

**ENROLMENT FORM**

**For Office Use Only**

Master Policy Number:

Quote No.:  Inward No.:

Receipt No.:  Receipt Date:

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

Business Sector: Urban  Rural  Social  Other  Segment Type: Corporate  Retail  SME

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

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

Specified Person's Name\*:

Contact Details\*: Mobile No.:  Intermediary code:

Agreement code:  GSTIN/ISDN: (If Applicable)

**Policy Details\***

Policy Start Date:  Policy End Date:

Policy Type\*: Individual  Family Individual

Sum Insured (in Rs.):

**Details of Proposer**

Name of the Proposer\*:

Present Address\*:

(Current Residing Address) City:  State:

Gram Panchayat:  Village:

PIN code:  Landmark:

My present address is same as permanent address

Permanent Address\*:

City:  State:

Gram Panchayat:  Village:

PIN code:  Landmark:

Nationality\*:  Email ID\*:

Date of Birth\*:  Gender\*: Male  Female  Other

Marital Status\*: Married  Unmarried  Divorced  Widow(er)

AADHAAR No. \*:  PAN\*:  Form 60/61   
As Available:

Passport/ Driving License/ Others:  GSTN No.:

Contact Details\*: 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.

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. | Jan Rakshak Personal Accident Mirco Insurance Product UIN : SBIPMGP21594V012021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

### Employee/Members Details\* (Please attach the details in the following format)

| Employee Code / Number | Employee Name | Designation | Monthly Income | Location |
|------------------------|---------------|-------------|----------------|----------|
|                        |               |             |                |          |

### Insured Person Details\*

| Details   | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| Name *  |           |           |           |           |           |           |
| Date of Birth*  |           |           |           |           |           |           |
| Age*  |           |           |           |           |           |           |
| Gender*   |           |           |           |           |           |           |
| Marital Status*   |           |           |           |           |           |           |
| Contact No.   |           |           |           |           |           |           |
| Relationship with Proposer*                                 |           |           |           |           |           |           |
| AD Sum Insured  |           |           |           |           |           |           |
| PPD Sum insured   |           |           |           |           |           |           |
| PTD Sum Insured   |           |           |           |           |           |           |
| TTD Sum Insured   |           |           |           |           |           |           |
| Accidental Hospitalisation (inpatient) Sum Insured          |           |           |           |           |           |           |
| ABHA (Ayushman Bharat Health Account) number (if available) |           |           |           |           |           |           |

### Nominee Details

| Insured Name                    | Insured 1 |           |           | Insured 2 |           |           | Insured 3 |           |           |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|                                 | Nominee 1 | Nominee 2 | Nominee 3 | Nominee 1 | Nominee 2 | Nominee 3 | 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* |           |           |           |           |           |           |           |           |           |

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|                                  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| 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                      |  |  |  |  |  |  |  |  |  |

| Insured Name                     | Insured 4 |           |           | Insured 5 |           |           | Insured 6 |           |           |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Nominee details                  | Nominee 1 | Nominee 2 | Nominee 3 | Nominee 1 | Nominee 2 | Nominee 3 | 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.

| Insured Name                | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Name of Appointee*          |           |           |           |           |           |           |
| Date Of Birth (DD/MM/YYYY)* |           |           |           |           |           |           |

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Credit Card/ Debit Card No.

Card Details: Master  Visa

Card Expiry Date:

**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.

Note: The proposer agrees and undertakes to intimate in writing to SBI General Insurance for any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

**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.\*:  Cheque 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.

**Declarations on behalf of all persons proposed to be Insured**

- 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.
- 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.
- 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.
- 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.
- 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."
- 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.
- 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.
- 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.
- 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](http://www.healthid.ndhm.gov.in)

Date:  Place:

Signature

### Electronic Insurance Account Details

I have an e-Insurance Account No.:

I would like to apply for eIA with: NSDL Database Management Ltd.  Centrico Insurance Repository Ltd. (Formerly known as CDSL Insurance Repository Ltd.)   
 Karvy Insurance Repository Ltd.  CAMS Insurance Repository Services Ltd.

CKYC No. (Central Know Your Customer Registry Number) is (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](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

### Vernacular Declaration (If signed in vernacular language / If you have annexed 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) \_\_\_\_\_ (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:

Place:

Signature of the Witness

Signature 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 Lakhs rupees

**Insurance is subject matter of solicitation.**