



For how many years?

Number of Persons Covered:

Claim Exp. details received from:

Claim Exp. as on:

Details of Covers enjoyed under the expiring policy/policies: \_\_\_\_\_

Details of previous policies as per the below format needs to be provided in full:

Year	Insurer	Premium	No. Of Members	No. of claims (Settled + O/s Claims)	Claim Amount (Settled Claims)	Claim Amount (O/s Claims)
2009-10						
2008-09						
2007-08						
2006-07						

**PLAN DETAILS\*** (Please tick (✓) whichever you are choosing)

Primary Covers	
Benefit	Please tick on the benefit you wish to be covered
Accidental Death	
PTD	
PPD	
TTD	

**ADDITIONAL COVERS** (Please tick (✓) whichever you are choosing)

Benefit	Please tick on the benefit you wish to be covered	Specify Sum Insured per covered Insured Person
Ambulance Cover		
Repatriation Benefit and Funeral Expenses		
Adaptation Allowance		
Accidental Medical Expenses -Inpatient		
Accidental Medical Expenses –outpatient		
Hospital Confinement Allowance		
Education Benefit		
Loan Protector		
Family Transportation Allowance		
Loss of Books/Spectacles/Damage to Bicycles of School Children		
Reimbursement of Exam Fees/School fees for students		
Broken bones		
Purchase of blood		

**EMPLOYEE/MEMBERS DETAILS\*** (Please attach the details in the following format)

Employee Code / Number	Employee Name	Designation	Monthly income	Location	Name of Insured Person	Gender	Date of Birth/ Age	Relationship with the Insured Person	AD Sum Insured	PPD Sum insured	PTD Sum Insured	TTD Sum Insured	Accidental Hospitalisation (inpatient) Sum Insured	Nominee Name*	Relationship with Nominee*

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## ELECTRONIC INSURANCE ACCOUNT DETAILS

I have eIA Number:

I would like to apply for eIA with:  NSDL Data Management  CSDL Insurance Repository Ltd   
 Karvy Insurance Repository Ltd  CAMS 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 BY INSURED

1. I/We hereby declare on my behalf and on behalf of all the 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/We am/are 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 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 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/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
5. I/We authorise the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/ or Regulatory authority.

Date:

Place:

Signature of Insured

RECOMMENDATION AND SIGNATURE OF MARKETING OFFICER:

Date:

## FOR OFFICE USE ONLY

Whether the Proposal has been accepted?  Yes  No

Special Conditions imposed, if any: \_\_\_\_\_

## MODE OF PAYMENT\*:

Cash  Cheque  DD  Electronic Transfer

Cheque/Draft No: \_\_\_\_\_ Drawn On: \_\_\_\_\_

Date:

For ₹ \_\_\_\_\_ Bank A/C No in case of Electronic transfer: \_\_\_\_\_

Bank Name \_\_\_\_\_ IFSC Code:

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## 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 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.

Agent Name: \_\_\_\_\_

SP Name: \_\_\_\_\_

SP Code: \_\_\_\_\_ License No.: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

\_\_\_\_\_

Signature of Agent

## 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
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Place: \_\_\_\_\_

**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 authorities 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 (PROHIBITION OF REBATES):

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 punishable with one, which may extend to Rupees Ten Lakhs.

**Insurance is the subject matter of solicitation**

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