposer:
AGENTS DECLARATION (Full Name)) in my capacity as an Insurance Advisor/ Specified Person of the Corporate agent/Authorized 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 ontained 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 etails 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 ave further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, urnished/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 olicy issued to his/herfavour 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.
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(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate gent/Authorized 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 ontained 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 etails sought here in 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 ave further explained that if any untrue statement(s), information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, unished/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 olicy/issued to his/her favour pursuant to this Proposal may be treated by the Company as null andvoid and all premiums paid under the Policy may be forfeited to the company. Pepcified Person Name: Specified Person Code: Licence No. Signature of Agent: 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). Ave 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 explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company

I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.

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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 intrinated 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.
- $2) \ \ Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.$

Insurance 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		
	Broken Bones		
	Burns		
	Mobility Extension^		
Section 3.2.	Major Critical Illness		Sum Insured:
Critical Illness [^]	< <option 1:="" major<="" no.="" of="" td=""><td></td><td>Waiting Period:</td></option>		Waiting Period:
	Critical Illness>>		Survival Period:
	< <option 2:="" diseases="" group="" of="">></option>		
	Early-Stage (Minor) Critical Illness	. 🗆	Sum Insured: Waiting Period: Survival Period:
Section 3.3. Major Surgic	al Procedures		Sum Insured: Waiting Period:
Section 3.4. Hospital Dai	ly Cash^		Limit:
			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	ice/ EMI Protect ^		EMI Amount/ SI Limit: No of EMI (If Loan Linked): 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			
Section 3.10. Education B			Complex complete
Section 3.11. Infectious I	Disease		Sum Insured: Waiting Period: Min Hospitalization:

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.

^ Note:

- 1. If Personal Accident benefit is opted then it is mandatory to opt Accidental Death and/or Permanent Total Disablement.
- $2. \ \ \, \text{Early-Stage (Minor) Critical Illness can be opted only with Major Critical Illness.} \\$
- ${\tt 3.} \quad {\tt Education\,Benefit\,and\,Family\,Protection\,covers\,can\,be\,only\,opted\,with\,Critical\,Illness\,and/or\,Personal\,Accidental\,Covers.}$
- ${\bf 4.} \quad {\bf Mobility \, Extension \, can \, be \, purchased \, with \, Permanent \, Total \, Disablement.}$
- 5. 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	