

## SBI GENERAL GROUP PERSONAL ACCIDENT FLEXI

### GUIDELINES FOR THE COMPLETION OF THE FORM:

1. Please answer all 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. The Policy shall become voidable at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact the Company's Office or Intermediary/ Agents for any doubts or clarifications on the proposal form.
5. Information for fields marked with asterisk (\*) is mandatory.

**Note:** The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

**FOR OFFICE USE ONLY**[illegible]

Business Type:    New ☐    Rollover ☐    Renewal ☐    Migration ☐    Portability ☐

Sales Channel Type: Agency ☐ Direct ☐ Broker ☐ POS ☐ CSC ☐ Corporate Agent ☐ IMF ☐

Business Sector: Rural ☐ Urban ☐ Social ☐ Others ☐

## INTERMEDIARY DETAILS\*

Intermediary Name: 

		S	U	R	N	A	M	E			M	I	D	D	L	E	N	A	M	E			F	I	R	S	T	N	A	M	E		
--	--	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	--	--

[illegible][illegible]

## POLICY DETAILS\*

Policy Type: Individual ☐ Family Floater ☐ Type of Enrolment: Named ☐ Unnamed ☐ Policy Tenure: <<Days/ Months/ Years>>

**Period of Insurance:**

Policy Start Date:										Policy End Date:									
D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y				

## POLICYHOLDER/ PROPOSER DETAILS

Name of the Policyholder/  
Proposer\*: 

S	U	R	N	A	M	E		M	I	D	D	L	E	N	A	M	E		F	I	R	S	T	N	A	M	E	
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--

Present Address\*: 



  
 (Current Residing Address) City: 



 Village:

**City:**      **Village:**

[illegible][illegible]

My Present Address is same as Permanent Address ☐

[illegible]

City: 



 Village:

Gram Panchayat:		State:	
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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.

Note (\*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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 | SBI General Group Personal Accident Flexi, UIN: SBIPAGP26039V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

PIN code: Landmark: 

Contact Details\*:

Mobile No.: Alternate Mobile No.: 

Email ID\*:

Nationality\*:

Indian ☐ Non-Indian ☐ Non-Resident Indian ☐ Others: 

(In case of Non-Indian, please provide nationality details)

PAN No.\*:

Form 60/61\*:  (If PAN not available)

AADHAAR No.\*:

Passport / Driving License/ Others Corporate Yes ☐ No ☐

Group type\*

Employer-Employee ☐ Non-Employer-Employee ☐

Profession\*

Salaried ☐ Self-Employed ☐ Any Other Details: 

Occupation and Nature of Business/ Work\*

Annual Gross Income

Total No. of Employees/  
Applicants Covered\*GSTN/ISDN: Are You a member of SBI Group of Company\*? ☐ Yes ☐ NoIf Yes, then mention Name of Group/ Entity 

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

### COVERAGE DETAILS\*

Please refer to Annexure-A at the end of this form and choose the covers.

### PREMIUM PAYMENT DETAILS\*:

Name of Premium payor: Premium payment option\*: Monthly ☐ Quarterly ☐ Half yearly ☐ Annual ☐Premium Amount ₹\*:  Cheque No./DD No.:  Date: Instrument Type: Cheque ☐ Debit Card ☐ Credit Card ☐ Others Please Specify: Bank Name\*: Card details\*: Master ☐ Visa ☐ Card No\*: Card Expiry Date\*:  Bank Account Number\*: Branch  Branch Name\*: 

SBI GI 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 frequently)

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\*: Name as in Bank Account\*: Bank A/c No.\*:  IFSC Code: MICR Code: 

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**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.

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.					
Total					

PREMIUM INSTALMENT CLAUSE

ARTICLE 1: Notwithstanding the provisions of Articles of General Conditions of Group Personal Accident, 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
1.				
2.				

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 am/ are aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.
- 7) 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.
- 8) 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).
- 9) I declare that the details provided in the proposal form will be used for both new and renewal purposes.
- 10) 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 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 OF 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 for paying all the premiums towards the Policy.

1. 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.
2. 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.
3. 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.
4. 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.

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Date:        Place: 

Signature of the Main Borrower

## DECLARATION FOR UPDATE VIA DIGITAL MODE

"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 & 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Residential Status: ☐ Resident Individual ☐ Non-resident Indian ☐ Foreign National ☐ Person of Indian OriginIf Non-Indian, please specify nationality and Country address: If Non -Resident Indian, please specify nationality and Country address: 

## Type of Organization:

Corporations ☐ Governments ☐ Non-Governmental Organizations ☐ Politically Exposed Parties^ ☐  
Society ☐ Trust ☐ International Organization ☐  
Partnership ☐ Cooperatives ☐ Section 25 Companies ☐

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

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## 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

Signature/Thumb impression  
of the Proposer/Primary.

Date: 

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

Place:

## 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 subject matter of solicitation.**

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**Annexure- A**

COVERAGE DETAILS		
Section Name	Cover Name	Sum Insured / Sub-limits
Base Covers		
Accidental Death	Accidental Death (AD)/ Accidental Death (AD) -common carrier including a. Disappearance b. Drowning	100% of Sum Insured (Base Sum Insured)
Accidental Disablement	Permanent Total Disablement (PTD)	100% of Sum Insured
	Permanent Partial Disablement (PPD)	100% of Sum Insured
	Temporary Total Disablement (TTD)	Sum Insured (Per Week): <<As per limit chosen>> No. of <<Weeks/ Months/ Year>>: Elimination Period: Other options: <<As per limit chosen>>
Optional Covers [Please Tick (✓)]*		
Accidental Hospitalization Benefit	In-Patient Hospitalization	1. <<Domestic: As per limit chosen>> or 2. <<Worldwide: As per limit chosen>>
	Day Care Treatment	<< As per limit chosen for In-Patient Hospitalization>>
	Pre-Hospitalization	<<30/60/90>> days
	Post-Hospitalization	<<60/90/180>> days
	Road Ambulance	Sum Insured (Per Hospitalization): <<As per limit chosen>>
	Radio Cab	Sum Insured (Per Hospitalization): <<As per limit chosen>>
	Convalescence	<<As per limit chosen>> Hospitalization Days:
	Consumables	<<As per limit chosen for In-Patient Hospitalization>>
Accidental Benefit	OPD Treatment	<<As per limit chosen>> Deductible:
	Reconstructive Surgery	<<As per limit chosen>>
	Coma Benefit	Sum Insured (Per Week): <<As per limit chosen>> Number of <<Weeks/ Months/ Year>>: Elimination Period: Other options: <<As per limit chosen>>
	Funeral Expenses	<<As per limit chosen>>
	Burns	<<Up to Base Sum Insured>>

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	Broken Bones/ Fracture	<<As per limit chosen>>
	Personal Belongings	<<As per limit chosen>>
	Reinstatement of Base Sum Insured	Up to 100% of Base Sum Insured
Transportation Benefit	Compassionate Visit	1. <<Indemnity: As per limit chosen>> or 2. <<Benefit: As per limit chosen (Per day)>> Hospitalization Days: Deductible:
	Transportation of Mortal Remains	<<As per limit chosen>>
	<<As per limit chosen>>	Sum Insured (Per Hospitalization): <<As per limit chosen>>
	Transportation of Imported Medicines	<<As per limit chosen>>
	Catastrophe Evacuation	<<As per limit chosen>>
Dependent Care (Child and Parent)	Child Education	<<As per limit chosen>>
	Marriage Expense	<<As per limit chosen>>
	Loss or Damage to School Bag/ Books/ Spectacles/ Bicycles	<<As per limit chosen>>
	Orphan Benefit	<<As per limit chosen>>
	Parental Care	<<As per limit chosen>>
	Widowhood Cover	Up to 50% of Base Sum Insured
Loan and Employment Benefits	Loan Protector	<<As per limit chosen>>
	Loss of Income	Sum Insured (Per Month): <<As per limit chosen>> No. of Month(s):
Modification & Support Benefit	Modification (Home/ Vehicle)	<<As per limit chosen>>
	Mobility Extension	<<As per limit chosen>>
Special Benefit	Adventure Sports Benefit	Up to Base Sum Insured <<Benefit: AD,PTD>> <<Indemnity: In-patient Hospitalization>>
	More Benefit (Common Carrier)	<<As per limit chosen>>
	Multiple Member Disability	<<Up to Base Sum Insured>>
	Enhanced Permanent Total Disablement (PTD)	<<As per limit chosen>>
	S.I Escalation	<<As per limit chosen>>
	Legal Expenses	<<As per limit chosen>>
	Fraud/ Loss of card Liability	<<As per limit chosen>>

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	Purchase Of Blood	<<As per limit chosen>>
	Blood Transfusion (Accident Care)	<<As per limit chosen>>
	PA Cumulative Bonus	<<As per limit chosen>>
Dependent Care (Child and Parent)	Child Education	<<As per limit chosen>>
	Marriage Expense	<<As per limit chosen>>
	Loss or Damage to School Bag/ Books/ Spectacles/ Bicycles	<<As per limit chosen>>
	Orphan Benefit	<<As per limit chosen>>
	Parental Care	<<As per limit chosen>>
	Widowhood Cover	Up to 50% of Base Sum Insured
Specific Covers	Critical Illness (C.I)	1. <<Indemnity: As per limit chosen>> 2. <<Benefit: As per limit chosen>> No. of C.Is: 1. <<Indemnity: As per limit chosen>> 2. <<Benefit: As per limit chosen>> No. of C.Is: Survival Period: Waiting Period:
	Vector Borne Diseases	1. <<Indemnity: As per limit chosen>> 2. <<Benefit: As per limit chosen>> Vector Borne Disease: <<As per Disease opted>>
		Deductible: Waiting Period:
	Hospi Cash	Sum Insured (Per Day): <<As per limit chosen>> No of Days: <<Time Deductible or Franchise>>:
Assistance Services	Nursing at Home	<<As per limit chosen>> No. of Days:
	ICU at Home	<<As per limit chosen>>
	Physiotherapy	<<As per limit chosen>>
	Domestic Help	Sum Insured (Per Week): <<As per limit chosen>>
	Trauma Counselling	Sum Insured (Per Session): <<As per limit chosen>> No. of Month(s):
	Financial Guidance	<<As per limit chosen>>
	Wellness	Available