

ENROLMENT FORM

For Office Use

Master Policy No.:

Quote Number: Inward No.:

Receipt No.: Receipt Date:

Intermediary's Details (* Mandatory Fields If Sales Channel Type Selected Is Banca)

Sales Channel Code: Specified Person's Code*/ PF ID:

Business Type: New Renewal Migration Portability Sales Channel Type: Banca Agency Direct

Business Sector: Urban Rural Social Others

Specified Person's Name* Or Staff Name:

Contact Details: Alternate Contact No.:

Intermediary code: Agreement code:

Details of Policy (Name): Sum Insured:

GSTIN/ISDN: IF APPLICABLE Unique enrolment ID/Member ID:

Period of Insurance*: From To

Details of the Persons Proposed to be Insured for Main Borrower (* Mandatory Fields)

Name of the Proposer*:

Present Address* (Current Residing Address)

City: Village:

Gram Panchayat: State:

Pin-Code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*

City: Village:

Gram Panchayat: State:

Pin-Code: Landmark:

Contact Details*: Mobile No.: Alternate Mobile No.:

Email*:

Nationality*:

Date of Birth*: Gender*: M F Other

Marital Status*: Married Unmarried Divorced Widow(er)

AADHAAR No.*: PAN*: /Form 60/61 (if PAN not Available)*:

Occupation*: Salaried: Self Employed: Any Other (Please specify _____)

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 | 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 license. | Group Personal Accident I UIN: SBIPAGP11005V011011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Are you or any of the proposed applicant* _____, please tick whichever is applicable: Yes No

HNI Jeweller NGO Film Actor/ Producer PEP

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.

Details of The Person Proposed To Be Insured: (* Mandatory Fields)

Details	Insured 1
Name *	
Date of Birth (DD/MM/YYYY)*	
Gender*	
Marital Status*	
Nationality* (Indian/ Non-Indian/ Non-Resident Indian/ Others). In case of Nationality other than Indian, please provide details	
Relationship with Proposer*	
Basic Sum Insured*	
ABHA (Ayushman Bharat Health Account) number (if available)	

Note: By Family we mean Self, Spouse, Dependent children, Dependent Parents/parents in-law.

Nominee details:

Insured Name	Insured 1		
	Nominee 1	Nominee 2	Nominee 3
Nominee details			
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.

Appointee Details	
Insured Name	Insured 1
Name of Appointee*	
Date Of Birth (DD/MM/YYYY)*	
Gender (M/F/O)	

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Date:

Place:

Signature/Thumb impression of the Proposer/Primary.

Electronic Insurance Accounts Details

I have an eIA Number:

I would like to apply for eIA with: NSDL Database Management 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:

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

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 statutes, 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 (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 available 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

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 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 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 declare that whatever I 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
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Place:

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Signature of the Witness

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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 or 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 liable for a penalty which may extend to Ten Lakh rupees

Disclaimer:

The details of all the individual members covered under the group insurance needs to be maintained by Master Policyholders. The concerned business function needs to ensure that the details of beneficiaries are made available to the Company as and when required.

Insurance is subject matter of solicitation.