

## LOAN INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on 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 proposer or anyone acting on his behalf. 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

### FOR OFFICE USE

Quote No.:   
 Receipt No.:   
 Inward No.:   
 Receipt Date:

### INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:  Corporate  Retail  SME Business Sector:  Urban  Rural  Social  
 Business Type:  New  Roll-Over  Renewal Sales Channel Type:  Banca  Agency  Direct  
 Sales Channel Code:  Specified Person's Code\*:   
 Specified Person's Name\*:   
 GSTIN/ISDN:  IF APPLICABLE

### INDIVIDUAL

1. Name of the Proposer:  F I R S T N A M E  M I D D L E N A M E  S U R N A M E  
 2. Date of Birth:  D D M M Y Y Y Y 3. Educational Qualification:   
 4. Marital Status:  Single  Married 5. Occupation:   
 6. Address of the Proposer: House No.:  Block:   
 Building:  Locality:   
 Street:   
 City:  District:   
 State:  Pincode:  Country:  I N D I A  
 7. Contact Details: Phone No.:  Mobile:   
 Email Id:   
 8. Aadhaar Card No.:  9. Corporate: Yes  No  10. GSTIN/ISDN:  IF APPLICABLE  
 11. PAN No.:

### COVERAGE DETAILS

1. Loan Tenure:  2. Period of Insurance: From:  D D M M Y Y Y Y To:  D D M M Y Y Y Y  
 3. Please provide details of occupation:  
 Salaried:  Central/State Govt. Employees  Employees in Public Sector Companies  
 Employees in Listed Private Companies  Employees in Unlisted Private Companies  
 Self Employed:  Self Employed Persons  Employees of Single Ownership Firm/Person involved in Business  
 Others, provide details  
 4. Name of the Nominee: \_\_\_\_\_  
 Relationship with the Nominee:   
 Date of Birth of Nominee:  D D M M Y Y Y Y  
 5. Are you the sole owner of the Property?  Yes  No

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14I ADVT. No.: ADPRO/20-21/MAY/176.

If you are not the sole owner, please provide the following:  
 If co-applicants also intend to get covered, they are required to take separate Policy.

	Name of the co-applicants	Date of Birth	Relationship with the Proposer
First co-applicant			
Second co-applicant			

6. Do you suffer from any pre-existing illness?  Yes  No  
 If Yes, please specify details and the no. of years \_\_\_\_\_
7. Do you have any Critical Illness Policy and/or PA policy other than the one proposed now, either with us or with any other Insurer? If Yes, kindly provide the following information:  Yes  No
- i) Name of the Insurer:
- ii) Policy Number:  iii) Insured since:
- iv) Period of Insurance: From         To         v) Sum Insured:
- vi) Any Exclusions or Special Conditions applied in the Policy:
- vii) Claims made if any:
- viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company? Yes  No   
 If so, please provide details of the same:

8. What is the type of Loan:  Home Loan  Auto Loan  Others (Pls specify, if Others).
- Kindly provide the following information: \_\_\_\_\_
- i) Name of the Financial Institution:
- ii) Branch of the Financial Institution:
- iii) Agreement Type:  Hypothecation  Hire Purchase  Lease  Mortgage
- iv) Loan Account No.:

9. What is the type of Building:  Flat  Independent House  Semi-detached House 10. Loan Amount/Sum Insured:
11. Plan Type:  Fixed  Reducing 12. Equated Monthly Instalment Amount (EMI):

13. Additional Information pertaining to:	1st Applicant	2nd Applicant	3rd Applicant
i) Name:			
ii) Educational Qualification:			
iii) Marital Status:	Single/Married	Single/Married	Single/Married
iv) Relationship with the Proposer:			
v) Date of Birth:			
vi) Gender:	Male/Female	Male/Female	Male/Female
vii) Occupation:			
viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company? If so, please provide details of the same.	Yes/No	Yes/No	Yes/No
ix) Name of the Nominee:			
x) Relationship with the Nominee:			

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

- I want Loan 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
- My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

**SCOPE OF COVER**

Type of Cover	Critical Illness <sup>1</sup>	PA (Death/Permanent Total Disablement)	Loss of Job <sup>2</sup>
Sum Insured	Loan Amount	Loan Amount	3 EMIs of the Loan

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1. Policy provides coverage against 13 critical illnesses as listed: Cancer of specified severity, Open chest CABG, Aorta Graft Surgery, Open Heart Replacement & Repair of Heart Valves, Stroke resulting in permanent symptoms, First Heart Attack of specified severity, Kidney Failure requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ / Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Coma of specified severity, Total Blindness, Permanent Paralysis of limbs

**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:  Date:

Bank Name:  Branch:

Bank Account No.\*:  IFSC Code\*:

**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 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.

**SECTION 41 OF INSURANCE ACT, 1938**

1. No person shall 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 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 punishable with fine, which may extend up to ₹ 10 Lacs.

**DECLARATION BY THE PROPOSER**

I/We confirm that I/We are in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I/We also confirm that I/ We have never been postponed or declined for Critical Illness coverage and that I/ We have never been diagnosed or received medical care for any of the following conditions: 1. Stroke (including T ransient Ischemic Attack). 2. Hepatitis B or C. 3. Alcoholism. 4. Drug Abuse. 5. Cancer (other than skin cancer). 6. Skin Cancer (2 or more occurrences). 7. Melanoma. 8. Abnormal Kidney Functions. 9. Alzheimer's or Senile Dementia. 10. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years). 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency virus infection (symptomatic or asymptomatic) or any AIDS related condition. 12. Any Disease or Disorder of the Nervous System. 13. Heart Attack.

(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 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.

Date:  Place:

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

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