

PROPOSAL FORM



GRIHA RAKSHA PLUS

This proposal is for covering Home Building and/or Home Contents, if opted against Fire and Allied Perils. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

OFFICE USE ONLY:

Policy Issuing Office Address :												
							Code: <input type="text"/>					
Intermediary/Agent Name:												
Code (if any):							Sales Channel Type: Agency <input type="checkbox"/> Direct <input type="checkbox"/> Corporate/ Broker <input type="checkbox"/>					
Business Sector:	Urban <input type="checkbox"/>	Social <input type="checkbox"/>	Rural <input type="checkbox"/>									

DETAILS ABOUT PROPOSER AND POLICY PERIOD

1. Name of the Proposer*:																				
Ownership:	Single	<input type="checkbox"/>	Joint	<input type="checkbox"/>	Gender :	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Other	<input type="checkbox"/>	Nationality:	<input type="checkbox"/>							

Please specify the details of Co applicants

Sr. no.	Name of co-applicant	Date of Birth
1.	[15 empty boxes for name]	D D M M Y Y Y Y
2.	[15 empty boxes for name]	D D M M Y Y Y Y

My Present Address is same as Permanent Address

Permanent Address*:	<input type="text"/>												
City:	<input type="text"/>						Village:	<input type="text"/>					
Gram Panchayat:	<input type="text"/>						State:	<input type="text"/>					
PIN code:	<input type="text"/>					Landmark: <input type="text"/>							

Date of Birth*: Gender*: M F Other Marital Status*: Married Unmarried

Aadhaar No.*: / Form 60/61 (if Available):

Passport / Driving License/ Voter Id:

Occupation: Salaried Self Employed Any Other Email ID*:

Mobile No*: Alternate Mobile No*:

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.

II. Is the premises occupied by the owner (landlord)? Yes No

3. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions :

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

Loan amount: Period of Insurance: From: to

Note: For long term policy, Period shall not exceed 20 years.

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided 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 licence. | Griha Raksha Plus UIN: IRDAN144RP0014V01202223 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

KYC Documents Attached:

<input type="checkbox"/> Pan Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Telephone Bill
<input type="checkbox"/> Ration Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Utility bills not older than 2 months	<input type="checkbox"/> Registration Certificate	

Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

Declaration by Insured

1. I/We hereby declare that the statements made by me/us in this 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 statements made by me and this declaration shall form 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.
2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
3. 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.
4. 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.
5. 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.
6. 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.
7. The details filled in the proposal form would be used for new as well as for renewal purposes.

Do you suffer from any disability? Yes No

If Yes, please state the type of disability. _____ Please share the percentage of disability. _____

UDID Number _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I would like Griha Raksha Plus and related information in: Physical Format e-Format (electronic)

I have eIA Number:

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I don't have an eIA and I would like to apply for eIA with:

(a) NSDL Database Management Ltd <input type="checkbox"/>	(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) <input type="checkbox"/>
(c) Karvy Insurance Repository Ltd. <input type="checkbox"/>	(d) CAMS Insurance Repository Services Ltd <input type="checkbox"/>

CKYC No (Central Know Your Customer Registry Number), (if available):

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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
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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 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality:

Resident Individual Non-Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin 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 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 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) _____

_____(Relation with the Proposer/Primary insured) _____ 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/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the

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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.

Agent Name:

SP Name:

SP Code: License No.:

Date:

Place:

Signature of Agent

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.

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Please note the following for Sum Insured (SI) for Home Building section:

(The amount required to construct Your Home Building at the policy Commencement Date. The amount is calculated as follows:

a. For residential structure of Your Home including fittings and fixtures:

Carpet area of the structure in square metres/square feet X Rate of Cost of Construction at the policy Commencement Date.

The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

Details of Home Contents

Please note the following:

- I. **Home Contents** refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- II. **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"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."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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 or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

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.