

# PROPOSAL FORM



## GROUP PERSONAL ACCIDENT INSURANCE POLICY

Savings Bank / Individual Current A/c No.:

Bank Branch Name:

Name of the proposed Insured Person:

Address for this Policy will be the same as provided by me to the Bank for my Savings Bank / Individual Current Account cited above.

Gender:  Male  Female  Other

Date of Birth:

Email ID\*:

Mobile No.\*:

Aadhaar Card No.:

PAN No.:

Corporate:  Yes  No

GSTIN/ISDN:

Sum Insured Option:

<input type="checkbox"/> <b>Sum Insured: ₹2,00,000/-</b> <b>for Premium: ₹100/-</b> (Incl. of Applicable Taxes)	<input type="checkbox"/> <b>Sum Insured: ₹4,00,000/-</b> <b>for Premium: ₹200/-</b> (Incl. of Applicable Taxes)	<input type="checkbox"/> <b>Sum Insured: ₹10,00,000/-</b> <b>for Premium: ₹500/-</b> (Incl. of Applicable Taxes)	<input type="checkbox"/> <b>Sum Insured: ₹20,00,000/-</b> <b>for Premium: ₹1000/-</b> (Incl. of Applicable Taxes)
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**Kindly Note:**

- Coverage is for Accidental Death (AD) only
- Period of Insurance will be one year from the date of account debit transaction
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any Country, whether in peace or war are not covered under this Policy
- Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Further, SBI shall not be held liable for non-renewal of the Policy for not debiting the account of the Insured for whatsoever reason.

### AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish 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.

Nationality: Indian/Non- Indian

If Non-Indian, please specify the Country: \_\_\_\_\_

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 Companies.

### DECLARATION

- I/We hereby declare that the statements made by me in this Proposal Form are true to the best of my knowledge and belief and complete in all respects.
- I/We agree that this proposal and the declarations shall be the basis of the contract between me and SBI General Insurance Co. Ltd.
- I/We also declare that any changes in the information given above after the submission of this would be conveyed to SBI General immediately.
- I/We understand that this contract / transaction is between SBI General Insurance Co. Ltd. and myself. The Bank is merely facilitating the purchase of this Insurance Policy and has no obligation towards settlement of claims.
- I/We have read the brief terms & conditions of the Policy printed overleaf and confirm that I am eligible for coverage under this Policy.

### NOMINATION

I \_\_\_\_\_ do hereby nominate Mr/Mrs/Ms \_\_\_\_\_ as the person & Mr/Mrs/Ms \_\_\_\_\_ as the Guardian of the Nominee (In case the Nominee is a minor) to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my Accidental Death and he/she (Nominee) is related to me as \_\_\_\_\_ (Relationship with the Insured) and I further declare that his/her receipt shall be sufficient to discharge for the Company. Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

Address of the Nominee / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of the proposed Insured: \_\_\_\_\_ X

### POLICY RENEWAL ADVICE SLIP (Tear Off):

I authorise for automatic debit of renewal premium of this cover from my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by submitting a written notice to the Bank.

Date: \_\_\_\_\_ Signature/ Thumb impression of the Proposer/ Primary Insured \_\_\_\_\_ X

For internal purpose only (To be filled by the Bank Branch Official):

Account No.: \_\_\_\_\_ Journal No.: \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | 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 licence. | UIN: SBIPAGP11005V011011.

## 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 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 declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the Witness

Signature/Thumb impression of the Proposer

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Group Personal Accident Insurance Policy and related information in:  Physical Format  e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is 

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My CKYC No. (Central Know Your Customer Registry Number) is 

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 (If available).

## SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 of 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 in 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 up to ₹ 10 Lacs.

## MOST IMPORTANT TERMS & CONDITIONS OF THE MASTER POLICY

This Insurance is subject to the terms and conditions of the Master Policy Number mentioned on the Certificate of Insurance issued to SBI & Regional Rural Banks<sup>#</sup> and is based on this Proposal and payment of the Premium. This records the agreement between the Insured and SBI General Insurance Company Ltd. and sets out the brief terms of Insurance and the obligations of each party as below:

<sup>#</sup>Saurashtra Gramin Bank/ Mizoram Rural Bank/ Meghalaya Rural Bank/ Langpi Dehangi Rural Bank/ Andhra Pradesh Grameen Vikas Bank/ Purvanchal Bank/ The Rajasthan Marudhara Grameen Bank/ Telangana Grameen Bank/ Arunachal Pradesh Rural Bank/ Madhyanchal Grameen Bank/ Malwa Grameen Bank/ Ellaquai Dehati Bank/ Vananchal Grameen Bank/ Kaveri Grameen Bank/ Utkal Grameen Bank/ Uttarakhand Grameen Bank/ Chattisgarh Rajya Grameen Bank.

## TERMS & CONDITIONS

- This Policy can be bought by any permanent Indian resident having a Savings Bank / Individual Current Account with RRBs<sup>#</sup> of SBI and aged between 18 years to 65 years. Renewal of the Policy can be done beyond 65 years of age.
- Irrespective of the number of accounts the Insured has with SBI or its Regional Rural Banks<sup>#</sup>, he/ she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. Even if multiple Policies are taken through one or more than one account with SBI or its Regional Rural Banks<sup>#</sup> for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other Policies shall be deemed as null and void. In case of joint account, two separate Policies may be issued in case both the account holders opt for respective individual Policies.
- Coverage under this Policy will be over and above any other Personal Accident Policies the Insured has with SBI General or with any other Indian General Insurance Companies.
- Insured may terminate this Policy at any time by giving us 15 days written notice. If no claim has been made under the Policy, then we will refund the premium in accordance with the table below:

Length of time during which the Policy is in force	Refund of premium
Up to 1 month	75%
Up to 3 months	50%

Length of time during which the Policy is in force	Refund of premium
Up to 6 month	35%
Exceeding 6 months	0%

**Grievance Redressal Procedure:** We value your relationship and are committed to offer you best-in-class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation. **Step 1:** Call us at 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customer.care@sbigeneral.in. If you don't hear from us within 48 hrs, please follow **Step 2:** If you are not happy with the resolution provided, please write to Head – Customer Care at our Registered Office address printed overleaf. If after having followed Step 1 and Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for redressal of your grievance.

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- We may terminate this Policy upon 15 days notice by sending a written notice of cancellation to your address and we shall refund a rateable proportion of the premium actually paid in respect of any Insured Person. Termination of this Policy shall not affect any claim filed prior to the date on which the termination becomes effective as specified in the notice of termination.
- Such termination may be on grounds of mis representation, fraud, non-disclosure of material facts or non-cooperation of the Insured.
- The premium at the time of the renewal of the Policy would be the applicable premium at the date of renewal and as approved by IRDAI. However, renewal will be subject to the Account of the Insured with SBI being still live and operational.
- The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or 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 Insured or anyone acting on the Insured's behalf. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for Insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, which will be held responsible to render the Policy voidable at the sole discretion of the Company.

## EXCLUSIONS

The Company shall not be liable for any claim or claims under this Policy arising from:

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any country, whether in peace or war; or
- Being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion; or
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world; or
- Any loss arising out of war, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether war be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- Payment of compensation in case of death of the Insured person from nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - any nuclear fuel or from any nuclear waste;                      - from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - nuclear weapons material;    - nuclear equipment or any part of that equipment;
  - The dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials, or congenital anomalies or any complications or conditions arising therefrom; or
- Participation in winter sports, skydiving/parachuting, hand-gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorised vehicle or bicycle, caving or potholing, hunting or equestrian activities, skin diving or other underwater activities, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 nautical miles), participation in any professional sports, any bodily contact sport and/or any other hazardous or potentially dangerous sport for which the Insured is untrained; or
- Death resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy; or
- For any loss to which a contributing cause was the Insured person's actual or attempted commission, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest or the Insured person committing any breach of law with criminal intent; or
- Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.