

10. If the Nominee is a minor, Name of the Appointee and his relationship with the Nominee:

11. Aadhaar Card No.:

12. PAN: / Form 60:

13. Corporate: Yes No

14. GSTIN/ISDN: IF APPLICABLE

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children, Dependent Parents and Parents-in-law (Parents, Parents-in-law, cannot be covered under Family Floater).

Policy Term (Please tick):	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Type of Policy (Please tick):	<input type="checkbox"/> Individual	<input type="checkbox"/> Family Non-floater	<input type="checkbox"/> Family Floater
Sum Insured:	<input type="checkbox"/> ₹1 Lac	<input type="checkbox"/> ₹2 Lacs	<input type="checkbox"/> ₹3 Lacs
Premium before taxes as applicable:	<input type="checkbox"/> ₹8,900	<input type="checkbox"/> ₹13,350	<input type="checkbox"/> ₹17,800

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Arogya Plus 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

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

PART I - MEMBERS PROPOSED FOR INSURANCE

Name	Gender	Date of Birth	Marital Status	Relationship with the Proposer	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION

PART III - DETAILS OF ILLNESS/ACCIDENT

Do any of Insured suffer from physical /mental disease or infirmity or medical complaints or deformity? Yes No
If yes, name the Insured and the Disease.

Do any of the Insured smoke? Yes No

Do any of the Insured consume any other type of tobacco including betel nut? Yes No

Do any of the Insured consume alcohol? Yes No

PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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

Cheque No./DD No.: Amount:

Bank Name:

Bank Account No.*: IFSC Code*:

Period of Insurance: From: To:

Date: Branch:

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. | UIN: SBIHLIP22135V032122 | URN: SBIG/APLP/V.01/22122014.

