

PROPOSAL FORM

GROUP PERSONAL ACCIDENT INSURANCE POLICY

Savings Bank / Individual Current A/c No.:

Bank Branch Name:

Name of the proposed Insured Person:

Address for this Policy will be the same as provided by me to the Bank for my Savings Bank / Individual Current Account cited above.

Gender: ☐ Male ☐ Female ☐ Other Nationality: Date of Birth:

Email ID*: Mobile No.*:

Alternate No.:

Aadhaar Card No.:

Corporate: ☐ Yes ☐ No

Sum Insured Option: ☐ **Sum Insured: ₹2,00,000/- for Premium: ₹100/-** (Incl. of Applicable Taxes) ☐ **Sum Insured: ₹4,00,000/- for Premium: ₹200/-** (Incl. of Applicable Taxes) ☐ **Sum Insured: ₹10,00,000/- for Premium: ₹500/-** (Incl. of Applicable Taxes) ☐ **Sum Insured: ₹20,00,000/- for Premium: ₹1000/-** (Incl. of Applicable Taxes)

PAN No*: / FORM 60/61:

GSTIN/ISDN: IF APPLICABLE

Kindly Note:

- Coverage is for Accidental Death (AD) only
- Period of Insurance will be one year from the date of account debit transaction
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any Country, whether in peace or war are not covered under this Policy
- Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Further, SBI shall not be held liable for non-renewal of the Policy for not debiting the account of the Insured for whatsoever reason.

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS:

Premium Details: Amount ₹:

Premium Payment Options: Cheque ☐ DD ☐ Debit Card / Credit Card ☐ Other ☐ Please specify

Cheque/Journal No.: Cheque Date: Amount for ₹:

Bank Name: IFSC Code:

Bank Account No.: Branch Name:

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

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Cheque/Journal No.: Cheque Date:

Bank Name: MICR Code:

Name as in Bank Account: Branch Name:

Bank Account No.: Cheque Amount in ₹:

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.

SBIGI does not accept Cash for Premium Payments against the Policy.

DECLARATION BY THE PERSON PROPOSED TO BE INSURED

- 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.
- 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.

POLICY RENEWAL ADVICE SLIP (Tear Off):

I authorise for automatic debit of renewal premium of this cover from my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by submitting a written notice to the Bank.

Date: _____ Signature/ Thumb impression of the Proposer/ Primary Insured

For internal purpose only (To be filled by the Bank Branch Official):

Account No.: _____ Journal No.: _____ Date: _____

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. | Group Personal Accident UIN: SBIPAGP11005V011011 | 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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- 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.
- 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.
- 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."
- I/we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
- 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, Jewelers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- 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.

Date:

Place:

Signature/Thumb impression of the Proposer/Primary.

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Group 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).

DECLARATION FOR ASSIGNMENT OF POLICY

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

- I understand and wish to assign the Policy, as indicated above, which may be issued, to _____ the Financial institution (hereinafter referred to as the assignee) from whom I have availed loan.
- I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
- 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:

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 Country: _____

If NRI please give details for resident country and address _____

Type of Organisation:

☐ Corporations ☐ Government ☐ Non- Governmental Organization
☐ Partnership ☐ Trust ☐ Society ☐ NGO
☐ Politically exposed Parties^A ☐ International Organizations ☐ Cooperatives ☐ Section 25 Companies

^A "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.

Grievance Redressal Procedure: We value your relationship and are committed to offer you best-in-class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation. **Step 1:** Call us at 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customer.care@sbigeneral.in. If you don't hear from us within 48 hrs. please follow **Step 2:** If you are not happy with the resolution provided, please write to Head – Customer Care at our Registered Office address printed overleaf. If after having followed Step 1 and Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for redressal of your grievance.

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AGENTS 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.

Licence No. _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Agent: _____

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.)

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 liable for a penalty which may extend up to ₹ 10 Lacs.

MOST IMPORTANT TERMS & CONDITIONS OF THE MASTER POLICY

This Insurance is subject to the terms and conditions of the Master Policy Number mentioned on the Certificate of Insurance issued to SBI & Regional Rural Banks[®] and is based on this Proposal and payment of the Premium. This records the agreement between the Insured and SBI General Insurance Company Ltd. and sets out the brief terms of Insurance and the obligations of each party as below:

*Saurashtra Gramin Bank/ Mizoram Rural Bank/ Meghalaya Rural Bank/ Langpi Dehangi Rural Bank/ Andhra Pradesh Grameen Vikas Bank/ Purvanchal Bank/ The Rajasthan Marudhara Grameen Bank/ Telangana Grameen Bank/ Arunachal Pradesh Rural Bank/ Madhyanchal Grameen Bank/ Malwa Grameen Bank/ Ellaquai Dehati Bank/ Vananchal Grameen Bank/ Kaveri Grameen Bank/ Utkal Grameen Bank/ Uttarakhand Grameen Bank/ Chattisgarh Rajya Grameen Bank.

NOMINATION

I _____ do hereby nominate Mr/Mrs/Ms _____ as the person & Mr/Mrs/Ms _____ as the Guardian of the Nominee (In case the Nominee is a minor) to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my Accidental Death and he/she (Nominee) is related to me as _____ (Relationship with the Insured) and I further declare that his/her receipt shall be sufficient to discharge for the Company. Dated this _____ Day of _____ 20____ at _____

Address of the Nominee / Guardian: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the proposed Insured: _____ X

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 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
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Place: _____

Signature of the Witness

Signature/Thumb impression of the Proposer

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TERMS & CONDITIONS

- This Policy can be bought by any permanent Indian resident having a Savings Bank / Individual Current Account with RRBs[#] of SBI and aged between 18 years to 65 years. Renewal of the Policy can be done beyond 65 years of age.
- Irrespective of the number of accounts the Insured has with SBI or its Regional Rural Banks[#], he/ she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. Even if multiple Policies are taken through one or more than one account with SBI or its Regional Rural Banks[#] for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other Policies shall be deemed as null and void. In case of joint account, two separate Policies may be issued in case both the account holders opt for respective individual Policies.
- Coverage under this Policy will be over and above any other Personal Accident Policies the Insured has with SBI General or with any other Indian General Insurance Companies.
- Insured may terminate this Policy at any time by giving us 15 days written notice. If no claim has been made under the Policy, then we will refund the premium in accordance with the table below:

Length of time during which the Policy is in force	Refund of premium
Up to 1 month	75%
Up to 3 months	50%

Length of time during which the Policy is in force	Refund of premium
Up to 6 month	35%
Exceeding 6 months	0%

- We may terminate this Policy upon 15 days notice by sending a written notice of cancellation to your address and we shall refund a rateable proportion of the premium actually paid in respect of any Insured Person. Termination of this Policy shall not affect any claim filed prior to the date on which the termination becomes effective as specified in the notice of termination.
- Such termination may be on grounds of mis representation, fraud, non-disclosure of material facts or non-cooperation of the Insured.
- The premium at the time of the renewal of the Policy would be the applicable premium at the date of renewal and as approved by IRDAI. However, renewal will be subject to the Account of the Insured with SBI being still live and operational.
- The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or 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 Insured or anyone acting on the Insured's behalf. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for Insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, which will be held responsible to render the Policy voidable at the sole discretion of the Company.

EXCLUSIONS

The Company shall not be liable for any claim or claims under this Policy arising from:

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any country, whether in peace or war; or
- Being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion; or
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world; or
- Any loss arising out of war, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether war be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- Payment of compensation in case of death of the Insured person from nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - any nuclear fuel or from any nuclear waste; - from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - nuclear weapons material; - nuclear equipment or any part of that equipment;
 - The dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials, or congenital anomalies or any complications or conditions arising therefrom; or
- Participation in winter sports, skydiving/parachuting, hand-gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorised vehicle or bicycle, caving or potholing, hunting or equestrian activities, skin diving or other underwater activities, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 nautical miles), participation in any professional sports, any bodily contact sport and/or any other hazardous or potentially dangerous sport for which the Insured is untrained; or
- Death resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy; or
- For any loss to which a contributing cause was the Insured person's actual or attempted commission, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest or the Insured person committing any breach of law with criminal intent; or
- Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.

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