

PROPOSAL FORM

INDIVIDUAL PERSONAL ACCIDENT INSURANCE POLICY



Guidelines for completion of the form: Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Kindly contact SBI General Office for any doubts or clarifications in the Proposal Form.

The liability of SBI General does not commence until this proposal has been accepted by SBI General and premium paid and upon full realisation of the premium payment by the Company, the acceptance of which shall be specifically intimated to the Proposer by the Company 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 Company.

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

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code:	<input type="text"/>			Specified Person's Code*:	<input type="text"/>		
Specified Person's Name*:	<input type="text"/>						
GSTIN/ISDN:	<input type="text"/>						

PROPOSER'S DETAILS

1. Name of the Proposer:	<input type="text"/>	
2. Name of the Insured Person:	<input type="text"/>	
3. Relationship between the Proposer and the Insured Person:	<input type="text"/>	
4. Residential / Permanent Address of the Insured:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
5. Contact Details*:	Mobile No.: <input type="text"/>	Alternate Mobile Number: <input type="text"/>
6. Email*:	<input type="text"/>	
7. Nationality*:	<input type="text"/>	
8. Aadhaar ID No.:	<input type="text"/>	9. PAN No.*: <input type="text"/>
	/Form 60/61.* (If PAN not available): <input type="text"/>	
10. Passport/Driving License/ Voter ID:	<input type="text"/>	
11. Period of Insurance:	From: <input type="text"/>	To: <input type="text"/>
12. Profession/Occupation/ Trade or Business (Please describe fully with nature of duties):	<input type="text"/>	
	<input type="text"/>	
13. Do you engage in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skating or ice hockey, ballooning or polo or sports of similar nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Where does your average monthly come from:		
Gainful Employment:	Other Sources:	Total in ₹: <input type="text"/>
Gross Annual Income in ₹:	<input type="text"/>	
15. Date of Birth:	16. Marital Status:	17. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
18. Are you an employee of SBI Group Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', please state the name of the company and employee code:	<input type="text"/>	
19. Is this proposal for insurance in addition to:		
- Any other Accident Policy? (including if covered under any Group Personal Accident Policy/Credit Card Schemes)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, give the name of each Company, Policy Number and Amount of Insurance	<input type="text"/>	
- Any other Employee Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, give the name of each Company and Amount of Insurance:	<input type="text"/>	
20. Has any Company:		
- Declined to issue a Policy to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
- Declined to continue your Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
- Imposed any restriction or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please furnish the details:	<input type="text"/>	

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 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 licence. | Individual Personal Accident, UIN: SBIPAIP12002V011112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

21. 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.

22. Corporate: Yes ☐ No ☐ 23. GSTIN/ISDN: _____ IF APPLICABLE

DETAILS OF THE PERSON PROPOSED TO BE INSURED (* Mandatory Fields)

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name*						
Date of Birth*						
Age*						
Gender*						
Marital Status*						
Occupation*						
Nationality* (Indian/ Non-Indian /Non-resident Indian/Other)						
Relationship with the Proposer*						
Basic Sum Insured*						
ABHA (Ayushman Bharat Health Account) number (if available) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

Have you suffered or do you suffer from

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Any physical defect or infirmity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gout or Arthritis or Diabetes or Paralysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits of any kind or any other chronic disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other disability						

Please select the coverage:

Every member of the family has the option to choose any benefit from table A, B, C,D and the fixed Sum Insured. However the table of benefit opted by family members should not be more than the benefit chosen by the Primary Insured. Maximum Sum Insured is ₹ 1,00,00,000/- and the minimum Sum Insured is ₹ 1,00,000/- . Sum Insured for Accidental Death Benefit/Permanent Total Disability is limited to 120 times the monthly gross income or 10 times the annual gross earnings from gainful employment/ occupation. Sum Insured to dependent children, dependent parents, parents-in-law and unemployed spouse is limited to 20 % of Sum Insured of the Primary Insured or ₹ 10,00,000/- (whichever is less).

Benefit	Sum Insured Opted (Add sheet if columns are less)					
	Primary Insured	Spouse	Dependent Child 1	Dependent Child 2	Dependent Parents	Dependent Parents-in-law
Table A - Accidental Death						
Table B - Accidental Death and Permanent Total Disablement (PTD)						
Table C - Accidental Death, (PTD) and Permanent Partial Disablement(PPD)						
Table D - Accidental Death, (PTD), (PPD) and Temporary Total Disablement						

- Permanent Total Disability (PTD) benefit comes with the following benefits at no additional cost .
- Education Benefit - Death & Permanent Total Disability claims entitle the Insured's child and spouse to Education Benefit to maximum two individuals (children/ spouse) on proof of enrolment at a Government approved education facility at ₹ 50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.
- Adaption Allowance - Permanent Total Disability claims also include payment towards cost of modifying the Insured's house or vehicle to combat disability @1 % or ₹ 25,000/- whichever is less.

Additional Covers (Please provide Sum Insured for the covers opted):

Benefit	Yes (Specify the limit)	No
Hospital Confinement Allowance The per day allowance is ₹ 1000 / 2000 / 3000/- with a maximum coverage for 15 days for the entire policy period	₹ 1000 / 2000 / 3000	

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(If You are admitted in a Hospital due to Injury or Accident that occurs within the Republic of India.) Ambulance including Air Ambulance		
Sum Insured @ 10% subject to a maximum of ₹ 1,00,000/- per Policy Period towards expenses incurred for availing an Ambulance Service [Expenses incurred for availing an Ambulance Service (including Air Ambulance) to transfer the Insured Person to a hospital from the location of Accident or Injury or from one hospital to another hospital or from hospital to the place of residence in case of death or PTD. The ambulance service will be for the transit within India only.] Ambulance cover available only when AD Sum insured is ₹ 5,00,000 and more.	Write Yes if opted	

NOMINEE DETAILS

Name	Contact Details	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"/>		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Appointee contact details

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Individual Personal Accident 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:

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

PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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.: Amount:

Date:

Bank Name:

Branch:

Bank Account No.*:

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 statutes, 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: ☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
(Only applicable if policy issued on Group Basis) ☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 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.

Recent photograph of proposer:
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer :

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NOMINATION (Mandatory)

I _____ do hereby nominate Mr./Mrs./Ms. _____ as the person authorised to receive the amount payable by SBI General in the event of my Accidental Death and he/she is related to me as _____ (Relationship to the Insured) and I further declare that his/her receipt shall be sufficient for discharge to the Company.

In case of the nominee being minor: I _____ do hereby nominate Mr./Mrs./Ms. _____ as the Guardian of the nominee mentioned above. I authorise him/her to receive the amount payable by SBI General in the event of my accidental death and I further declare that his/her receipt shall be sufficient for discharge to the Company.

Dated this _____ Day of _____ 20 _____ at _____ Signature of the Witness: _____

Signature of the Proposer: _____

Name and Address of the Nominee: _____

Date of Birth of the Nominee: _____ Nominee Contact Details: _____

DECLARATION

1. I/We hereby declare on my behalf and on behalf of all the 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/We am/are authorised to propose on behalf of these other persons.
2. I/We 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 Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the person to be Insured/Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/We declare that I/We consent to the Company seeking medical information from any doctor or from a hospital who 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 Insurance Company to which 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/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory Authority.
6. 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.

SECTION 41 OF INSURANCE ACT, 1938

- (1) No person shall 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 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 PUNISHABLE WITH FINE, WHICH MAY EXTEND UP TO ₹ 10 LAKHS.

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 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 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

CUSTOMER'S/INDIVIDUAL'S/INSURED'S DETAILS SECTION

I/We would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through SBI General Insurance Company Ltd. in Electronic Format _____ Physical Format _____

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Insurance Repository in the Electronic Format as and when applicable.

Please select the name of the Insurance Repository:

NSDL Data Management Ltd. _____ CDSL Insurance Repository Ltd. _____ Karvy Insurance Repository Ltd. _____ CAMS Repository Services Ltd. _____

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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:

- 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.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "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;
- 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**.
- 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**.
- 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.
- 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:

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