## **PROPOSAL FORM**

## MICRO INSURANCE POLICY (SHG/NGO/MFI/ OTHER CORPORATES)



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Information for fields marked wi	th aste	erisk (	(*) are	ma	ndat	tory																						
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Marketing Officer and Code:																												
Branch Office:																												
Broker/Agent Name and Code:																												
Nature of Proposer:		SHG		SH	G F€	edera	itic	ons [		MF	1/N	IBFC												velo <sub>l</sub> Deve	•			ank.
	1	NGO		De	velo	pme	nta	al Aut	hori	ty		Сс	оре	erati	ve S	Soci	ety		Tr	ade	e Ur	nion	۱ [		Cor	pora	ate	
	I	ndus	trial E	Body	,	G	ove	ernme	ent																			
Existing SBIGICL customer:		Yes		No	,		lf	Yes, I	kindl	y pr	rovi	de M	1em	ber	ld													
Number of members covered:																												
ls membership voluntary or rest	ricted	to pr	e-def	inec	d aro	ups?	, [		'es		Ti	No																
ls the proposed cover for all me		=			. 5		Ĺ	=	'es		=	No		lf no	o. Pl	leas	e de	tail s	seled	ctic	on c	rite	ria					
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IF NATURE OF PROPOSER - S	HG or S	SHG	Fede	ratio	on, th	nen p	lea	ase fil	l in t	he c	leta	ils b	elov	N														
Name of the SHG:							Τ																					
Name of the SHG federation:				Ì		İ	Ī																				Ī	
Composition by Gender:	1	Male '	%		Fe	male	%		Bot	h %	· · ·	•	•			•			•	•								
Composition of SHG group by age		18 – 3	35		36	- 45		$\Box$	46-	- 60	)		61	-75			7	anc	d ab	ove	9							
Composition of SHG group by Agricultural Fishery Animal Husbandry Forestry Food Process							essi	ing																				
occupation:		Handy craft & Skill based jobs like tailoring, embroidery, Handy craft, pottery  Manufacturing like coir, bidi, bricks etc.																										
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Year of inception of the group:					Т		Τ												Τ								$\Box$	_
Number of families covered by the SHG		$\pm$		i	T	$^{\perp}$	Ť											i	Ī	_							寸	=
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IF NATURE OF PROPOSER - N	IGO, th	ien pi	lease	TIII II	i the	aeta	alis	Delov	N		1																	
Name of the NGO: Present Address*:	4	<u></u>	Щ	4	4	4	Ļ				<u> </u>	_						4	_			$\sqsubseteq$	Ļ	Ш	$\sqsubseteq$			
Present Address*: (Current Residing		$\dashv$	Щ		$\perp$	$\perp$		$\perp$	<u> </u>	L	<u></u>											L					=	_
Address)	City:	Ш			<u> </u>	Щ		$\perp$		$\frac{\perp}{\perp}$	$\perp$		_		٦.	Villag		4	1					$\sqsubseteq$	Щ		=	_
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My Present Address is same as F	erman <sup>2</sup>	nent /	Addre	ess	Ļ				1											-								
Permanent Address*:		$\perp$		<u> </u>	<u> </u>	$\perp$	<u>L</u>				<u> </u>							4	1			=		Щ			ᆜ	_
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	Teleph					_		1 _								mail	L							Ш				
Broad Classification of NGO: (Also please provide a brief description of the activities performed by the NGO.)	$\vdash$		f Orie f orier			L	aig	_		_	_			d NC pme		_ Orie	_	amı danc	_		-			30				
Disclaimer: SBI General Insurance Co	mpany i	Limite	ed I Co	rpor	ate 8	Regi	ste	red O	ffice:	Fulc	rum	Buil	ding	, 9th	Floo			Ving,				, An	dher	i (Ea	st), 1	Mum	bai -	

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai -400099. For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. I 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 Co. Ltd. under license | Micro Insurance Policy, UIN: SBIPAGP12001V011112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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		Relief	& Dev	/elopm	nental	orien	ted N	GO		Reli	ef&	De	velo	ome	ent 8	& Ca	amp	aigr	ning	) NG	О						
Number of members covered	Щ	Other	r (pleas	se spe	cify)_											- 1											
by the NGO																						Щ		ᆜ			
Are you or any of the propose	Are you or any of the proposed applicant*, please tick whichever is applicable: Yes No																										
HNI Jeweller NG	0		Film /	Actor	Produ	ucer			PE	P [																	
olitically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the eads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned orporations and important political party officials.																											
The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID dowever, if you need a physical copy of the policy document, please send SMS "PRINT <policy number="">" to 561612 from your registered mobile umber.</policy>																											
IF NATURE OF PROPOSER - N	GO, t	hen pl	ease f	fill in th	ne det	ails b	elow																				
Year of inception of the NGO:																								$\Box$			
Relationship of proposed members with NGO			nteer o		vist	_	Benet Dono		-		_		Chai er (p	-				e [		En	nplc	yee	;				
Door the NCO fallow SHC model?			\\		l <b>e</b>								•				•	h a									
Does the NGO follow SHG model? Yes No If yes, kindly fill in the questions under SHG section above																											
IF NATURE OF PROPOSER - M	FI the	en plea	se fill	in the	detail	s belo	ow																				
Name of MFI:																											
Purpose of Loan:		Incon	ne Ger	nerati	ng	N	lon In	con	ne Ge	enera	ating	g															
f Income Generating, then type of loan:		embr	ultura y craft oidery ces lik	t &Skil ,, Han	dy cra	d jobs ft, po	s like t ttery	tailo	ring,		] N	1anı	ufact	urir		٠ ـ	oir,			Proc		_					
fNon Income Generating, then ourpose of loan:		Healt Educa	-		ses	=	1arria Others	_	-		ify)		Repa	aym	nent	of	an e	arlie	er L	oan —							
IF NATURE OF PROPOSER - C	о-ор	erative	e Soci	ety, th	en ple	ase f	ill in tl	he d	letail	s belo	ow																
Name of the Cooperative society:																											
Broad Category of the Cooperative Society:		Marke	eting (	Сооре	rative		Inp	ut C	ооре	rativ	e [		Mar	ket	ing ·	+ In	out	Coc	ре	rativ	⁄e				•		
Year of inception of the Cooperative Society																								$\Box$			
Address for communication:																											
	City:	:												Stat	te:						_			ī		司	
	Pin-(	Code:			Ì			İ	i	İ		L	andr	mar	k:									T		司	
	Teler	phone	No.:							Τ		<u>'</u>	Er	mail	ld:									一		一	
COVERAGE DETAILS																											
Cover						Compulsory/Optional						Cover Opted								Τ	Sum Insured						
Personal Accident with maximum sum insured of ₹50,000/- per person with coverage for accidental death and Permanent Total Disability. If family is covered the sum insured for per family member will be equivalent to the sum insured opted by Primary insured				of ath um	Compulsory						Compulsory								10,000 20,000 30,000 40,000 50,000								

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Asset Insurance – Coverag			Optional	item Description	Maximum sum						
Burglary and housebreaking sum insured ₹30,000/-	but excluding theft.	Maximum		Dwelling	Yes No	insured₹30,000/-					
				Stock of farm produce (Max.₹5000)	Yes No						
				Other Contents	Yes No						
				Farm tools and imple- ments (Max. ₹5000)	Yes No						
Critical Illness Insurance – I critical illnesses. Maximum person	-		Optional	Yes	No	10,000 20,000 30,000					
Hospital Daily Cash Ins hospitalisation due to disea a fixed per day limit of ₹250 60 or 90 days per year.	se /illness/injury/Aco	cident with	Optional	Yes	No. of days per year  60 days  90 days						
MEDICAL AND LIFE STYL	E INFORMATION:										
Has any of the persons pro		ed ever suffer	from / are currently s	suffering from any	of Illness/ disea	ases or any pre-existing					
accidental injury? [If answer any].											
Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6					
Name of Illness/ disease/Injury/ Disability:											
Duration since suffering from:											
Type of disability											
Percentage of disability											
Medications details (present/ past) please specify:											
Are you fully cured- Yes/No?											
PREMIUM PAYMENT AND	BANK ACCOUNT D	ETAILS*									
					7						
Premium Amount ₹*: Premium payment option*:	Cheque EFT		Cheque/Journal No*.:   Debit Card / Credit Card	<u> </u>	Date: D						
Bank Name*:   IFSC Code:											
Bank Account Number*:											
Branch Name*:				Card details*:	Master Vis	a 🗌					
Card No*.:			Card Expiry	Date*: M M Y	YYY						
ASBA Declaration:											
	facility and debit th	e same from	my bank account upor	n acceptance of thi	s proposal. In o	oresaid insurance policy case the proposal is not k the balance amount.					
SBIGI does not accept Cash for Premium Payments against the Policy.											

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ı	NSURED BANK DETAILS* (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)
Ρle	case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. ease provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the fund / claim needs to be credited directly)
Ва	nk Name*: Branch:
Na	ame as in Bank Account*:
Ba	ink Account No.*:
	SC Code: MICR Code:
	ote: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. ECS is selected, please submit the standing instruction form available at our branches.
E	LECTRONIC INSURANCE ACCOUNT DETAILS*:
	NSDL Database Management Ltd  (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
(c)	Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd
	CKYC No. (Central Know Your Customer Registry Number), (if available):
, I	, hereby grant explicit consent to SBI General Insurance Company for the
pu Ck	trieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the rpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my (YC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.
Cu	stomer Name: Date: D D M M Y Y Y Y
Kir	ndly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)
-	DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED 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 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 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 present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5.	I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
6.	I/we are aware of premium loading, (if any declared above) for habits & diseases as declared/mentioned by me /us above.
7.	I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewellers, NGO, Film Actor/Producer and PEPs to provide the details of beneficiaries to the company as and when required.
	Note. 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.
8.	$I/We\ hereby\ encourage\ creation\ of\ ABHA\ ID\ for\ all\ Policy\ holders\ at\ www.healthid.ndhm.gov. in\ and\ may\ notify\ in\ case\ customer\ wishes\ to\ the\ same\ with\ Insurer.$
9.	I/We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

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Signature/Thumb impression of the Proposer/Primary Insured

Place:

Date:

VERNACULAR DECLARATION:									
I/We verify the contents of this form have been read over and clearly explained to me/us by and I/We fully understand them. I/We further certify that the replies in this proposal form have been recorded by me / us									
Relation of witness to the proposer									
	Signature of Witness								
Date:         D         D         M         M         Y         Y         Y         Place:									
	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 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.

