PROPOSAL FORM

SBI GENERAL PRAKRITIK SURAKSHA BIMA



Note (*) marked details are mandatory to be captured as per applicability. Policy Issuing Office Address & Code: Intermediary/Agent / Broker- Name: Mobile no: Segment Type: Individual Retail **SME** Government Others Corporate Sales Channel Type: Rural Retail **AGB** Banca Agency Direct Intermediary/Agent / Broker- Name: **Business Sector:** Urban Rural Social Policy Type: New Renewal Rollover Specified Person's Code*: Agreement Code: Specified Person's Name*: (For office use only) A. Details about Proposer and Policy Period: Policy Tenure: Less than 1yr 1yr 5yr Policy Period: To: Full Name/Organization Name: Correspondence Address: City: State: Landmark: Pin code: Risk Location: Village/Ward: Gram Panchayat: Block/Mandal/Taluka/Tehsil: District: State: Pin code: Insurance Unit Name # Insurance Unit: *Mobile no: Land line No: Alternate Contact no: Alternate number has to be different from the provided mobile number Email ID: 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 **DOB of Proposer** establishment *PAN No: Form 60/61 (if Pan not Available): Aadhaar Card No .: GSTN/ISDN:

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 Prakritik Suraksha Bima, UIN: IRDAN1440PMS0001V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

End:

Start:

Risk Date:

Risk Parameters for which coverage is sought													Occurrence of natural calamities IOT device Based cover																	
	(Insured can be opted Single cover or a combination of the covers)																													
Data Source of Risk parameter for which coverage is sought																														
Total Units to be Insured:										S	Sum	Insu	ırec	l pe	r U	nit	(R	s/u	nit): ₹										П
Total Sum Insured:															De	etai	ils	of F	Risk	ς:										
Additional Information:			İ																											
The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <policy number="">" to 561612 from your registered mobile number</policy>																														
# I hereby agreed that Refe	renc	e Da	ta S	ourc	e fo	r the	: Cla	aim	Asse	ess	mer	nt ar	e as	s pe	r tl	he F	Pro	odu	ct t	err	n sh	neet								
Declaration:																														
 I/We hereby declare that the knowledge and belief and to you. I/We hereby agreed General Insurance Comparant to pay premium on the property as if it were uninstant. 	that e that any L the a	there t stat imite imou	e is i tem ed (S	no ot ents BI G	her i mac ener	infor le by al) a	mat me nd l	tion an /We	, wh d thi e agr	ich s d ee	is re ecla to a	eleva ratio ccep	ant i on s ot a	o m hall poli	fo fo	app rm , su	lic the bje	atio e ba ect	on f asis to t	or i of the	nsu the cor	rand cor iditi	e th tra ons	hat h ct b pre	has i etw scril	not l een bed	bee me by S	n dis /us a SBI C	clo and Sen	sed SBI eral
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.																														
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.																														
 I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest. 																														
 I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal. 																														
I hereby declare that I am	not a	a Poli	tical	ly Ex _l	oose	ed Pe	erso	n (P	EP)-	. [Y	⁄es		No)															
Date: D D M M Y Y	Y	Υ																												
Place:																						Sigr	atu	re c	of Pr	оро	ser			
Electronic Insurance Account Details:																														
I have eIA Number	T	T				T	T	7																						
I would like to apply for eIA w	/ith		(;	a) NS	DL [Data	Mai	nag	eme	nt l	_td.					(b	o) (CDS	SL I	nsu	ran	ce R	еро	sito	ry L	.td.				
(c) Karvy Insurance Repository Ltd. (d) CAMS Repository Services Ltd.																														
My CKYC No. (Central Know Your Customer registry number) is (if available):																														
Iretrieval and downloading of purpose of ensuring accurate CKYC information in complia have read and understood the stood the sto	e and ance	d upd with	ate all a	d reco	ords able	for i	nsu a pro	iran oteo	al KY ce se ction	C F ervi lav	Reco ices. vs a	ords . I ac nd re	Reg kno egul	istr wle atio	y. l dg ons	l un e th s. Th	de nat nis	rst SB co	and I Ge	l tha ene nt i	at th rall s va	nis ii nsu lid u	nfor rand Intil	mat ce C rev	tion omp oke	pany d in v	sser / wil writ	ntial I han ing b	for Idle	the my
Customer Name:		T						Τ													Da	te:	D	D	M	M	Υ	Υ	Υ	Υ

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai Insurance Company Limited I Corporate & Road, A & B Wing, Sahar Roa- 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 Prakritik Suraksha Bima, UIN: IRDAN1440PMS0001V01202425 | SBI $General \ Insurance \ and \ SBI \ are \ separate \ legal \ entities \ and \ SBI \ is \ working \ as \ Corporate \ Agent \ of the \ company for \ sourcing \ of \ insurance \ products.$

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)

KYC Documents Attached
Pan Card Telephone Bill Passport Government UID Voter's Identity Card
Utility bills not older than 2 months Driving Licence Electricity Bill Ration Card Aadhaar Card
Payment Details
CHEQUE DD EFT DEBIT/CREDIT CARD
CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All field mandatory) Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"
Instrument Number: Amount: Amount:
Date: D D M M Y Y Y Y Bank Name:
Bank Account No: Branch:
IFSC Code: *Note - SBIG does not accept Cash for Premium Payments against the Police
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 procee 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 company for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have befound 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 Non-resident Indian(NRI) Others
If Non-Indian please specify the nationality and country address
Type of Organisation (Only applicable if policy issued on Group Basis):
Corporation Government Non-Governmental Organisation Society Trust
Partnership International Organisation Cooperative Section 8 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 Recent photograph
of proposer: (Photograph is
required. if customer
does not have CKYC ID)
Signature of 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 sign
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 ha fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided
me/us. I, (Full name of the witness) (Relation with the Proposer/Primary insured) adult and inhabitant of (city) and residing
do hereby certify that I have read out and explained the contents of the Proposal Form and other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured at
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 knowledge and belief.

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 Prakritik Suraksha Bima, UIN: IRDAN1440PMS0001V01202425 | 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 im	pression of the Proposer/PrimaryInsured
Date: D D M M Y Y Y Y Place:			
Agent Declaration			
I,	ationship Officer, do hereby ontained in this Proposal F sal Form to questions contain d the Proposer, if this Proposal, information/response(s) to be furnished, the Comparance of any material fact, the	declare that I have e form to the Proposer ned herein or any deta sal is accepted by the is/are contained in the ny shall have the right policy issued to his/ho	r including statement(s), information and ails sought herein will form the basis of the Company for issuance of the Policy. I have his Proposal Form/including addendum(s), to vary the benefits which may be payable er favour pursuant to this Proposal may be
Agent Name:			
SP Name:			
SP Code:			
License No.:	Date: D D M M Y	YYY	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