PROPOSAL FORM

CORONA KAVACH POLICY. SBI GENERAL INSURANCE COMPANY LIMITED



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 any one acting on his behalf.
- 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.
- 5. Company may ask for PAN of the proposer in case the premium is more than INR 50,000.

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").

OFFICE USE ONLY			
Branch office Code:	Branch Name:		
Business Type: Nev	v Roll-Over Renewal		
*Incase	of Renewal please share your Policy Number:		
Sales Channel Type: Ban	ca Agency Direct Broker POS CSC Corporate Agent		
INTERMEDIARY DETAILS			
Intermediary Name:			
Intermediary Code:			
Intermediary Contact:			
Details:			
SP Name :	SP Code:		
SP's Mobile Number :	*RM ID :		
PROPOSER DETAILS			
Name of the Policyholder:			
Do you have an existing relat	ionship with SBI General ? Yes No If Yes, please mention the Customer ID		
Customer ID:	SBI Employee ID :		
Address:			
	City: State:		
	Pin code: Gender: M F Transgender		
Date of Birth	D M M Y Y Y Y Marital Status: Married Unmarried Divorced Widow(er)		
	Phone: Mobile No.		
Aadhaar No.:	PAN: / Form 60/61.:		
Profession:	Salaried Self-Employed Others Pls add details_		
Email ID:	Nationality:		
Nature of Business:	Annual Income:		
GSTN/ISDN:			

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9 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 1 $Insurance\ Company\ Limited\ under\ licence.\ |\ Corona\ Kavach\ Policy,\ SBI\ General\ Insurance\ Company\ Limited\ UIN:\ SBIHLIP21090V012021$

5. Pe	riod of Insura	nce: Fror	m D D	M	YYY	Y to	D D M	MY	YY	Υ		
6. Po	6. Policy Type: Individual Family Floater											
7. Po	licy Period:	Three	and a half	month	ns (3 ½ mo	onths)						
	Six and a half months (6 ½ months) Nine and a half months (9 ½ months)											
	L		na a nair n	nontn	s (9 ½ mo	ntns)						
SUM	INSURED											
	50,000		1,00,000		1,50,000		,00,000	_	,50,000			
	3,00,00		3,50,000		4,00,000	4	,50,000	5	,00,000)		
	IONAL CO	_	7 [7									
-	ital Daily Cas		No No	IN LOL								
DET	AILS OF P	ERSON:	S TO BE	INSU	IRED							
Sr. No.	Name of the Insured	Sum Insured	Date of Birth	Age	Gender	Height	Weight	Occu	oation	Marital Status	Relationship with the Proposer	Nationality
1												
2												
3												
101	MINEE'S D	ETAILS										
Nan	ne				Date	e of Birth			Age	Relationsh	ip with the primary i	nsured
					D	D M M	YYY	Υ				
\Mba	o Naminaa i	minor	aive the d	lotoilo	of the An	nointan		I				
	re Nominee is ne of the App		give the d	etalis	or the Ap	pointee	Pols	tionsh	in			
INall	ie or trie App	Jointee					Reid	itionsii	iP			
							ļ					
PRE	VIOUS EX	ISTING	DISEAS	E DE	CLARAT	ION						
-	ou or is any c	-			•							
Ment	al Illness, Aco			IIV / A	IDS - YES	5/ NO	O (plea	se tick			f Yes, please specify	<u>'</u>
Sr. n	o. Name c	of Insured	member						PED Disease / Condition			
HΕΔ	LTH DECL	ΔΡΔΤΙ	ON									
				our fa	milyyyha	is staving	with you	omo in	tho co	ntact with	following in last 1 mg	n+h?
1. Have either of you or someone in your family who is staying with you come in the contact with following in last 1 month? a. Active COVID-19 Positive case												
b. Person travelled from other countries to India in the last 30 days.												
c.	c. No contact with anyone with Symptoms											
Disclai	Disclaimer: SBI General Insurance Company Limited Corporate & Registered Office: Fulcrum Building, 9 Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. For					istered Offic	e: Fulcrum Bu	ilding, 9 Fl	oor, A & B	Wing, Sahar Ro	oad, Andheri (East), Mumba	ni 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. | Corona Kavach Policy, SBI General Insurance Company Limited UIN: SBIHLIP21090V012021

2. Thinking back over the past 14 days, which of these sym	ptoms is/are applicable t	o you & your family member?	
a. Cough b. Fever	c. Brea	thing difficulty	
d. Pain in throat e. Tiredness	f. Bod	<i>r</i> ache	
g. Headache h. Nausea	i. Diar	hoea	
j. Loss of sense k. None of smell or taste			
3. Have you or any of your family members travelled to any	country outside India in	he last 30 days? Yes No	
EXISTING HEALTH INSURANCE DETAILS			
Please provide details of your existing Health Insurance			
Policy No. / Insurer's Name Application No.	Period of Insurance (from – to)	Sum Insured Claims lodged during the preceding years	
ELECTRONIC INSURANCE ACCOUNT DETAILS	SECTION		
I want Corona Kavach Policy related information in –			
Physical Format- Yes No e-Format (electronic	:) as & when applicable- Y	es No	
Choose your Insurance Repository (For those selecting e-I			
(a) NSDL Data Management Ltd. (b) CDS	L Insurance Repository L	:d.	
(c) Karvy Insurance Repository Ltd. (d) CAM	IS Repository Services Lt	ı. 🗍	
I have an e-Insurance Account & the No. is :			
My CKYC No. (Central Know Your Customer registry numb	er) is (if available):		
PREMIUM PAYMENT DETAILS			
Premium Amount ₹: C	neque No.:	Date: D D M M Y Y Y	Υ
Name of Premium Payer:			_
Premium payment option: Cheque DD Debit Ca	rd / Credit Card Cas	h Others:Please specify,	
Bank Name:	IF:	6C Code:	
Bank Account Number:			
Branch Name:		Card details: Master Visa	L
Card No.:		Card Expiry Date:	Υ
BANK DETAILS			
Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium was paid throug			
directly or refund will be paid through cheque. Please prov for direct credit of refund/ claim into your bank account:(C	_		-
needs to be credited directly.	,		
Cheque No.: Cheque Date:	MMYYYY	mount for ₹	
Bank Name:	Brar	ch Name:	
Name of the			
A/c. Holder:	IF	SC Code:	
Name as		CD Code	
in Bank		CR Code:	_
Note: The Proposer agrees and undertakes to intimate in w If ECS is selected, please submit the standing instruction f	_	· ·	ails.
	om avaliable at our branc	1103.	
Place:			

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9 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. | Corona Kavach Policy, SBI General Insurance Company Limited UIN: SBIHLIP21090V012021

AML Guidelines	
of proceeds of crime related to any the Company has the right to call for	ums have been/ will be paid from bona fide sources and no premiums have been/ will be paid out y of the offence listed in the Prevention of Money Laundering Act 2002. I/We understand that or documents to establish source of funds. The Insurance Company has the right to cancel the ave been found guilty by any competent court of law under any statutes, directly or indirectly Laundering in India. No- Indian If Non-Indian, please specify Country:
Type of Organisation:	
Corporation Government	Non-Governmental Organisation Society Trust
Partnership International	Organisation Cooperative Section 25 Companies
AGENT'S DECLARATION	
tents of this Proposal Form, includi ment(s), information and response(herein will form the basis of the Co Company for issuance of the Polic contained in this Proposal Form / Company shall have the right to var material fact, the policy issued to hall premiums paid under the Policy is	(Full Name) in my capacity as an Insurance Advisor / Specified Person of employee of the Broker / Relationship Officer, do hereby declare that I have explained all the conning the nature of the questions contained in this Proposal Form to the Proposer including states) submitted by him / her in this Proposal Form to questions contained herein or any details sought intract of Insurance between the Company and the Proposer, if this Proposal is accepted by the y. I have further explained that if any untrue statement(s) / information / response(s) is / are including addendum(s), affidavits, statements, submissions, furnished / to be furnished, the ry the benefits which may be payable and further more if there has been a non-disclosure of any his / her favour pursuant to this Proposal may be treated by the Company as null and void and may be forfeited to the company.
Licence No.:	
Date: D D M M Y Y Y Y	Place: Signature of the Agent:

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

i. I/We hereby declare on my behalf and on behalf of all persons proposed to be Insured that the above statements 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.

Signature of the Agent:

- ii. I understand that the information provided by me will form the basis of the Insurance Policy, is subject to the Board approved under writing policy of the Insurance Company and that the Policy will come into force only after full receipt to the premium chargeable.
- iii. I/We further declare that I/We 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.
- iv. I/We declare and further consent to the Company Seeking medical information from any hospital which at any time has attended on the life to be Insured/Proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be Insured/Proposer and seeking information from any Insurance company to which an application or Insurance on the life to be Insured/Proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- v. I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/or Regulatory Authority.
- vi. I/We am/are aware of premium loading, (if any declared above) for habits & diseases as declared / mentioned by me/ us above.

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

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9 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 $Insurance\ Company\ Limited\ under\ licence.\ |\ Corona\ Kavach\ Policy,\ SBI\ General\ Insurance\ Company\ Limited\ UIN:\ SBIHLIP\ 21090V012021$

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.)

You are obliged to inform SBI General Insurance Company Limited without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed members have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your Insurance cover. If you are in any doubt, please seek the advice of your Insurance advisor.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, 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 aproposal 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.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 Policy in respect to any kind of risk relating to lives or property in India, any rebate of the 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend up to ₹10 lakhs.

Place:	D D M M Y Y Y	Date:	Signature of the Proposer

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) __ Relationship with the Proposer/Primary insured) adult and inhabitant of (city) do hereby certify that I have read out and explained the contents of the and residing at _ 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.

Signature of the Witness Insured	Signature/Thumb impression of the Proposer/Primary Insured

Place:

SECTION 41 OF THE INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

- (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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend (2) up to Rupees Ten Lakhs.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9 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 5 $Insurance\ Company\ Limited\ under\ licence.\ |\ Corona\ Kavach\ Policy,\ SBI\ General\ Insurance\ Company\ Limited\ UIN:\ SBIHLIP\ 21090V012021$