PROPOSAL FORM

MICRO INSURANCE POLICY (Individual & Family)

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Information for fields marked with asterisk (*) are mandatory

FOR OFFICE USE

Quote No.: | Inward No.:
Receipt No.: | Receipt Date: D D M M Y Y Y Y

INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type: ☐ Corporate ☐ Retail ☐ SME
Business Sector: ☐ Urban ☐ Rural ☐ Social
Business Type: ☐ New ☐ Roll-Over ☐ Renewal
Sales Channel Type: ☐ Banca ☐ Agency ☐ Direct
Sales Channel Code:
Specified Person's Code*:
Specified Person's Name*:
Agreement Code:
GSTIN/ISDN: IF APPLICABLE

PROPOSER (* Mandatory Fields)

1. Type of Policy: ☐ Individual
2. Name of the Proposer*: SURNAME MIDDLE NAME FIRST NAME
3. Address for Communication*:
   Pincode:
4. Nationality*:
5. Email ID*:
6. Contact Details*: Mobile No.: Alternate Mobile Number:
7. Aadhaar Card No.:
8. PAN*: /Form 60/61*: (If PAN not available):
9. Passport/Driving License/ Voter ID:
10. Existing SBIGICL Customer: ☐ Yes ☐ No If Yes, kindly provide Member ID:
11. Period of Insurance*: From: D D M M Y Y Y Y To: D D M M Y Y Y Y
12. Have you (or any family member, if covered) ever suffered from or taken treatment or have been recommended to take medication for the following by a medical practitioner? ☐ Yes ☐ No
    I) Hypertension/Heart Related Problems II) Diabetes and Related Problems III) Asthma or any other Respiratory Problems IV) Any other Illness/ Deformity/ Hospitalization
    Yes, kindly provide Insured-wise details _____
13. Have you (or any family member, if covered) ever claimed/received compensation under any personal accident/ Health Insurance or any other Policy from any other Company? ☐ Yes ☐ No
    If Yes, kindly provide Insured-wise details _____
14. Has any Company, to you (or any family member, if covered)
    ☐ Declined to issue a Policy ☐ Declined to continue Insurance ☐ Not invited for the renewal of the Policy ☐ Denied a claim in Policy
    ☐ Imposed any restriction or special conditions, additional premium?
    If Yes, kindly provide insured wise details: _____
15. Settlement in favour of: ☐ Primary Insured ☐ Proposer
16. Corporate: ☐ Yes ☐ No
17. GSTIN/ISDN: IF APPLICABLE
18. Are you or any of the proposed applicant_____, please tick whichever is applicable: Yes ☐ No ☐

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

If yes, please provide details for all person(s) in a separate sheet.

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

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.

NOMINEE DETAILS*

Name	Contact Details	Date of Birth	Age	Relationship with primary insured
		D D M M Y Y Y Y		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Appointee contact details

MEMBERS PROPOSED FOR INSURANCE (* Mandatory Fields)

Details	Name*	Gender*	Date of Birth*	Marital Status*	Relationship with the Proposer*	Occupation*	Nationality* (Indian/ Non-Indian /Non-resident Indian/Other)	Other Insurance* ☐ Yes ☐ No	ABHA (Ayushman Bharat Health Account) number (if available) :
Insured 1									

I/We hereby provide consent to share my/our medical records with the insurer or TPA ☐

If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in

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)

PREVIOUS/EXISTING INSURANCE

Are you applying for portability / Migration: ☐ Yes ☐ No

(If "Yes", please fill the separate portability from also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

☐ Yes ☐ No If Yes, then provide below details

Previous / Existing Insurance Details	Policy Number	Insurer's Name	Period of Insurance	Sum Insured	Premium Paid (Rs)	Claim Details (if any) Incurred Claim (Outstanding+ Received): Claim Ratio (%):
Insured 1						

Coverage Details*

Cover	Compulsory/Optional	Cover Opted	Sum Insured
Personal Accident with maximum sum insured of ₹ 50,000/- per person with coverage for accidental death and Permanent Total Disability. If family is covered the sum insured for per family member will be equivalent to the sum insured opted by Primary Insured.	Compulsory	Compulsory	☐ ₹ 10,000/- ☐ ₹ 20,000/- ☐ ₹ 30,000/- ☐ ₹ 40,000/- ☐ ₹ 50,000/-

Coverage Details

Cover	Compulsory/Optional	Cover Opted	Sum Insured
Asset Insurance – Coverage against Fire and Allied Perils, Burglary and Housebreaking but excluding theft. Maximum Sum Insured: ₹ 30,000/-	Optional	Item Description	
		Dwelling: (Max. ₹ 30,000/-) ☐ Yes ☐ No	
		Stock of farm produce: (Max. ₹ 5,000/-) ☐ Yes ☐ No	
		Other Contents: ☐ Yes ☐ No	
		Farm tools and implements: (Max. ₹ 5,000/-) ☐ Yes ☐ No	
Terrorism Cover Opted	Optional		Yes ☐ No ☐
Critical Illness Insurance – Benefit Cover against 13 listed critical illnesses Optional Maximum Sum Insured ₹ 30,000/- per person		Yes ☐ No ☐	☐ ₹ 10,000/- ☐ ₹ 20,000/- ☐ ₹ 30,000/-
Hospital Daily Cash Insurance – Benefit cover for hospitalisation due to disease/illness/injury/accident with a fixed per day limit of ₹ 250/day for a maximum period of 60 or 90 days per year.	Optional	Yes ☐ No ☐	No. of days/year ☐ 60 days ☐ 90 days

PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently*)

Please draw your Cheque (A/c payee only) in the name of **"SBI General Insurance Company Limited"** (*Mandatory fields)

Instrument Type: ☐ Cheque/ ☐ Debit Card/ ☐ Credit Card

Cheque No./DD No.: ☐☐☐☐☐☐ Amount: ☐☐☐☐☐☐☐☐☐☐ Date: D D M M Y Y Y Y

Bank Name: ☐ Branch: ☐

Bank Account No.*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code*: ☐☐☐☐☐☐☐☐☐☐☐

SBIGI does not accept Cash for Premium Payments against the Policy.

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 Prevention of Money Laundering Act 2002. I 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 ☐ Non-resident Indian(NRI) ☐ Others ☐

If Non-Indian please specify the nationality and country address_____

If NRI please give details for resident country and address_____

Type of Organisation: (Only applicable if policy issued on Group Basis)
☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

I hereby declare that the current address is different from the avalilable 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 :

AGENT's 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 Agent: _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

Choose your Insurance Repository

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

My CKYC No. (Central Know Your Customer Registry Number) is ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (If available).

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____ Date: D D M M Y Y Y Y

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

DECLARATION

1. I/We hereby declare on my behalf and on behalf of all the 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/We am/are authorised to propose on behalf of these other persons. 2. I/We 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 Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable. 3. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the person to be Insured/Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. 4. I/We declare that I/We consent to the Company seeking medical information from any doctor or from a hospital who 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 Insurance Company to which 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/We authorise the Company to share information pertaining to my proposal including the medical records 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 Place: _____

_____
Signature of the Proposer:

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 In 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 liable for a penalty which may extend up to ₹ 10 Lacs.

If the Proposer/policyholder is illiterate or suffering from a disability affecting his/her capacity to write or where the policyholder has signed in any language other than English, please fill in the details below. The statement below must be witnessed by someone other than the intermediary/employee of the Company.

DECLARATION

I/We (Name of the Proposer/Policyholder)_____ have verified the contents of this form and have been read over and clearly explained to me/us by (Name of witness)_____ and I/We fully understand them. I/We further certify that the replies in this proposal form have been recorded by me/us. Relationship of the Witness with the Proposer: _____

Date: D D M M Y Y Y Y Place: _____

_____
Signature of the Proposer:

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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