

- 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.
- I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognize the Policy being assigned to the aforementioned assignee thereafter.

Date: Place: Signature of the Main Borrower: _____

DECLARATION FOR UPDATE VIA DIGITAL MODE

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email".

Date: Place: Signature of the Main 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 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 Non-Resident Indian Others

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 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 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.

Specified Person Name: _____ Specified Person Code: _____ Licence No. _____

Date: Place : _____

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).

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 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.

Signature of the Witness Insured _____ Signature/Thumb impression of the Proposer/Primary _____

Date: Place : _____

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) 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.

Coverage Details (Tick if opted)		
Cover Section	Cover Name	Sum Insured/ Limit
Section 3.1. Personal Accident^ <input type="checkbox"/>	Accidental Death <input type="checkbox"/>	
	Permanent Total Disablement (PTD) <input type="checkbox"/>	
	Permanent Partial Disablement (PPD) <input type="checkbox"/>	
	Temporary Total Disablement (TTD) <input type="checkbox"/>	
	Broken Bones <input type="checkbox"/>	
	Burns <input type="checkbox"/>	
	Mobility Extension^ <input type="checkbox"/>	
Section 3.2. Critical Illness^ <input type="checkbox"/>	Major Critical Illness <<Option 1: No. of Major Critical Illness>> <input type="checkbox"/> <<Option 2: Group of Diseases>> <input type="checkbox"/>	Sum Insured: Waiting Period: Survival Period:
	Early-Stage (Minor) Critical Illness <input type="checkbox"/>	Sum Insured: Waiting Period: Survival Period:
Section 3.3. Major Surgical Procedures <input type="checkbox"/>		Sum Insured: Waiting Period:
Section 3.4. Hospital Daily Cash^ <input type="checkbox"/>		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. Convalescence/ EMI Protect ^ <input type="checkbox"/>		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 Salary <input type="checkbox"/>		
Section 3.7. Loss of Job/Earning <input type="checkbox"/>		
Section 3.8. Payment Protection <input type="checkbox"/>		
Section 3.9. Family Protection^ <input type="checkbox"/>		
Section 3.10. Education Benefit^ <input type="checkbox"/>		
Section 3.11. Infectious Disease <input type="checkbox"/>		Sum Insured: Waiting Period: Min Hospitalization:

^ 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. 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	