



## DETAILS OF THE PERSON PROPOSED TO BE INSURED\*:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name						
Date of Birth						
Sum Insured						
Gender						
Marital Status						
Occupation & Nature of Business/Work						
Contact No.						
Nationality (Indian/ Non-Indian/ Non-resident Indian/Other)						
Relationship with Proposer						
Basic Sum Insured						
ABHA (Ayushman Bharat Health Account) number (if available)						

**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)

In case of additional members, please provide details in separate sheet.

Are you or any of the proposed applicant \_\_\_\_\_, please tick whichever is applicable:

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.

## NOMINEE DETAILS\*

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee*^						
Date of Birth*						
Gender (M/F/O)						
Relationship with Policyholder*						
Mobile No. of the Nominee*						

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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						

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

Appointee Details						
Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date of Birth*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of Appointee						
Appointee Mobile no*						
Name of A/C holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

### PREVIOUS/EXISTING INSURANCE

Are you applying for portability/Migration: Yes  No

(If "Yes", please fill the separate portability form 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	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Policy Number						
Insurer's Name						
Period of Insurance						

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Sum Insured						
Premium Paid (Rs)						
Claim Details (if any) Incurred Claim (Outstanding+ Received):						
Claim Ratio (%):						

**PERSONAL HEALTH DETAILS (To be filled by all the members under the policy or proposed to be covered under the policy)**

Sr. No.	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1	Do you smoke cigarettes or consume tobacco (chewing paste) /alcohol in any form?	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None	<input type="checkbox"/> Cigarette <input type="checkbox"/> Tobaccol <input type="checkbox"/> Alcohol <input type="checkbox"/> None
2	Do you smoke cigarettes or consume tobacco (chewing paste)/alcohol in any form?	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive	<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Alcohol <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> AIDSarHV Positive
3	Do you or any of the family members to be covered have/ had any health covered have complaints/met with any accident & have been taking treatment/or hospitalised? Please provide details in the Annexure.	<input type="checkbox"/> Yes <input type="checkbox"/> No					

I have received FAQ document and have read it.

**MEDICAL AND LIFE STYLE INFORMATION\***

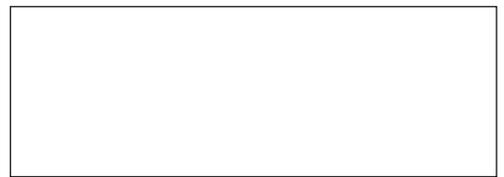
Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

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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Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)



Signature of Proposer

**INSURER DECLARATION:**

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the Company.

We are under no obligation to accept any proposal for Insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for Insurance by SBI General Insurance Company Limited and does not result in a concluded contract of Insurance. The acceptance of the Proposal for Insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for Insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposal and SBI General Insurance Company Limited along with the date from which the Insurance cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to Policyissuance, notcovered under this Policy (Your proposal form will be considered after SBI General Insurance Company Limited receives the premium payment.)

**DECLARATIONS ON BEHALF OF ALL PERSONS 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 authorized 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 acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General insurance Company Limited related to my Insurance Policy through my registered mobile number and email.
- 7. I further declare that the contents of the Policy have been fully explained to me and I shall abide with the Policy terms and conditions.
- 8. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder.
- 9. 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 HYPERLINK "http://www.healthid.ndhm.gov.in"www.healthid.ndhm.gov.in

Date:

Signature of Insured: \_\_\_\_\_

**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):

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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](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

### PROPOSER DECLARATION:

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the 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.

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Signature of the Witness Insured

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature/Thumb impression of the Proposer/Primary.

Place: 

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**Sharing of Information:** The information sought from the Insured is for the purpose of Policy issuance and Policy servicing. This information sought and the details of the policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details are sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law/regulations or directions from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

**Fraud Warning:** This Policy shall be voidable at the option of the Company in the event of mis-representation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance Company or any other person, files a proposal for Insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, It will render the policy voidable at the sole discretion of the Insurance Company and result in a denial of Insurance benefits.

### 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.

**Insurance is subject matter of solicitation.**

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