PROPOSAL FORM

CRITICAL ILLNESS INSURANCE POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1) Please answer all the questions fully and accurately. 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 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 anyone acting on Proposer's behalf. Kindly contact SBI GENERAL Offices or Agents for any doubts or clarifications on the proposal form.

Important Information: Health Check-Up/ Medical Examination will be required for acceptance of the proposal based on the Medical History, Sum Insured & Age of the Proposer as per our guidelines. For all persons aged 45 and above, medical examination is compulsory, irrespective of the Sum Insured opted and pre-acceptance medical tests at the cost of the Proposer. However, if the Proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

Our Liability: The liability of SBI General does not commence until this Proposal has been accepted by SBI General and premium paid by Proposer/ Insured to SBI General and upon full realization of the premium payment by the Insurer, the acceptance of which shall be specifically intimated to the Proposer by the Insurer along with the date from which the Insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Insurer. The Insurer is under no obligation to accept any Proposal for Insurance. The Proposer agrees that the receipt of this Proposal by the Insurer along with the premium payment does not tantamount to the acceptance of the Proposal for Insurance by the Insurer and does not result in a concluded contract of Insurance.

Scope of Cover (Basic Details): This is a benefit Policy & covers the listed Critical Illnesses. Fixed lump sum amount as stated in Policy Schedule is payable irrespective of actual medical expenses.

Significant exclusions: Pre-existing Diseases, AIDS, Pregnancy, Alternative Medicine, and External & Internal Congenital deformities. For a full list of exclusions, kindly refer the Policy Wording & schedule.

Note: The foregoing is only an indication of the cover offered. For full details, please refer to the Policy wording & schedule.

FOR OFFICE USE

Branch Office Code: | Branch Name:

Business Type*: ☐ New ☐ Renewal ☐ Migration ☐ Portability | Sales Channel Type: ☐ Digital ☐ Online

Business Sector*: ☐ Urban ☐ Rural ☐ Social ☐ Others

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

Segment Type: ☐ Corporate ☐ Retail ☐ SME | Business Sector: ☐ Urban ☐ Metro ☐ Rural ☐ Village ☐ Social

Business Type: ☐ New ☐ Renewal ☐ Migration ☐ Portability | Sales Channel Type: ☐ Agency ☐ Direct

Sales Channel Code: | Specified Person's Code*:

Specified Person's Name*: SURNAME MIDDLE NAME FIRST NAME

GSTIN/ISDN: IF APPLICABLE

PROPOSER DETAILS (* Mandatory Fields)

1. Do you have an existing relationship with SBI General Insurance?* ☐ Yes ☐ No If Yes, please mention the Customer ID
2. Title*: ☐ Mr. ☐ Miss ☐ Mrs.
3. Name*: SURNAME MIDDLE NAME FIRST NAME
4. Present Address*: (Current Residing Address)

City: | Village:
Gram Panchayat: | State:
Pincode: | Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*:

City: | Village:
Gram Panchayat: | State:
Pincode: | Landmark:

5. Gender*: ☐ Male ☐ Female ☐ Others | 6. Date of Birth*: DD MM YYYY
7. Aadhaar Card No.: | 8. PAN No*.: | /Form 97/98* (If PAN not available): ☐

Version: 1.0 Aug 2026

ACKNOWLEDGEMENT SLIP (Tear Off):

This is to certify that the amount of Rs. _____ will be debited from the Bank Account No. _____

of Mr/Ms./Mrs. _____ towards the premium for SBI General's Critical Illness Insurance Policy.

Signed at: _____ Journal No.: _____

Signature: _____ Journal Date: DD MM YYYY

Authorised Signatory of SBI

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.

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. I 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. | Critical Illness Insurance Policy UIN: SBIHLIP11004V011011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

9. Passport/Driving License/ Voter ID:

10. What industry do you work in?

11. Occupation*: ☐ Salaried ☐ Self-employed/ Professional ☐ Business ☐ Student ☐ Retired ☐ Defense Personnel ☐ Agriculture & Allied ☐ Others (specify) _____)

12. Email address*:

13. Marital status*: ☐ Single ☐ Married ☐ Others

14. Nationality*:

☐ Email ☐ Paper Mail ☐ Phone

16. Contact details*: Mobile No.:

Alternate Mobile No.:

17. Preferred Payment Mode*: ☐ EFT ☐ Cheque

18. Period of Insurance*: From D D M M Y Y Y Y To D D M M Y Y Y Y

19. Proposer's Permanent Residential Address*:

City: Pincode:

20. 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.

21. Corporate: Yes ☐ No ☐ 22. GSTIN/ISDN: IF APPLICABLE

NOMINEE DETAILS*

Insured Name	**Insured 1**		
Nominee details	**Nominee 1**	**Nominee 2**	**Nominee 3**
Name of the Nominee*^			
% Share of Claim Amount			
Date of Birth (DD/MM/YYYY)*			
Gender (M/F/O)			
Relationship with Policyholder*			
Mobile No. of the Nominee*			
Present Address of the Nominee			
Permanent Address of the Nominee			
Nominee Email ID			
Name of A/C holder			
Account Number			
IFSC Code			
MICR Code			
Bank Name			
Branch Name			

^ (Please attach a separate sheet if required in case of multiple nominees)

*If Nominee is a minor, give the details of Appointee.

ACKNOWLEDGEMENT SLIP (Tear Off):

Note: (1) You shall receive the Policy copy on acceptance of your Proposal Form by the Head Office of SBI General Insurance Company. (2) Irrespective of the number of accounts the Insured has with SBI, he/she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. (3) Even if multiple Policies are taken through one or more than one account with SBI for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other Policies shall be deemed as null and void. Premium paid for all such Policies by the Insured will be refunded after deduction of administrative expenses of Rs. 150. (4) In case of a Joint account, two separate Policies may be issued in case both the account holders opt for respective Individual Policies. (5) Period of Insurance shall be 1 year from the date of transaction. (6) This acknowledgement slip does not in any way communicate the acceptance or commencement of risk under the application submitted by you. This is only an acknowledgement slip and is not the premium receipt. This acknowledgement slip should not be used for Income Tax purpose. The premium receipt shall be issued once the Company accepts the risk on your health and the amount deposited is applied to your Policy as premium. (7) Premium will be refunded in case your proposal is rejected by us. (8) For any assistance / clarification required kindly get in touch with SBI General Insurance Company Ltd. on 1800 22 1111, 1800 102 1111 (Toll Free).

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Appointee Details	
Insured Name	**Insured 1**
Name of Appointee*	
Date Of Birth (DD/MM/YYYY)*	
Gender (M/F/O)	
Relationship with Nominee*	
Address of the Appointee	
Appointee Mobile no*	
Name of A/C holder	
Account Number	
IFSC Code	
MICR Code	
Bank Name	
Branch Name	

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

MEMBERS PROPOSED FOR INSURANCE (* Mandatory Fields)

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

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						

MEDICAL AND LIFE STYLE INFORMATION:

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of Illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	**Name of Illness/ Disease/ Accidental Injury**	**Duration Since Suffering from**	**Medications details (present/ past) please specify**	**Are you fully cured (Yes/No)**	**Differently Abled Status (Yes/No)**	**Type of Impairment**	**Percentage of Impairment**	**UDID Number**
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

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ELECTRONIC INSURANCE ACCOUNTS DETAILS*

I have an eIA Number:

I would like to apply for eIA with: NSDL Database Management Ltd ☐ Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

Karvy Insurance Repository Ltd ☐ CAMS Insurance Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (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).

PERSONAL HEALTH DETAILS (To be filled in respect of all the members proposed to be covered under the policy)

Sr.No.	Details	Insured
1.	Are you in good health and free from physical and mental diseases or infirmity or medical complaints or deformity?	Yes / No
2.	Lifestyle details of the Insured:	
2.a	Is your occupation associated with any specific hazard? (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc.)	Yes / No
2.b	Do you consume tobacco in any form? If Yes, whether it is: Cigarette/Beedi/Cigar/Gutka/Pan Masala/Others	Yes / No
	Quantity per day.	
	Consuming fo the past	_____years
	If you have stopped smoking or using tobacco products then please provide from when?	
2.c	Do you consume alcohol? If Yes, type of alcohol - Beer/Hard Liquor/Wine/Others	Yes / No
	Amount consumed per week :	
	Consuming for the past	_____years
	If you have stopped drinking then please provide when?	
3.	Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner?	Yes / No
3.a	High Blood Pressure/Heart Attack/Cardiovascular disease, Diabetes, Tuberculosis, Asthma, or other Respiratory disease, "Kidney disorder, Bladder disorder, Urine abnormality, Renal Stones or Genital Organ disorder, Cancer or any form of Tumour or Lump, Cyst growth, Liver and Gall Bladder disorder, Stomach or Duodenal disorder, Fistula, Piles, Hernia, Eye, Ear, Nose, Throat or Endocrine diseases, diseases of Bones, Joints or Spine, Stroke, Eplilepsy or any other disorder of Brain, Spinal Cord or Nerves	Yes / No
3.b	Any other illness/injury/disability requiring investigation or treatment	Yes / No
	Type of Disability	
	Percentage of Disability	
	If answer to 3a or 3b is 'Yes', provide details of the ailment and nature of treatment in the Annexure.	
4.	Have you ever been tested positive for HIV/AIDS, Hepatitis B or C or sexually transmitted diseases?	Yes / No

PREMIUM PAYMENT DETAILS*

Name of Premium payor: S U R N A M E M I D D L E N A M E F I R S T N A M E

Premium Payment Options: Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual ☐

Premium Amount: Cheque No./DD No.:

Date: D D M M Y Y Y Y Instrument Type: ☐ Cheque ☐ Debit Card ☐ Credit Card Others: Please Specify: ____________

Bank Name:

Bank Account Number: IFSC Code:

Branch Name:

Card details*: Master ☐ Visa ☐ Card No*.: Card Expiry Date*: D D M M Y Y Y Y

ASBA Declaration:

☐ I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

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

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

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Bank Name*: Branch:

Name as in Bank Account*:

Bank Account No.*:

IFSC Code: MICR Code:

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.

RENEWAL PAYMENT SIGN-UP:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

☐ I want to opt for the ACH/SI renewal option.

Date: D D M M Y Y Y Y

Place: _____

Signature of Proposer

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.

Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin

If Non-Indian please specify the nationality and country address_____

If NRI please give details for resident country and address_____

Type of Organisation: ☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
(Only applicable if policy issued on Group Basis) ☐ 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 :

AGENTS 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: _____

DECLARATION BY PROPOSER

1. I/We hereby declare that the statement made by me/us in the Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statement made by me and this declaration shall from the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
2. 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 non- disclosure/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.
3. I/We hereby undertake that if any additions/alternations 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.
4. 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.
5. 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 withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us.
6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).
7. 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.
8. 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
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
10. 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 KYC of beneficial owner to the Company as and when required.

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Please tick mark if Authorizes Person has explained the product features and benefits and I have understood the questions in the form and the answers given are correct. Yes ☐ No. ☐

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

DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

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) _____ adult and inhabitant of (City) _____and residing at _____ do hereby certify that I/We have read out and explained the contents of the 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 knowledge and belief.

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

_____
Signature of the Witness

_____
Signature/Thumb impression of the Proposer

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 the 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 to Ten Lakh rupees.

CONSENT CODE AND ACCOUNT DEBIT MANDATE

_____ is the consent code to authorize SBI to Debit the customer account

I _____ authorize SBI to debit my Account Number _____ with ₹. _____ for premium of _____

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

_____
Signature of the Witness

_____
Signature/Thumb impression of the Proposer

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PROPOSAL FORM

CRITICAL ILLNESS INSURANCE POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Annexure to Critical Illness Insurance Policy

Sr. No.	Particulars	Details
1	Name of the Insured:	
2	Name & address of the Treating Doctor	
3	Nature of Ailment (Exact Diagnosis)	
4	Date of First Diagnosis	
5	Nature of Symptoms (Onset, Duration and Intensity)	
6	List of Prescribed Medication	
7	Further Consultation Planned (if any)	
8	Details of Investigations performed along with the Dates and Results	

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