

# ENROLLMENT FORM



## SBI GENERAL COMPREHENSIVE PROTECTION POLICY

**FOR OFFICE USE ONLY**

Quote Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Inward Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Master Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receipt Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Receipt Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Plan Name:	<input type="text"/>					

**INTERMEDIARY DETAILS\* (MANDATORY FIELD IF SALES CHANNEL TYPE SELECTED IS BANCA)**

[illegible]

## POLICY DETAILS\*

Policy Type: Single applicant <input type="checkbox"/> Multi applicant <input type="checkbox"/>		Policy Sub-Type: Loan Linked <input type="checkbox"/> Non-Loan Linked <input type="checkbox"/>		Sum Insured (in Rs): <input type="text"/>	
Policy Tenure (in months): <input type="text"/>		Name of Organization/Institution: <input type="text"/>			
Policy Tenure (in Months): <input type="text"/>		Branch of Organization/Institution: <input type="text"/>			
Period of Insurance*: <input type="text"/>		Policy Start Date: <input type="text"/>		Policy End Date: <input type="text"/>	

### LOAN DETAILS\* (APPLICABLE FOR LOAN LINKED POLICY)

Agreement Type: Hypothecation <input type="checkbox"/>	Hire Purchase <input type="checkbox"/>	Lease/Mortgage <input type="checkbox"/>	Sanctioned Loan Amount (in Rs.): <input type="text"/>
Date of Sanctioned Loan: <input type="text"/>	Outstanding Loan Amount (in Rs.): <input type="text"/>	Loan Account Number: <input type="text"/>	
Loan disbursement Date: <input type="text"/>	Loan Tenure (in months): <input type="text"/>	Type of Loan: <input type="text"/>	
Equated Monthly Instalment (EMI in Rs.): <input type="text"/>	Number of Co-applicants: <input type="text"/>		

### DETAILS OF PROPOSER (FOR PRIMARY BORROWER)

Name of the Proposer*:		F I R S T N A M E M I D D L E N A M E S U R N A M E																									
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:																						

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Email Address\*:  GSTN 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, 9 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. | SBI General Comprehensive Protection Policy, UIN: SBIHLGP25036V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

Coverage Details:

Cover Section	Cover Name	Sum Insured/Limit (INR)
Personal Accident	Accidental Death	

DETAILS OF PROPOSER AND CO-APPLICANTS (IF ANY)

Details	Main Borrower (Proposer)
Name*	
Date of Birth*	
Gender*	
Marital Status*	
Height* (in cm)	
Weight* (in kg)	
Contact No.*	
Relationship with Proposer*	
Nationality* (Indian/ Non-Indian/ Non-resident Indian/ Other)	
Occupation*	
Monthly Income in Rs.	
Basic Sum Insured*	
Basis of Sum Insured	Fixed
Applicant % Share*	
Pre-existing Disease/s* Disability Details (if any)	Yes/No, If yes provide details
ABHA (Ayushman Bharat Health Account) number (if available) #	

If occupation is mentioned as Other, then please specify the occupation details

Kindly confirm if insured engaged in activities of hazardous nature. (For example - mines, explosives, electrical installations on high tension lines, circus people, skiing, mountaineering, big game hunting, ballooning, hand gliding, river rafting, winter sports, ice hockey, polo).

NOMINEE DETAILS\*

Insured Name	Main Borrower (Proposer)		
Name of the Nominee*^	Nominee 1	Nominee 2	Nominee 3
% share of Claim Amount			
Date of Birth*			
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			

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

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## Appointee Details

Insured Name	Main Borrower (Proposer)
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	

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

## 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 DETAILS\*

Name of Premium payor:  SURNAME  MIDDLE NAME  FIRST NAME

Premium Payment Options: Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual ☐

Premium Amount:  Cheque No./DD No.:

Date:  DD  MM  YY  YY Instrument Type: ☐ Cheque ☐ Debit Card ☐ Credit Card Others: Please Specify:

Bank Name:

Bank Account Number:  IFSC Code:

Branch Name:

Card details\*: Master ☐ Visa ☐ Card No\*.:  Card Expiry Date\*:  DD  MM  YY  YY

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.

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## DECLARATIONS ON BEHALF OF ALL PERSONS TO BE INSURED

1. 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.
2. 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.
3. 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
4. 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).
5. I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date:

Place:

Signature: \_\_\_\_\_

## ELECTRONIC INSURANCE ACCOUNT DETAILS\*

I have an eIA Number:

☐ NSDL Database Management Ltd. ☐ Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐ Karvy Insurance Repository Ltd. ☐ CAMS Insurance 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](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

## DECLARATION FOR ASSIGNMENT OF POLICY

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non-repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

- I understand and wish to assign the Policy, as indicated above, which may be issued, to \_\_\_\_\_ the Financial Institution (hereinafter referred to as the assignee) from whom I have availed a loan.
- I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
- I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.
- I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognize the Policy being assigned to the aforementioned assignee thereafter.

Date:

Place:

\_\_\_\_\_

Signature of the Main Borrower

## VERNACULAR DECLARATION (If signed in vernacular language / If you have affixed 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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/We 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 my knowledge and belief.

Date:

Place:

\_\_\_\_\_

Signature of the Witness

\_\_\_\_\_

Signature of the Main Borrower

## 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.**