

**VECTOR BORNE DISEASE COVER- GROUP**

**GUIDELINES FOR COMPLETION OF THE FORM**

1. Please answer all the 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 anyone 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 realised by SBI General Insurance Company Limited. ("Company").

**FOR OFFICE USE ONLY**

Intermediary's Name:

Intermediary's Code:

Intermediary's Contact Details:

**POLICYHOLDER DETAILS**

Name of the Proposer:

Key Contact Person and Designation:

Address:

City:  State:

PIN code:  Landmark:

Nature of Business:

Contact Details: Phone No.:  Email ID:

Group Type:  GSTN No.:

Aadhaar No.:  PAN\*:  /Form 60/61:

No. of Employees/ Members to be covered:

Please also state whether all the eligible persons of the group are proposed for Insurance? Yes  No

Please enclosed list of Members / Employees with duly completed statement to be covered.

Have you had Vector Borne Disease Cover-Group Policy in past? Yes  No

If yes, then provide complete details of previous Insurance Policy:

Policy No.:

Insurer's Name:

Period of Insurance: From  to

Premium Paid (₹):

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th 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. | Vector Borne Disease Cover- Group UIN: SBIHLGP21122V012021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

No. of Employees /Members are covered:

Claim Details (if any): Incurred Claim (Outstanding + Received):

Claim Ratio (%):

**ELECTRONIC INSURANCE ACCOUNT DETAILS**

|  |  |
|--|--|
| I would like to get Vector Borne Disease Cover Policy and related information in | Physical Format <input type="checkbox"/> E-Format (electronic) <input type="checkbox"/>  |
| I have e-IA Number   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| I would like to apply for e_IA with  | NSDL Data Management <input type="checkbox"/><br>CSDL Insurance Repository Ltd. <input type="checkbox"/><br>Karvy Insurance Repository Ltd. <input type="checkbox"/><br>CAMS Repository Services Ltd. <input type="checkbox"/> |
| CKYC No. (Central Know Your Customer Registry Number), (if available)            |  |

**PREMIUM DETAILS**

Premium Amount ₹:  Cheque No.:  Date:

Premium payment option: Cash  Cheque  DD  Debit Card / Credit Card

Bank Name:  IFSC Code:

Bank Account Number:

Branch Name:  Card details: Master  Visa

Card No.:  Card Expiry Date:

Relationship with the Proposer:

**BANK DETAILS (For Refund Process)**

Would you like your refund / excess premium by Cheque or credited directly into your account?

If yes, then provide below details for our record.

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.

Bank Name:  Branch Name:

Name of the 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.

## 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 the 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

If Non-Indian, please specify Country: \_\_\_\_\_

### Type of Organisation:

- Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 Companies  
 NGO  Politically exposed Parties^

^ Political expose parties (PEP'S)- Politically Exposed Parties are group of persons 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.

## 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 the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required.

## INSURER'S 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 realised 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 realisation 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 by 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).

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

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/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 my/our knowledge and belief.

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Place:  Signature of the Witness \_\_\_\_\_

Signature/Thumb impression of the Proposer/Primary Insured

### AGENT 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 |
|---|---|---|---|---|---|---|---|

 Place:  Signature of the Agent: \_\_\_\_\_

**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, for conceals or the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, it 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 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 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.

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**COVERAGE DETAILS**

|  |   |
|--|---|
| Policy Period  | From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| Type of Policy   | <input type="checkbox"/> Individual<br><input type="checkbox"/> Family*   |
| Family Definition                                      | <input type="checkbox"/> Self + Spouse<br><input type="checkbox"/> Self + Spouse + Dependent Children<br><input type="checkbox"/> Self + Dependent Children<br><input type="checkbox"/> Self + 2 Dependent Parents<br><input type="checkbox"/> Self + Spouse + Dependent Children + 2 Dependent Parents<br><input type="checkbox"/> Self + Spouse + Dependent Children + 2 Dependent Parents-in-law |
| *Family can be covered on Individual Sum Insured basis |   |

**SUM INSURED**

**A. Main Benefit**

|                                 |                                 |                                 |                                 |                                 |                                   |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> 10,000 | <input type="checkbox"/> 15,000 | <input type="checkbox"/> 25,000 | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 75,000 | <input type="checkbox"/> 1,00,000 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|

Note: For child, max. Sum Insured can be opted for up to 50,000 only.

**B. Optional Cover**

| Cover Details                       | Requirement                  |                             |  |
|-------------------------------------|------------------------------|-----------------------------|--|
| Daily Hospital Cash Benefit (DHCB)* | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3 days <input type="checkbox"/> 5 days <input type="checkbox"/> 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> |
| Recovery Benefit                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Reinstatement Benefit               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Increased Waiting Period            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 30 Days <input type="checkbox"/>   |

## Details of the Coverage Sought:

| Main Benefit | Covered Vector Borne Disease   | Benefit             |
|--------------|--------------------------------|---------------------|
|              | Dengue                         | 100% of Sum Insured |
|              | Malaria                        |                     |
|              | Filaria (Lymphatic Filariasis) |                     |
|              | Kala-azar                      |                     |
|              | Chikungunya                    |                     |
|              | Japanese Encephalitis          |                     |
|              | Zika Virus                     |                     |

|                 | Cover Details                       | Sum Insured Benefit   | Cover Description  |
|-----------------|-------------------------------------|---|--|
| Optional Covers | Daily Hospital Cash Benefit (DHCB)* | 5% of Sum Insured per day in addition to main benefit                         | Cover will continue for the remaining DHCB benefit till the end of the Policy year, even if the main benefit has been paid. This is payable on minimum 24 hours of Hospitalisation due to covered Vector Borne Diseases. |
|                 | Recovery Benefit                    | 10% of Sum Insured  | If period of Hospitalisation for admissible claim under this policy, is continuous 10 days or more.  |
|                 | Reinstatement Benefit               | 100% of Sum Insured (Max up to INR 50,000 for Adult and INR 25,000 for child) | Sum Insured will reinstate twice during the Policy Period. This benefit can be claimed for an already claimed disease or different disease among the covered conditions.   |
|                 | Increased Waiting Period            | NA  | Waiting period will be modified from 15 days to 30 days.   |