

PROPOSAL FORM

MICRO INSURANCE POLICY (SHG/NGO/MFI/ OTHER CORPORATES)



Information for fields marked with asterisk (\*) are mandatory

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

Marketing Officer and Code:

Branch Office:

Broker/Agent Name and Code:

Nature of Proposer: ☐ SHG ☐ SHG Federations ☐ MFI / NBFC ☐ Bank / Scheduled Bank / Rural Developmental Bank / Cooperative Bank / Land Development Bank. ☐ NGO ☐ Developmental Authority ☐ Cooperative Society ☐ Trade Union ☐ Corporate ☐ Industrial Body ☐ Government

Existing SBIGICL customer: ☐ Yes ☐ No If Yes, kindly provide Member Id

Number of members covered:

Is membership voluntary or restricted to pre-defined groups? ☐ Yes ☐ No

Is the proposed cover for all members of the group? ☐ Yes ☐ No If no, Please detail selection criteria

Payment of premium by: ☐ Members ☐ Proposer ☐ Share between proposer and members ☐ Others (specify)

IF NATURE OF PROPOSER - SHG or SHG Federation, then please fill in the details below

Name of the SHG:

Name of the SHG federation:

Composition by Gender: ☐ Male % ☐ Female % ☐ Both %

Composition of SHG group by age ☐ 18 – 35 ☐ 36 – 45 ☐ 46 – 60 ☐ 61 -75 ☐ 76 and above

Composition of SHG group by occupation: ☐ Agricultural ☐ Fishery ☐ Animal Husbandry ☐ Forestry ☐ Food Processing ☐ Handy craft & Skill based jobs like tailoring, embroidery, Handy craft, pottery ☐ Manufacturing like coir, bidi, bricks etc. ☐ Services like shops, eateries, restaurants, schools, saloons etc.

Year of inception of the group:

Number of families covered by the SHG

IF NATURE OF PROPOSER - NGO, then please fill in the details below

Name of the NGO:

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:

Telephone No.:  Email Id:

Broad Classification of NGO: ☐ Relief Oriented NGO ☐ Development Oriented NGO ☐ Campaigning NGO ☐ Relief oriented & Campaigning NGO ☐ Development Oriented and Campaigning NGO

(Also please provide a brief description of the activities performed by the NGO.)

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. I 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 Co. Ltd. under license | Micro Insurance Policy, UIN: SBIPAGP12001V011112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

2

|  |          |  |  |   |
|--|----------|--|--|---|
| Asset Insurance – Coverage against Fire and allied perils, Burglary and housebreaking but excluding theft. Maximum sum insured ₹30,000/-   | Optional | Item Description   |  | Maximum sum insured ₹30,000/-   |
|  |          | Dwelling   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|  |          | Stock of farm produce (Max. ₹5000)                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|  |          | Other Contents   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|  |          | Farm tools and imple-ments (Max. ₹5000)                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Critical Illness Insurance – Benefit Cover against 13 listed critical illnesses. Maximum sum insured ₹30000/- per person   | Optional | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> 10,000<br><input type="checkbox"/> 20,000<br><input type="checkbox"/> 30,000 |
| Hospital Daily Cash Insurance - Benefit cover for hospitalisation due to disease /illness/injury/Accident with a fixed per day limit of ₹250/day for a maximum period of 60 or 90 days per year. | Optional | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | No. of days per year<br><input type="checkbox"/> 60 days<br><input type="checkbox"/> 90 days          |

#### 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:

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\*:

#### 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.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 Co. Ltd. under license | Micro Insurance Policy, UIN: SBIPAGP12001V011112 | 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](http://www.sbigeneral.in)

**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:

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

**DECLARATION & WARRANTY 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 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 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 are aware of premium loading, (if any declared above) for habits & diseases as declared/mentioned by me /us above.
- 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, Jewellers, NGO, Film Actor/Producer and PEPs to provide the details of beneficiaries to the company as and when required.  
Note: 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.
- I/We hereby encourage creation of ABHA ID for all Policy holders at [www.healthid.ndhm.gov.in](http://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 the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

Date:  Place:

Signature/Thumb impression of the Proposer/Primary Insured

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 Co. Ltd. under license | Micro Insurance Policy, UIN: SBIPAGP12001V011112 | 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](http://www.sbigeneral.in)

VERNACULAR DECLARATION:

I/We \_\_\_\_\_ verify the contents of this form have been read over and clearly explained to me/us by \_\_\_\_\_ and I/We fully understand them. I/We further certify that the replies in this proposal form have been recorded by me / us Relation of witness to the proposer \_\_\_\_\_

Signature of Witness

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place: 

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

Signature of 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.

Insurance is subject matter of solicitation.