

**Kutumb Swasthya Bima Micro Insurance Product**

**Guidelines for Completion of The Form**

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. 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.
3. 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 in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

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**

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

**Proposer Details (\* Mandatory Fields)**

Name of the Proposer:

Address:

City:  State:

Pincode:  Gender : M  F  Other

Phone No.:  Email ID:

Date of Birth:  PAN\*:  /FORM 60/61:

AADHAAR No. / Passport / Driving License/ Voter Id:

Occupation: Salaried  Self Employed  Any Other

Period of Insurance: From:  to

**Details of Persons to be Insured:**

Sr. No.	Name of the Insured	Date of Birth	Gender	Relation with Proposer
1	Primary Insured Name	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
2		<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
3		<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
4		<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
5		<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
6		<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	

**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)

Are You or any of the proposed applicants are Politically Exposed Person? Yes  No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/ Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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 licence. | Kutumb Swasthya Bima Micro Insurance Product, UIN: SBIPMIP21595V01202 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

**Nominee Details:**

Name	Date of Birth	Gender	Relationship with Proposer
	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship with Nominee

**Plan and Coverage Details:**

Sr No.	Cover Name	Cover Description	Base
1	Tele- consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum
2	Personal Accident (For Primary Insured Only)	a) Accidental Death b) Permanent Total Disablement	₹ 1,00,000

Disclaimer: "Tele consultation is intended to offer the medical advice as primary health care support only and does not guarantee the diagnosis and treatment or promise attending the health emergencies."

**Details of the Coverage Sought:**

Plan Opted	Base <input type="checkbox"/>
Preferred Language for Teleconsultation	

**Details of Existing illness:**

Do you/any of the insured suffer from any pre-existing illness?  Yes  No

If Yes, please specify details and the no. of years: \_\_\_\_\_

**Electronic Insurance Account Details Section:**

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years
I would like Kutumb Swasthya Bima Micro Insurance Product and related information in		Physical Format <input type="checkbox"/> E-Format (electronic) <input type="checkbox"/>		
I have e-Insurance Account & the No.				
Choose your Insurance Repository (For those selecting e-Format)		NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd <input type="checkbox"/>		
CKYC No (Central Know Your Customer Registry Number), (if available)				

Kindly visit our website [www.sbgeneral.in](http://www.sbgeneral.in) to view the list of KCY OVD (Officially Valid Documents).

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**Premium Details:**

Name of Premium payor:

Premium Payment Mode:  Annual  Quarterly  Half Yearly Premium Details: Amount Rs.

Premium Payment Options:  Cash/Cheque  DD  Card Cheque No.:

Bank Name:

Amount:  Date:

Payment Options:  Cash  Cheque  Debit Card  Credit Card Others: Please Specify:

Card Type:  Master  Visa Expiry Date:  Relationship with Proposer

**Bank Details:**

Cheque will be issued in the name of the Proposer only.  
 In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.

Cheque No.:  Cheque Date:  Amount for ₹

Bank Name:  Branch Name:

Name of A/c. Holder:  IFSC Code:

Bank Account No:  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.

Place :

**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".

Signature of Insured:

**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 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 statues, directly or indirectly governing the prevention of money laundering in India.

Nationality:  Indian  Non- Indian If Non-Indian, please specify Country:

Type of Organization:  Corporations  Governments  Non-Governmental Organizations  Society  Trust  
 (Only applicable if policy issued on Group Basis)  Partnership  International Organization  Cooperatives  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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**Declaration & warranty on behalf of all persons 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 authorised 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. 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 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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature/Thumb impression of the Proposer/Primary Insured

**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.)

**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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

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Signature of the Witness

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Signature/Thumb impression of the Proposer/Primary Insured

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## Agent /Employee of Corporate Agent (Teller) 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.

Signature of Agent

Date: 

D	D	M	M	Y	Y	Y	Y
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Place : \_\_\_\_\_

Licence No. \_\_\_\_\_

**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 punishable with fine , which may extend up to ₹10 Lacs.