

# PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

## SBI GENERAL PRAKRITIK SURAKSHA BIMA

Note (\*) marked details are mandatory to be captured as per applicability.

Policy Issuing Office Address & Code:	<input type="text"/>																								
Intermediary/Agent / Broker- Name:	<input type="text"/>																								
Mobile no:	<input type="text"/>																								
Segment Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	<input type="checkbox"/> Government	<input type="checkbox"/> Others																			
Sales Channel Type:	<input type="checkbox"/> Rural Retail	<input type="checkbox"/> AGB	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct																				
Intermediary/Agent / Broker- Name:	<input type="text"/>																								
Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social	Policy Type:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rollover																		
Agreement Code:	<input type="text"/>								Specified Person's Code*:	<input type="text"/>															
Specified Person's Name*:	<input type="text"/>																								

(For office use only)

### A. Details about Proposer and Policy Period:

Policy Tenure:	<input type="checkbox"/> Less than 1yr	<input type="checkbox"/> 1yr	<input type="checkbox"/> 2yr	<input type="checkbox"/> 3yr	<input type="checkbox"/> 4yr	<input type="checkbox"/> 5yr																				
Policy Period:	From:	<input type="text"/>	To:	<input type="text"/>																						
Full Name/Organization Name:	<input type="text"/>																									
Correspondence Address:	<input type="text"/>																									
	<input type="text"/>																									
City:	<input type="text"/>								State:	<input type="text"/>																
Pin code:	<input type="text"/>								Landmark:	<input type="text"/>																
Risk Location:	Village/Ward:	<input type="text"/>								Gram Panchayat:	<input type="text"/>															
	Block/Mandal/Taluka/Tehsil:	<input type="text"/>								District:	<input type="text"/>															
	State:	<input type="text"/>								Pin code:	<input type="text"/>															

• Geo Co-ordinates: Latitude ..... Long : ..... Longitude .....

Insurance Unit:	<input type="text"/>								Insurance Unit Name #	<input type="text"/>															
Land line No:	<input type="text"/>								*Mobile no:	<input type="text"/>															
Alternate Contact no:	<input type="text"/>								Alternate number has to be different from the provided mobile number																
Email ID:	<input type="text"/>																								

The digital copy of your policy document will be sent to the registered mobile number or registered email ID. Please tick the required mode of receiving the policy document

SMS  WhatsApp  Email ID

Nationality & Date of establishment	<input type="text"/>	DOB of Proposer	<input type="text"/>
*PAN No:	<input type="text"/>	Form 60/61 (if Pan not Available):	<input type="text"/>
Aadhaar Card No.:	<input type="text"/>	GSTN/ISDN:	<input type="text"/>
Risk Date:	Start: <input type="text"/>	End: <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 - 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. | SBI General Praktitik Suraksha Bima, UIN: IRDAN144OPMS0001V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.





Signature of the Witness

Signature/Thumb impression of the Proposer/PrimaryInsured

Date: 

D	D	M	M	Y	Y	Y	Y
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Place:

**Agent Declaration**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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.

Agent Name: \_\_\_\_\_

SP Name: \_\_\_\_\_

SP Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of Agent

Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

**INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES:**

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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TO TEN LAKHS RUPEES.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

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