## PROPOSAL FORM

# SAMPOORNA AROGYA - GROUP



#### **GUIDELINES FOR COMPLETION OF THE FORM**

- 1. Please answer all 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.
- 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 any one acting on his behalf.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

OFFICE USE ONLY				
Branch office Code:	Branch Name:			
Business Type: Ne	ew Roll-Over Renewal			
	e of Renewal please share your Policy Number:			
Sales Channel Type: Ag	Sales Channel Type: Agency Direct Broker POS CSC Corporate Agent			
INTERMEDIARY DETAILS				
Intermediary Name*:				
Intermediary Code*:				
Intermediary Contact*:				
Details*:				
Specified Person's Name*:	Specified Person's Code*:			
Specified Person's Mobile N	umber*:			
POLICYHOLDER DETAILS	(* MANDATORY FIELDS)			
Name of the Proposer*:	S U R N A M E M I D D L E N A M E F I R S T N A M E			
Do you have an existing rela	tionship with SBI General ? Yes No			
Address*:				
	City:			
	State: Pin code:			
Date of Birth*:	D D M M Y Y Y Y Marital Status*: Married Unmarried Divorced Widow(er)			
Contact Details*:	Mobile No.: Alternate Mobile No.:			
Aadhaar No.*:	PAN*: /Form 60/61*:			
Profession*:	Salaried Self-Employed Others Pls add details			
Email ID*:	Gender*: M F Transgender			
Nature of Business:*	Nationality:*			
GSTN/ISDN:	Annual Income*:			
Group Type :	Employer - Employee Non Employeer - Empoyee			
The digital copy of your policy docu	ument in PDF format will be sent to the registered mobile number or registered email ID.			

However, if you need a physical copy of the policy document, please send SMS "PRINT < Policy Number>" to 561612 from your registered mobile number.

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai -400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. I 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 Co. Ltd. under license | Sampoorna Arogya -Group, UIN: SBIHLGP21605V012021 | SBI General Insurance and SBI are separate legal 1 entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Are you or any	of the proposed ap	plicant		_, please tick which	never is applicable:	Yes No
HNI .	Jeweller NGO	Film Actor/ P	roducer PEP			
If yes, please p	f yes, please provide details for all person(s) in a separate sheet.					
Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.						
PLAN AND C	OVERAGE DETAIL	S				
Hospitalizatio	n Cover*			Y	res No	
Critical Illness	*			Y	es No	
Daily Hospital Cash* Yes No						
Personal Accid	Personal Accident* Yes No					
Optional Cove	rage Details: (only	if, Hospitalization	Cover opted)			
Voluntary Co-	-pay*			Y	⁄es No	
For Sum Insur	ed Rs. 600,000 onv	vards following opt	ional covers may b	e opted*		
Maternity Ber	nefit*			Y	⁄es No	
New born bab	y expense*			١	⁄es No	
Outpatient ex	Outpatient expenses*  Yes No					
Aggregatre Deductible - (High Deductible)*  Yes No						
Details Of I	The Person Prov	posed To Be Insi	ured			
Details Of 1	me Person Prop	bosed to be ills	ured.			
Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
NI*		1		i e e e e e e e e e e e e e e e e e e e	1	

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name *						
Date of Birth*						
Age*						
Gender*						
Marital Status*						
Occupation*						
Nationality* (Indian/ Non-Indian/ Non-resident Indian/Other)						
Relationship with Proposer*						
Basic Sum Insured*						

Note: Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

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PREVIOUS/EXISTIN	NG INSURANCE						
Are you applying for p	oortability / Migration:	Yes No					
	separate portability forr						
Does any person to be	e insured presently hold	any Health In	surance / Critical	Illness Insuran	ce Policie	s with SBIG or	any other insurer
Yes No If Ye	s, then provide below d	etails					
Previous / Existing Insurance Details	Insured 1	Insured 2	Insured 3	Insured	4	Insured 5	Insured 6
Policy Number							
Insurer's Name							
Period of Insurance							
Sum Insured							
Premium Paid (Rs)							
Claim Details (if any) Incurred Claim (Outstanding + Received): Claim Ratio (%):							
NOMINEE DETAILS							
NOMINEE DETAILS In the event of death of	of the Insured Person any	v pavment due	e under the policy	shall become r	pavable to	the nominee i	n accordance with
	conditions. Nominee mu						
Name*	<b>Contact Details</b>	* Date	e of Birth*	Gende	er*	Relationship	with Proposer*
		D D M	M Y Y Y Y	M FC	ther		
Where Nominee is a r	ninor, give the details of	 fAppointee					
Name of t	:he Appointee*	Relat	ionship with Nor	minee*	Арр	ointee Contac	t details*
	RNACE ACCOUNTS DE						
	ce Repository (For those	•			_		
NSDL Data Mana		OSL Insurance	Repository Ltd.	Karvy In	surance F	Repository Ltd	
CAMS Repositor	ry Services Ltd.						
I have an e-Insur	rance Account & the No	o. is					
My CKYC No. (Centra	l Know Your Customer I	Registry Num	ber) is			(If	available).
information is essent General Insurance Co This consent is valid u	rieval and downloading tial for the purpose of e impany will handle my C until revoked in writing b	nsuring accu KYC informat by me. I have r	record from the rate and updated ion in compliance	Central KYC records for in with all applic	Records surance : able data	Registry. I und services. I ack protection law	nowledge that SB vs and regulations
Customer Name:	d voluntarily provide my	CONSCIL.			Γ	Date:	

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Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS
Premium Amount ₹*: Cheque / Journal No*.: Date: D D M M Y Y Y  Premium payment option*: Cheque EFT DD Debit Card / Credit Card
Bank Name*: IFSC Code:
Bank Account Number*:
Branch Name*: Card details*: Master Visa
Card No*.: Card Expiry Date*: M M Y Y Y Y
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 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-resident Indian (NRI) Others  If Non-Indian please specify the nationality and country address  If NRI please give details for resident country and address  Type of Organisation (Only applicable if policy issued on Group Basis):  Corporation Government Non-Governmental Organisation Society Trust  Partnership International Organisation Cooperative Section 25 Companies  I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes Customer can submit CKYC form for updation.
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)
Signature of Proposer

# **INSURER DECLARATION**

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment .In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

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#### **DECLARATIONS ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED**

- 1. I hereby declare, on my behalf and on behalf of all 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 am 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- 3. I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."
- 6. I/we are aware of premium loading, (if any declared above) for habits & diseases as declared / mentioned by me /us above.
- 7. I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewellers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.

Date:   D   D   M   M   Y   Y   Y   Place:	
	Signature of the Agent / Employee of
	Corporate Agent (Teller)
AGENT DECLARATION	
•	capacity as an Insurance Advisor / Employee of the
Corporate Agent (Teller)/ Authorised employee of the Broker / Relations	•
contents of this Proposal Form, including the nature of the questions co statement(s), information and response(s) submitted by him / her in this F	
sought herein will form the basis of the Contract of Insurance between the	· · · · · · · · · · · · · · · · · · ·
by the Company for issuance of the Policy. I have further explained that i	• •
are contained in this Proposal Form / including addendum(s), affidavits, s	•
Company shall have the right to vary the benefits which may be payable a	
material fact, the policy issued to his / her favour pursuant to this Propos	-
premiums paid under the Policy may be forfeited to the company.	
Licence No.:	
Date: D D M M Y Y Y Place:	Signature of the 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

do hereby certify that I have read out and explained the contents of the Proposal at 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.

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Signature of the Witness Insured		Signature/Thumb impression of the Proposer/Primary
non-disclosure of any material partic	ulars by the Proposer. Any person who,	knowingly and with intent to fraud the insurance company
Date: D D M M Y Y Y Y P	lace:	

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 is 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 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**

- 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

Insurance is subject matter of solicitation.



### 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 **Ten 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
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Signature of Policyholder: