PROPOSAL FORM

GRIHA RAKSHA PLUS



This proposal is for covering Home Building and/or Home Contents, if opted against Fire and Allied Perils. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

OFFICE USE ONLY:																																
Policy Issuing Office Address :										Ι		Ι			Ι			T								Ī		Ī				
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Intermediary/Agent Name:									İ	Ť	Ī				Ī					Ī						Ŧ		Ť	Ŧ	i		司
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DETAILS ABOUT PROPOSEI	R Al	ND	PC	LIC	CYF	PER	IOI)																								
1. Name of the Proposer*:										Τ	T	T		Τ	T			T						T	T	T	T	T	T	T		
Ownership: Single Joir	nt			•	•	•	Ge	end	er:	<u>м</u> [F[0	the	er []				Na	itio	nal	ity:	Ī		Ī	\equiv			
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2.Address of Proposer*:										T	T														T	Ŧ		Ŧ	Ŧ	Ī		ㅓ
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City:						Sta	ate:													ı	Pin	coc	le:					Ι				
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Aadhaar No.*:	\bigvee	X	X	X						PΑ	۱N*												/ F	orr	n 6	0/	61 (if A	vaila	able	e): [
Passport / Driving License/ Vo	ter	ld:													Ì																	
Occupation: Salaried Sel	lf Er	npl	oye	ed		An	у С	the	er								Ε	ma	il ID)*:												
Mobile No*:				Ī		Alt	ern	ate	Мо	bile	e No	*:																				
The digital copy of your policy do need a physical copy of the policy																																
I. Are you the owner / tenant ?	О1	wn	er [Te	nar	nt			II. I	s th	ер	ren	nise	s is	s oc	cur	oie	d by	/th	ne c	wr	er	(lan	dlo	rd) : Y	es		\ 	10	٦
Proposal Type: Housing S	Soci	iety	/Ris						IDv	vel	ling			Тур	oe o	of P	olic	y:		(iro	up l	Poli	су		lı	ndiv	/idu	ual P	oli	су	
3. Policy to be issued in favour	of (I	ist	ou ¹	t all	the	pa	rtie	s w	'nο	hav	ve ii	ารน	rab	e in	itei	rest	.) in	clu	din	g t	he	fina	anc	iali	nst	itu	tior	าร :	; —	_		_
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4. Are you or any of the proposed applicant	ts or	clos	e rela	ative	s is/a	are as	soci	ated	to P	olitio	cally I	xpo	sed F	erso	n?	Ye	s		No													
Politically Exposed Persons (PEPs heads of States or Governments tions and important political party	, ser	nior	ро																													
NOMINEE DETAILS*:																																
Nominee 1																										_						
*Name:																										l		\perp	\perp			
*Relationship with Nominee:														*	'Da	te c	f Bi	irth	of	No	mir	nee	:	D	D	N	N	Y	()	′	Y	
Mobile no.:																Em	ail I	d:														
Percent of Claim Payable:											Ī																					_

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Permanent Address:														Τ										\Box		
Bank details of nominee:	Bank N	ame.		$\frac{-1}{1}$	<u> </u> 		$\frac{-1}{1}$		\Box	<u> </u>	<u> </u>		7	L R	IIII Branch N	Jame	. -	<u>1</u>				屵	\Box	井		닉
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Nominee 2																										
*Name:																		<u> </u>			L	Щ	Щ	\perp		_
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Note (*) marked fields are mar	ndatory		!		Į.		!		l													ш				
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5. Is there any policy in place for		me pro	per	ty?	Ļ	_	Yes	; <u>L</u>	\	10														_	_	_
If Yes, please provide the deta					Ť	_	_	\sqcup														\perp	\perp	\perp		\Box
6. Cover/s required: (When Ho										1	11-		<u></u>		t O	J., [7									
Home Building & Home Cor	ntents		Hor	ne E	Sulic	ıınç	JOr	шу	L		ПС	me	C	onte	ents Or	шу										
Location of Home Building																										
7. Full postal Address:						T				Т	П	T									\exists	\exists	$\overline{}$	T		\neg
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City:				,	Stat	te:											Pir	coc	de:							
8. Is it in a multi-storey buildin	g 🔃 o	risitas	tan	dalo	one	ho	use																			
9. In case of multi-storey build	ding, ple	ase pro	vide	e the	e flo	or	nun	nbe	rof	Υοι	ur h	ous	e:													
10. Is there a basement to You	ur house	?	Yes	s [N	0																				
In case of Basement, If there	e are co	ntents i	n it,	ple	ase	pro	ovid	e tl	ne S	um	Ins	ure	d:													
Details of Home Building																										
11. Sum Insured (SI) for Hor	ne Build	ling:																								
a. SI for residential structu	ure of Yo	our Hon	ne ir	nclu	ding	g fit	ting	gs a	nd f	îxtı	ıres	in)	₹):													
b. SI for additional structu	res (in₹): Addi	tior	nal S	truc	ctu	re																			
		Sum	Ins	ured	d(₹)																				
12. Carpet area of structure of	f Home i	n squar	em	etre	es/	squ	ıare	fee	et:										7							
13. Rate of Cost of Construct	ion per s	quare r	net	re/s	squ	are	fee	t at	t the	 po	licv	Co	mr	mer	ncemer	t Dat	e:	Ī	_ T		Τ	Τ				\neg

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14. Age of Home	Building: Less	than 5 yea	ars 5-10 y	/ears 10-20 years	S Above 20	0 years	
15. Construction	Details						
Please note th	ne following:						
(Building(s) ha	aving walls and	/or roofs	of wooden pla	nks/thatched leaves a	nd/or grass/hay	of any kind/bamboo/pla	stic cloth/
asphalt/canva	as/tarpaulin, a	nd the lik	e are treated a	s Kutcha Construction	. Construction o	other than Kutcha Constr	uction is a
'Pucca Consti	ruction')						
Walls Constru (*strike out what i	iction* : Kutcha is not applicable)	/ Pucc	ca Floor Co	nstruction* : Kutcha	/ Pucca 🗌 Roc	of Construction* : Kutcha	/ Pucca
16. Home Conter	nts Cover						
	pted for Home represents cos			e provide item wise Su	m Insured for Ge	eneral Contents.	
Furniture & Fix	ktures		Electr	ical & Electronic items		Others	
• Are there an	y Fire Protectio	on Device	s? Yes No	• Is your building	g certified by IGB	C? Yes No	
Optional Cover	s (available on	n paymen	nt of additional	premium)			
17. I. Acts of ter	rorism						
Do you wish	to opt for belo	ow cover	age under Teri	rorism Cover?			
 Political Vio 	lence cover re	quired –	Yes / No	Third Party Liab	oility Cover requ	ired – Yes 🗌 / No	
II. Architect &	surveyor fee l	Jp to 5% (of claim amoun	t - Yes No			
III. Removal o	of debris up to 2	% of the	claim amount -	· Yes No			
IV. Cover for	(Please Tick)						
Loss of Re	ent: I. Sur	n Insured	:	(Rent per month x r	number of month	ns) II. Number of Moi	nths:
					-	onth x number of months)	
Relition A	iterrative Acco	mmouat		Insured:	(Kent per mo	ontrix number of montris)	
			II. Nur	mber of Months:			
•				and Your Family? Yes	No 🗌		
If Yes, Please	provide the de	tails belo	w:	Nomination Details:			
Cover for	Name	DOB/ Age	Sum Insured	Name of Nominee	Relationship	Address of the Nominee	Age of nominee
Self			₹xxxx				
Spouse			₹xxxx				
Child -1			₹xxxx				
Child -2			₹xxxx				
Mother / Mother-inLaw			₹xxxx				
			· · · · · · · · · · · · · · · · · · ·				
Father/ Father-inLaw			₹xxxx				
	is a minor, give	the detai	₹xxxx				
Father-inLaw		the detai	₹xxxx		Re	lationship:	
Father-inLaw Where Nominee Name of the App	pointee:		₹xxxx ils of Appointee			lationship:	
Father-inLaw Where Nominee Name of the App VI. Do You require (Valuable Cont	pointee: e 'Cover for Va tents of Your H	luable Co	₹xxxx ils of Appointee	ed Value Basis Yes	No 🗌	lationship: rks of art, antique items, co	urios and
Father-inLaw Where Nominee Name of the App VI. Do You require (Valuable Contitems of simila	pointee: e 'Cover for Va tents of Your H r nature.)	luable Co ome cons	₹xxxx ils of Appointee ontents on Agre sist of items suc	ed Value Basis Yes	No 🗌	·	urios and
Father-inLaw Where Nominee Name of the App VI. Do You requir (Valuable Cont items of simila If Yes, please m	e 'Cover for Va tents of Your H r nature.)	luable Co ome cons al amoun	₹xxxx ils of Appointee ontents on Agre sist of items suc t:	eed Value Basis Yes ch as jewellery, silverwa	No 🗌	ks of art, antique items, c	urios and
Father-inLaw Where Nominee Name of the App VI. Do You require (Valuable Contitems of simila	e 'Cover for Va tents of Your H r nature.) nention the tot	luable Co ome cons al amoun	₹xxxx ils of Appointee ontents on Agre sist of items suc	eed Value Basis Yes ch as jewellery, silverwa	No re, paintings, wor	ks of art, antique items, c	urios and
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Father-inLaw Where Nominee Name of the App VI. Do You require (Valuable Contitems of similal If Yes, please m Valuable Contitude Contitu	e 'Cover for Va tents of Your H r nature.) nention the tot ntents Opted	luable Co ome cons al amoun Jewell ached.	₹xxxx ils of Appointee ontents on Agre sist of items suc t: lery Items (other	eed Value Basis Yes ch as jewellery, silverwal ers) Val	No re, paintings, wor uable items (oth	ks of art, antique items, c	urios and

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IX. EMI Protection	,
EMI amount 3 Months 6 Months Sum Insured	
X. Utility Expense Cover Yes No No XI. Electrical Clause / Electrical Installation Clause Yes No]
XII. Tenant Liability Cover Yes No No XIII. Pet Insurance Yes No XIV. Loss of Key Yes No]
Premium Details*:	
Premium Amount ₹: Cheque No./ Pay Ref. No.: Date: D D M M Y Y Y	Y
Premium payment option: Cheque DD Debit Card / Credit Card	
Bank Name: Branch Name:	
IFSC Code: Bank Account No Bank Account No	
SBIGI does not accept Cash for Premium Payments against the Policy.	
Bank Account Details For Process Of Refund*:	
Cheque will be issued in the name of the Proposer only. 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 Cancelle Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).	
Name of Account Holder	
Bank Name: Branch Name: Branch Name:	
Bank Account No.: MICR Code: IFSC Code:	
Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If EC is selected, please submit the standing instruction form available at our branches. KYC Documents Attached: Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bil Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate	
Claims details Please specify details of any loss to the proposed Property in last 3 years:	
Date of Loss Cause of Loss Claimed Amount Settled Amount/please specify if claim is outstanding	
	_
Declaration by Insured	
I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the	
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.	
Date: D D M M Y Y Y Y	

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Signature of the Proposer

Place:_

ELECTRONIC INSURANCE ACCOUNTS DETAILS
I would like Griha Raksha Plus and related information in: Physical Format e-Format (electronic)
I have elA Number:
I don't have an eIA and I would like to apply for eIA with: NSDL Data Management CSDL Insurance Repository Ltd
Karvy Insurance Repository Ltd CAMS Repository Services Ltd
CKYC No (Central Know Your Customer Registry Number), (if available):
I,
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).
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 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 statues, directly or indirectly governing the Prevention of Money Laundering in India. Nationality: Indian Non-Indian Non-Indian, please specify Country:
Type of Organisation (Only applicable if policy issued on Group Basis):
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 avalilable 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
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

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information provided by me/us. I, (Full name of the witness)_

(Relation with the Proposer/Primary insured)_	adult and inhabitant of (city)
	do hereby certify that I have read out and explained the contents of
the Proposal Form and all other documents incidental to ava	ling the insurance policy from SBI General Insurance Company Ltd.,
to the Proposer/Primary Insured and he/she/they have unde	rstood 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
Date: DDMMYYYY	Diagram
Date: DDDMMYYYYY	Place:
Agent Declaration:	
I (Full Na	me) in my capacity as an Insurance Advisor/ Specified Person of the
	ationship Officer, do hereby declare that I have explained all the
	questions contained in this Proposal Form to the Proposer including
·	m/her in this Proposal Form to questions contained herein or any
The state of the s	nsurance between the Company and the Proposer, if this Proposal is
<u> </u>	re further explained that if any untrue statement(s)/ information /
	addendum(s), affidavits, statements, submissions, furnished/to be
·	nefits which may be payable and further more if there has been a
	ner favour pursuant to this Proposal may be treated by the Company
as null and void and all premiums paid under the Policy may b	
Agent Name:	
Agent Name.	
SP Name:	
SP Code: License	No.:
Date: D D M M Y Y Y Y	
Date: D D M M Y Y Y Y Place:	

Signature of Agent

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.

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

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Please note the following for Sum Insured (SI) for Home Building section:

(The amount required to construct Your Home Building at the policy Commencement Date. The amount is calculated as follows:

- a. For residential structure of Your Home including fittings and fixtures:
 - Carpet area of the structure in square metres/square feet X Rate of Cost of Construction at the policy Commencement Date.
 - The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.
- **b. For additional structures:** the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

Details of Home Contents

Please note the following:

- I. Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- II. General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.



AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"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 details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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 **ten** percent of capital or profits of the partnership or who exercises control through other means.
 - Explanation For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- 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.