

SBI GENERAL JEWELLER'S BLOCK INSURANCE POLICY

Office use only

Policy Issuing Office Address :

Code :

Intermediary/Agent Name :

Code (if any) :

Policy Type : New : Renewal : Rollover :

A. Details about Proposer and Policy Period (* Mandatory Fields)

1. Name of Proposer* :

2. Address of Proposer* :

City : State : PIN :

3. State address of all premises to which the Policy is to apply (if more than one, please attach a statement) including the floor(s) on which the premises are situated

Premise Details	Address & Other Details
Premise 1	
Premise 2	
Premise 3	

Since when business established* : M M Y Y Y Y Period of Insurance* : From D D M M Y Y Y Y to D D M M Y Y Y Y

4. Contact Details* : Mobile No. : Alternate Mobile no. :

5. Email ID* :

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID based on your consent provided. Policy copy will be dispatched only by Digital means. Mode is to be chosen by customer.

SMS WhatsApp Email ID

6. Nationality and Date established* :

7. Aadhaar No.* : PAN* : /Form 60/61 (if Available):

B. Business Details:

8.	GSTN/ISDN*:			
	Financier Name:			
	Geographical Area/ Territorial Limits:			
	Co-insurance Details:			
	Business Premises Details :			
9.	Nature of your business :	Wholesale		
		Retail		
		Manufacturing		
		Pawn Broking		
10.	Please describe the construction quality of your premises	Wall <input type="checkbox"/>	RCC <input type="checkbox"/> Brick <input type="checkbox"/>	RCC <input type="checkbox"/> AC Sheet <input type="checkbox"/> Tile/Metal sheet <input type="checkbox"/>

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th 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 licence. | SBI General Jeweller's Block Insurance Policy, UIN: IRDAN144CP0003V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

11.	a) Will the premises be occupied at night by you or your representative ?	
	b) Will there be a watchman on the insured premise(s)? If "Yes" specify: (answer for all premises)	
	i. Whether the watchman is your employee and is/are employed for all the 24 hours of the day	
	ii. Whether the watchman is common for the whole building/locality or a night watchman to guard the insured premise(s) or the building or the locality.	
	c) Is the insured premises protected by armed guard on 24 hours basis ?	
	d) Is a burglar alarm system installed or any other special means of protection like CCTV adopted? If so, state what protection.	
	e) Are your display windows, protected by rolling shutter outside business hours?	
	f) How are the doors secured outside business hours?	
	g) How are the windows protected?	
12.	<p>Window Display:</p> <p>State the approximate maximum value of any one article of jewellery or gems which will be displayed in the window (a pad or tray containing a number of rings or other articles to be counted as one article)</p> <p>Note: This is not covered at night and during business hours the liability for "Window Smash" claims is 10% of Sum Insured under Section 1.</p>	
13.	Stocks:	
	<p>a) What was the average daily total value of your stock during the past 12 months?</p> <p>b) Will the whole of your stock when on your premises be kept in safe /Strong room at night and at all times when the premises are closed? If not, state value and class of stock, which will be left outside safes.</p> <p>Note: We do not cover stocks kept out of the safe after business hours at night except upto 10% of the Sum Insured under Section 1.</p>	
14.	<p>Valuation Basis: Are the figures in this Form compiled on the basis of cost price for your own stock? If not give details:</p> <p>N.B. Unless otherwise mutually agreed the basis of valuation shall be your material cost plus 10% thereof towards labour/ making charges.</p>	
15.	<p>Transit-</p> <p>(i) Are you maintaining pre numbered Jangad Slips in respect of the property taken out of Insured premises? Is the record keeping manual or computerized?</p> <p>(ii) Confirm on Safety standards/ Security while transit</p> <p>(iii) Are the transits by Air/Road through Professional and well reputed Facility Management Companies? If yes, please provide name(s) of the company(ies):</p> <p>iv) Kindly specify the maximum transit distance (Kms)</p>	

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16.	Exhibition:																					
	(i) Estimated number of exhibitions you would be participating during the Policy period?																					
	(ii) Maximum Value Per Exhibition:																					
	(iii) Is transit cover also required?																					
	iv) Expected duration of the longest Exhibition including transit and storage																					
	v) Is the transit by Professional Security & Logistic Company or your own vehicle?																					
	vi) Do you also wish to participate in exhibitions held outside India? If yes, Maximum Value Per Exhibition:																					
	Vii) Is the insured premises protected by armed guard on 24 hours basis ?																					
	Viii) protection at exhibition premises	1) CCTV / Video Surveillance system 2) Operational Burglary alarm system																				
17.	Fidelity:																					
	(i) Please confirm if Fidelity Guarantee Cover is required on: Named Basis Unnamed Basis																					
	(ii) If on Named Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought:	<table border="1"> <thead> <tr> <th>Employee Name</th> <th>Designation</th> <th>Monthly Salary</th> <th>Salary Amount of Cash / Stock held by the Employee</th> <th>Amount of Guarantee</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Employee Name	Designation	Monthly Salary	Salary Amount of Cash / Stock held by the Employee	Amount of Guarantee															
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	(iii) What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done. Also confirm on the record keeping of such sums received and accounting entries procedure.																					
	(iv) Is there a system to obtain references from previous Employers? If not, specify practice																					
(v) Is there a system for dual control audit																						
(vi) Is there a daily written record of the Stocks/ Money/ transaction in transit and is it updated every day?																						
Vii) Is there Rotation of authorised employees overlooking/ carrying transaction																						
18.	Boiling /Casting/Laser Machine Operations.																					
	(i) Please provide address of the premises where the Boiling, Casting and or Laser Machine Operations take place:																					
	(ii) How Old are the Equipments/Machines in which Boiling, Casting and or Laser Machine Operations is carried out.																					
	iii) Are the Employees well trained for carrying out Boiling, Casting and or Laser Machine Operations																					
	iv) Please mention the security and fire safety arrangements provided for premises where the Boiling, Casting and or Laser Machine Operations take place.																					
	v) Has there been any claim in the past on account of Boiling, Casting and or Laser Machine Operations? If so, please provide details																					

19.	Losses:																															
	a) Have you ever-sustained losses?																															
	b) If so, give statement covering past five years with particulars,																															
	c) Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)																															
20.	Is the risk currently insured against any of the insured perils?	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	If Yes, a) The name of Insurance Company	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	b) Policy Type	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	c) Period	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
21.	Has any Company in respect of any insurance cover	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	a) Declined your proposal?	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	b) Cancelled or refused to renew your Policy?	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
	c) Accepted your Proposal on special terms and conditions?	Yes <input type="checkbox"/> /No <input type="checkbox"/>																														
22.	Machinery Breakdown Note: a. Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine b. Each machinery should be entered separately with necessary specifications c. The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy. d. If any of the machinery is a "stand by", this fact should be mentioned.	<table border="1"> <thead> <tr> <th>S.no.</th> <th>Description of the machinery</th> <th>Name/model & Year Manufacturer</th> <th>Type and Capacity</th> <th>Identification no.</th> <th>Sum Insured (Rs.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S.no.	Description of the machinery	Name/model & Year Manufacturer	Type and Capacity	Identification no.	Sum Insured (Rs.)																								
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23.	Electronic equipment's / appliances Please provide the following information in respect of all the Portable Equipment's that you wish to insure,	<table border="1"> <thead> <tr> <th>S.no.</th> <th>Description of the Equipment</th> <th>Name/model & Year Manufacturer</th> <th>Serial no./ type / Capacity of the Equipment</th> <th>Sum Insured (Rs.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S.no.	Description of the Equipment	Name/model & Year Manufacturer	Serial no./ type / Capacity of the Equipment	Sum Insured (Rs.)																									
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a) Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)																																
b) Do you require cover for External Data Media? If so, provide details:	Yes <input type="checkbox"/> /No <input type="checkbox"/>																															
c) Reinstatement value of Data Media	₹																															
d) Do you require cover for reproduction of Data lost Following indemnifiable damage to data media? If 'Yes', what is the limit required?	Yes <input type="checkbox"/> /No <input type="checkbox"/> ₹																															
e) Do you wish to opt for the Terrorism Cover :	Yes <input type="checkbox"/> /No <input type="checkbox"/>																															

Section I - Property in Premises	Coverage Opted	Sum Insured
I) Stock on premises	Mandatory Cover	
ii) Stock in vaults, safes and bank lockers		
iii) Stock in display window		
iv) Money on premises		
v) Out of Safe(s) / Vault(s) outside business hours		
Section 2 - Stocks in custody	Coverage Opted	Limit for Any One Loss
a) Outside Business Premises Limit - Property insured, excluding Money, whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of the Insured.		
b) Memo Limit - Property insured, excluding Money, whilst in the custody of Cutter(s), Broker(s), Agent(s), Goldsmith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of the Insured.		
c) Money directly relating to the Insured's business in the custody of Director(s), Employee(s) including Contract Employee(s), Partner(s), Duly Constituted Attorney(s) and authorized person(s) of the Insured.		
Section 3 – Property in Transit		
The property insured whilst in transit in India by	Limit for Any One Loss	
1. Registered Insured Post Parcel		
2. Airfreight (Minimum 1% Value declaration to the Airlines)		
3. Angadias/Specified Couriers (Such as BVC / Malca Amit /Brink's / Lemuir /Securus Logistics Pvt.Ltd. / Sequel Logistics)		
4. Couriers (Such as BVC / Malca Amit / Brink's / Lemuir / Securus Logistics Pvt. Ltd. / Sequel Logistics)		
5. Logistics Providers and any other carriers and delivery services used in the normal course of Insured's business		
Total		
Section 4 - Furniture, fixture, fittings & contents	Sum Insured	
Business and Office Furniture. (Furniture, fixtures, fittings, safes, electrical installations, office machinery, electrical and mechanical appliances, tools and instruments)		
Interior Decoration.		
All other Contents (Documents, patterns, moulds, plans, records, manuscripts, business books., Computer system records, Telephone, gas and electric meters etc)		
Total		
Section 5- Fidelity Guarantee	Sum Insured	
Dishonest Acts committed by Salaried or Contracted Employee(s) or Duly Constituted Attorney(s) or and Consultant(s) whether or not such acts occur on the Insured's premises and whether or not in regular employment of the Insured, acting alone or in collusion with others	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
Dishonest Acts committed by Third Parties and other such entities including the employees of any the above acting alone or in collusion with others	Yes <input type="checkbox"/> /No <input type="checkbox"/>	

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KYC DOCUMENTS ATTACHED

<input type="checkbox"/> Pan Card	<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card
<input type="checkbox"/> Utility bills not older than 2 months	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Ration Card	
<input type="checkbox"/> Aadhaar Card				

PAYMENT DETAILS

<input type="checkbox"/> CHEQUE	<input type="checkbox"/> DD	<input type="checkbox"/> EFT	<input type="checkbox"/> DEBIT/CREDIT CARD
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CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Instrument Number

Cheque No./DD No.: Amount:

Date:

Bank Name:

Branch:

Bank Account No.*:

IFSC Code*:

Period of Insurance: From: To:

SBIGI does not accept Cash for Premium Payments against the Policy.

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 offence listed in Prevention of Money Laundering Act 2002. I/We 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 statues, 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

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.

Recent photograph of proposer:
(Photograph is required, if customer does not have CKYC ID)

Signature of Proposer :

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.

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Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature/Thumb impression of the Proposer/Primary Insured

Signature of the Witness

Agents 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- _____

Licence No. _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of Agent

Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 of risk relating to lives or property in India, any rebate of the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

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AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **fifteen percent of capital or profits of the partnership.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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