

PLATINUM PLAN

For Office Use

Quote No.: Inward No.:

Receipt No.: Receipt Date:

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*/PF ID:
Specified Person's Name* Or Staff Name:
Intermediary code: Agreement code:
GSTIN/ISDN: IF APPLICABLE

Details of the Persons Proposed to be Insured for Main Borrower

Name :
Communication Address:
City: State:
PIN code: Landmark:
Contact Details: Mobile No.: Email:
Date of Birth: PAN No*.: / Form 60/61:
Aadhaar No.: Age: Gender: M F Other
Occupation: Salaried: Self Employed: Any Other (Please specify _____)
GSTIN/ISDN: IF APPLICABLE

Main Member & Co-applicant details (If Any): -

Nominee's Name:
Nominee's Date of Birth: Gender: Male Female Other Age
Relationship with Proposer:
Address of Nominee:
*If nominee is a minor:
Name of the Appointee:
Relationship with Minor:
Address of Appointee:

Sr No.	Proposer	Name	Address	DOB	Gender	Mobile No.	Email ID	Occupation	Nominee
1	Main Member			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
2	Co-applicant 1			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
3	Co-applicant 2			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				
4	Co-Applicant 3			<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				

Name of the Financial Institution:
Branch of the Financial Institution:
Agreement Type: Hypothecation Hire Purchase Lease/Mortgage

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 license. | Website: www.sbigeneral.in, Tollfree: 18001021111 | Group Loan Insurance Policy, UIN: SBIPAGP20092V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Sanctioned Loan Amount:

Loan Account Number:

Loan Tenure:

Equated Monthly Instalment (EMI):

Policy Tenure (in months): Months

Policy Start date:

Date of Loan Sanctioned:

Loan Disbursal Date:

Type of Loan:

Rate of interest: %

Policy End date:

Coverage Details

Personal Accident
Critical Illness
Incidental Expenses (Can be opted only if Critical Illness is opted)
Admission Benefit - Accidental Hospitalization

Policy Period	
Basis of Sum Insured	Fixed Sum Insured

Previous/Existing Details of the Insured Persons

Insured Person	Do you suffer from any pre-existing illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify details and the no. of years
Main Borrower		
Co-Applicant I		
Co-Applicant II		
Co-Applicant III		

Premium Payment and Bank Account Details

Premium Amount ₹: Instrument No

Instrument Type: Cash Cheque Credit Card Debit Card EFT Other Please Specify _____

Bank Name: IFSC Code:

Bank Account Number:

Branch Name:

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card the fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a cancelled cheque if you opt for direct credit into your bank account: (Cancelled cheque should be of the same bank account in which the refund needs to be credited directly.)

Cheque No.: Cheque Date:

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.

Electronic Insurance Accounts Details

I Want Group Loan Insurance Policy and related information in	Physical Format <input type="checkbox"/> e-Format (electronic) as & when applicable <input type="checkbox"/>
<input type="checkbox"/> I have an e-Insurance Account & the No. is :	<input type="text"/>
<input type="checkbox"/> Choose your Insurance Repository (For those selecting e-Format)	(a) NSDL Data Management Ltd. <input type="checkbox"/> (b) CDSL Insurance Repository Ltd. <input type="checkbox"/> (c) Karvy Insurance Repository Ltd. <input type="checkbox"/> (d) CAMS Repository Services Ltd. <input type="checkbox"/>
My CKYC No. (Central Know Your Customer registry number) (if available)	

Declaration for Assignment of Policy

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

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- I understand and wish to assign the Policy, as indicated above, which may be issued, to _____ the Financial institution (hereinafter referred to as the assignee) from whom I have availed loan.
- I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
- I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.
- I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognise the Policy being assigned to the aforementioned assignee thereafter.

Date: Place: Signature of the Main Borrower: _____

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 bonafide 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/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 NGO Politically exposed Parties^
 Cooperatives Section 25 Companies

^ 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.

Declarations 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.

Date: Place: Signature of the Main Borrower: _____

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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