

PROPOSAL FORM

JAN RAKSHAK PERSONAL ACCIDENT MICRO INSURANCE PRODUCT

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all the questions fully and correctly. 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. Any person who, knowingly and with intent to defraud the 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, which will render the policy voidable at the sole discretion of the Company and result in a denial of insurance benefits.
4. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.
5. Kindly contact SBIGIC's Offices or Agents for any doubts or clarifications on the proposal form.

Marketing Officer: Branch office Code:

Broker/Agent Name & code: Code:

Business Type: New Renewal Migration Portability Business Sector: Urban Rural Social Others

A. PROPOSER DETAILS*

Name of the Proposer / Group*

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:

Mobile No.: Alternate Mobile No.:

Contact Details*:

Email Id*:

Business of Group*:

Location:

Policy to be issued on*: Named basis Un-named basis Cover to be on Full coverage On Duty cover only

Total No. of Persons to be covered*:

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.

B. OTHER/ CURRENT INSURANCE DETAILS:

(Please provide details of any Personal Accident cover that you hold either with SBI General Insurance Company Ltd. or any other Insurance Company)

Details of Existing Policy:

Current Insurer: Policy No/Application No:

Issuing Office:

Policy Period:

From Commencement Date:

D	D	M	M	Y	Y	Y	Y
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To Expiry Date:

D	D	M	M	Y	Y	Y	Y
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For how many years?

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Number of Persons Covered:

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Claim Exp. details received from:

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Claim Exp. as on:

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Details of Covers enjoyed under the expiring policy/policies:

Details of previous policies as per the below format needs to be provided in full:

Year	Insurer	Premium	No. Of Members	No. of claims (Settled + O/s Claims)	Claim Amount (Settled Claims)	Claim Amount (O/s Claims)
2009-10						
2008-09						
2007-08						
2006-07						

PLAN DETAILS* (Please tick (✓) whichever you are choosing)

Primary Covers	
Benefit	Please tick on the benefit you wish to be covered
Accidental Death	
PTD	
PPD	
TTD	

ADDITIONAL COVERS (Please tick (✓) whichever you are choosing)

Benefit	Please tick on the benefit you wish to be covered	Specify Sum Insured per covered Insured Person
Ambulance Cover		
Repatriation Benefit and Funeral Expenses		
Adaptation Allowance		
Accidental Medical Expenses -Inpatient		
Accidental Medical Expenses –outpatient		
Hospital Confinement Allowance		
Education Benefit		
Loan Protector		
Family Transportation Allowance		
Loss of Books/Spectacles/Damage to Bicycles of School Children		
Reimbursement of Exam Fees/School fees for students		
Broken bones		
Purchase of blood		

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								

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*

Premium Amount ₹*: Cheque/Journal No*: Date: D D M M Y Y Y

Premium payment option*: Cheque EFT DD Debit Card / Credit Card

Bank Name*: IFSC Code:

Bank Account Number*:

Branch Name*: Card details*: Master Visa

Card No*: Card Expiry Date*: M M 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.

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number

(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

(c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd

My 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

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

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. | 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.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

DECLARATION BY INSURED

- I/We hereby declare on my behalf and on behalf of all the 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/We am/are authorised 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we 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/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
- I/We authorise the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/ or Regulatory authority.
- I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer
- I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewelers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of Insured

RECOMMENDATION AND SIGNATURE OF MARKETING OFFICER:

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Date:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

Whether the Proposal has been accepted? Yes No

Special Conditions imposed, if any: _____

AGENT 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.

Agent Name: _____

SP Name: _____

SP Code: _____ License No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of Agent

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.

Signature of the Witness Insured

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature/Thumb impression of the Proposer/Primary.

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 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 direction 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 misrepresentation, 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 or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which 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 (PROHIBITION OF REBATES):

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 the subject matter of solicitation