PROPOSAL FORM

VECTOR BORNE DISEASE COVER- GROUP

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

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. 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 in 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 Offices or Agents for any doubts or clarifications on the proposal form.
5. Information for fields marked with asterisk (*) are mandatory.

Note: The coverage Proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realised by SBI General Insurance Company Limited. ("Company").

INTERMEDIARY DETAILS*

Intermediary's Name:

Intermediary's Code:

Intermediary's Contact Details:

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

POLICYHOLDER DETAILS*

Name of the Proposer*:

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:

Nature of Business: Nationality*:

Contact Details*: Phone No.: Alternate Mobile No.:

Group Type*: GSTN No.:

Aadhaar No.: PAN*.: /Form 60/61:

No. of Employees/ Members to be covered: Email ID*:

Please also state whether all the eligible persons of the group are proposed for Insurance? Yes ☐ 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.

Please enclosed list of Members / Employees with duly completed statement to be covered.

Have you had Vector Borne Disease Cover-Group Policy in past? Yes ☐ No ☐

If yes, then provide complete details of previous Insurance Policy:

Policy No.:

Insurer's Name:

Period of Insurance*: From D D M M Y Y Y Y to D D M M Y Y Y Y

Premium Paid (₹):

No. of Employees /Members are covered:

Claim Details (if any): Incurred Claim (Outstanding + Received): Claim Ratio (%):

Are you or any of the proposed applicant* _____, please tick whichever is applicable: Yes ☐ No ☐

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

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.

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								

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 Y

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

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*

Premium Amount ₹: Cheque/Journal No.:

Premium Payment Option: Cheque ☐ EFT ☐ DD ☐ Debit Card/Credit Card ☐ Cheque Date: D D M M Y Y Y Y

Bank Name: IFSC Code:

Bank Account Number:

Branch Name: Card Details: Master ☐ Visa ☐

Credit Card/ Debit Card No. Card Expiry Date: M M Y 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.

RENEWAL PAYMENT SIGN-UP:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

☐ I want to opt for the ACH/SI renewal option.

Date: D D M M Y Y Y Y

Place :

Signature of Proposer

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
7. 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.

INSURER'S 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 Proposer 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 is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

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) _____ _____(Relationship 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 my/our knowledge and belief.

Date: D D M M Y Y Y Y Place: _____ Signature of the Witness_____

_____
Signature/Thumb impression of the Proposer/Primary Insured

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 nondisclosure 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.

Licence No.:_____

Date: D D M M Y Y Y Y Place: _____ Signature of the Agent: _____

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 per son who, knowingly and with intent to fraud the Insurance Company or any other person, files a proposal for Insurance containing any false information, for conceals or the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, it will render the Policy voidable at the sole discretion of the Insurance Company and result in a denial of Insurance Benefits.

COVERAGE DETAILS*

Policy Period	From D D M M Y Y Y Y To D D M M Y Y Y Y
Type of Policy	☐ Individual ☐ Family*
Family Definition	☐ Self + Spouse ☐ Self + Spouse + Dependent Children ☐ Self + Dependent Children ☐ Self + 2 Dependent Parents ☐ Self + Spouse + Dependent Children + 2 Dependent Parents ☐ Self + Spouse + Dependent Children + 2 Dependent Parents-in-law
*Family can be covered on Invidual Sum Insured basis	

SUM INSURED*

A. Main Benefit

☐	10,000	☐	15,000	☐	25,000	☐	50,000	☐	75,000	☐	1,00,000

Note: For child, max. Sum Insured can be opted for up to 50,000 only.

B. Optional Cover

Cover Details	Requirement		
Daily Hospital Cash Benefit (DHCB)*	Yes ☐	No ☐	3 days ☐ 5 days ☐ 7 days ☐ 10 days ☐
Recovery Benefit	Yes ☐	No ☐	
Reinstatement Benefit	Yes ☐	No ☐	
Increased Waiting Period	Yes ☐	No ☐	30 Days ☐

Details of the Coverage Sought*:

	Covered Vector Borne Disease	**Benefit**
Main Benefit	Dengue	100% of Sum Insured
	Malaria	
	Filaria (Lymphatic Filariasis)	
	Kala-azar	
	Chikungunya	
	Japanese Encephalitis	
	Zika Virus	

	Cover Details	Sum Insured Benefit	Cover Description
Optional Covers	Daily Hospital Cash Benefit (DHCB)*	5% of Sum Insured per day in addition to main benefit	Cover will continue for the remaining DHCB benefit till the end of the Policy year, even if the main benefit has been paid. This is payable on minimum 24 hours of Hospitalisation due to covered Vector Borne Diseases.
	Recovery Benefit	10% of Sum Insured	If period of Hospitalisation for admissible claim under this policy, is continuous 10 days or more.
	Reinstatement Benefit	100% of Sum Insured (Max up to INR 50,000 for Adult and INR 25,000 for child)	Sum Insured will reinstate twice during the Policy Period. This benefit can be claimed for an already claimed disease or different disease among the covered conditions.
	Increased Waiting Period	NA	Waiting period will be modified from 15 days to 30 days.

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.