

Bank Name: Card Details*: Master Visa Card No.*: Card Expiry Date: Bank Account Number: Branch: Branch Name: IFSC Code:

SBIGI does not accept Cash for Premium Payments against the Policy.

Any refund will be credited to above mentioned account unless specifically asked and agreed by the company

PREVIOUS/ EXISTING INSURANCE DETAILS

Policy Number	Insurer Name & Address	Period of Insurance (From & To)	Sum Insured	Claim Details (If Any)
		From: DD/MM/YYYY To: DD/MM/YYYY		
		From: DD/MM/YYYY To: DD/MM/YYYY		

CO-INSURANCE DETAILS

Sr No.	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1					
2					
3					
4					

PREMIUM INSTALMENT CLAUSE

ARTICLE 1: Notwithstanding the provisions of Articles of General Conditions of SBI General Arogya Gold -Group, the Company agrees that the Insured shall pay the <<Final Premium>> in INR and <<No. of Instalments>> instalments as detailed below:

INSTALMENT DETAILS				
Sr No.	Instalment Date	Net Premium	Taxes (As Applicable)	Total Premium

ARTICLE 2: If the Insured fails to pay the premium instalments by the due date provided in Article 1, the Company shall not be liable for any loss or damage caused between such date and the date of receipt of instalment premium.

ARTICLE 3: In the event of additional premium due under the contract of this Special Clause, the Insured shall pay such additional premium due on the date of instalment and in the event of return premium due, the Company shall return it on the due date of last instalment.

DECLARATIONS ON BEHALF OF ALL PERSONS TO BE INSURED

- 1) I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons.
- 2) I/We understand that the information provided by me/us 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.
- 3) I/We further declare that I/we will notify in writing of any change occurring in the occupation or general health of the person to be Insured/Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.

- 4) I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who 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 Insurance Company to which 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/We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.
- 6) I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as an account holder and is not a third party payment made by any other person on my/our behalf.
- 7) 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.
- 8) I declare that the details provided in the proposal form will be used for both new and renewal purposes.
- 9) 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 of Proposer

ELECTRONIC ACCOUNT DETAILS

I have an eIA Number

I would like to apply for eIA with:

- (a) NSDL Database Management Ltd. (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited).
- (c) Karvy Insurance Repository Ltd. (d) CAMS Repository Services Ltd.

My 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 to view the list of KYC OVD (Officially Valid Documents).

DECLARATION FOR UPDATE VIA DIGITAL MODE

"I/We acknowledge that by opting for digital services, I/We provide consent to receive communication/ services related to my Insurance Policy and any additional information the insurer shall share related to products and services, including cross-sell and up-sell offerings, through my registered mobile number & email."

Date:

Place:

Signature of Proposer

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 Bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offences listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish a 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 statues, directly or indirectly governing the prevention of money laundering in India.

Residential Status: Resident Individual Non-resident Indian Foreign National Person of Indian Origin

If Non-Indian, please specify nationality and Country address: _____

If Non -Resident Indian, please specify nationality and Country address: _____

Type of Organization:

- Corporation Government Non-Governmental Organization Society
 Trust Partnership International Organization Cooperative
 Section 25 Companies Politically Exposed Parties^

I hereby declare that the current address is different from the available in the Central Yes No identities Data Repository

Customer can submit CKYC form for updation.

Signature of Proposer

^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.

AGENTS 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 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.

Specified Person Name:

Specified Person Code: License No.:

Date:

Place:

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 Policy issuance, not covered under this Policy (Your proposal form will be considered after SBI General Insurance Company Limited receives the premium payment.)

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 authority's 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

- 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 Rupees Ten Lakhs.

Insurance Is A Subject Matter Of Solicitation.

Annexure -A

Coverage Details

Cover Section	Cover Name	Opted / Not Opted	Sum Insured/Limits
Hospitalization Cover	In-Patient Care	<Opted/Not Opted>	<Sum Insured>
	Day Care Treatment	<Opted/Not Opted>	Up to Hospitalization Cover SI
	Organ Donor Expenses	<Opted/Not Opted>	<As per limit chosen>
	In-Patient Care under Alternative Treatment (AYUSH)	<Opted/Not Opted>	Up to Hospitalization Cover SI
	Domiciliary Hospitalization	<Opted/Not Opted>	Up to Hospitalization Cover SI
	Pre-Hospitalization Medical Expenses	<Opted/Not Opted>	<30/60/90 days>
	Post-Hospitalization Medical Expenses	<Opted/Not Opted>	<60/90/180 days>
	Modern Treatment	<Opted/Not Opted>	<50/ 100% of Hospitalization Cover SI>
	OPD Cover	<Opted/Not Opted>	<As per limit chosen> Co-Payment- <Nil/10/20/30/40/50 %>
	Emergency Ground Ambulance	<Opted/Not Opted>	<As per limit chosen>
	Weekly Benefit	<Opted/Not Opted>	<As per limit chosen>
	Home Health Care	<Opted/Not Opted>	Up to Hospitalization Cover SI
	Common Disease Cover	<Opted/Not Opted>	<As per limit chosen>
	Health Check Up	<Opted/Not Opted>	<As per limit chosen>
	E-Opinion	<Opted/Not Opted>	Available
Wellness	<Opted/Not Opted>	Available	
Personal Accident	Accidental Death (AD)	<Opted/Not Opted>	<Personal Accident SI>
	Permanent Total Disability (PTD)	<Opted/Not Opted>	<Up to Personal Accident Sum Insured>
	Permanent Partial Disablement (PPD)	<Opted/Not Opted>	<Up to Personal Accident Sum Insured>
	Repatriation & Funeral Expenses	<Opted/Not Opted>	<As per limit chosen>
	Child Education	<Opted/Not Opted>	<As per limit chosen>
	Adaptation Allowance (Home & Vehicle)	<Opted/Not Opted>	<Rs 20,000, 25,000, 50,000>
	Ambulance Cover	<Opted/Not Opted>	<As per limit chosen>
	Broken Bones/ Fracture	<Opted/Not Opted>	<As per limit chosen >
	Loss of Income	<Opted/Not Opted>	<As per limit chosen> Duration Option- <1 month to 12 months>
Cancer Care	Cancer Care Benefit	<Opted/Not Opted>	<Cancer Care / Cancer + Cardiac Care > <As per limit chosen> Survival Period- <0/7/14/28 days>

Room Rent	Actuals/ Single Private AC Room	
Waiting Period	Initial Waiting Period (Hospitalization cover)	30 days
	Specific Illness Waiting Period	12 months
	Pre-existing Disease Waiting Period	<12/24/36 Months>
	Cancer Care Waiting Period	<0/30/90/180 days>

Note: 1) All Sections are optional in nature. It is mandatory to opt one Section, however the covers offered under the Section can be opted as per Master Policyholder choice.

2) Section Personal Accident and Cancer Care are applicable for Proposer/ primary insured only.