PROPOSAL FORM





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 with held 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.:										Inward No.:																	
Receipt No.:									Receipt Date:						D	M	M	Y	Υ	Υ							
INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)																											
Segment Type:		Re	etail			SME				Business Sector:					Urban					ral	So	cial					
Business Type: New				Roll-Over Rene						val Sales Channel Ty					уре:	rpe:			Banca			Age	ency			Dii	rect
Sales Channel Code:											Sį	oecifie	ed Pe	ersoi	n's Co	ode*:											
Specified Person's Name*:																											
GSTIN/ISDN:			IF APPLICABLE																								
INDIVIDUAL																											
1. Name of the Proposer:	FI	R	S	Т	N A	М	Е			М	1	D	D	L	Е	N	Α	м Е			S	U	R	N	Α	М	Е
2. Date of Birth:	М	М	Υ	Y	Υ	Y 3. Educ			ducational Qualification:																		
4. Marital Status:	Sir	ngle		Marri	ied						5.	Occu	pati	on:	Ī						\Box						$\overline{}$
6. Address of the Proposer:	House N	o.:											Blo	ck:													
	Building:					Ī						Locality:												$\overline{}$			
	Street:			Ī																	\Box						$\overline{}$
	City:												istr	ict:													$\overline{}$
	State:	Ì										Pi	inco	de:						(Coun	try:	ı	N	D	1	Α
7. Contact Details:	Phone No.:			İ								1	Mob	ile:	ĺ							i					一
	Email Id:			İ																							$\overline{}$
8. Aadhaar Card No.:				İ							9. C	9. Corporate: Yes No						10	GST	IN/IS	DN:		IF APPLICABLE				
11. PAN No.:																					•						
COVERAGE DETAILS																											
1. Loan Tenure:					2. Pe	eriod c	of Ins	urand	ce:	Fro	m:	D	D	М	М	Υ	Υ	Y	To:	D	D	М	М	Υ	Υ	Υ	Υ
3. Please provide details of occupa	ition:																										
Salaried:	Ce	entral/	/State	Gov	t. Emp	oyees	6				Employees in Public Sector Companies																
	Er	nploye	ees in l	Liste	ed Priva	te Co	mpar	nies				_	Em	ployees in Unlisted Private Companies													
Self Employed:	Se	elf Emp	ployed	l Pers	sons								Em	ploye	es o	f Sing	le Ow	nershi	p Firn	n/Pe	rson i	nvolv	ved ir	າ Bus	iness	•	
Others, provide details																											
Name of the Nominee: Polationship with the Nominee:						_															_	_	_	_			_
Relationship with the Nominee:				<u> </u>	_	<u> </u>						_									\bigsqcup	\bigsqcup	\bigsqcup	\sqsubseteq	=	_	ᆜ
															Dat	e of E	Birth c	f Nom	inee:	D	D	М	М	Υ	Υ	Υ	Υ
5. Are you the sole owner of the Pro	operty?																		Yes	5	L		No				

Disclaimer: SBI General Insurance Company Limited I 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. 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 Company Limited under licence. UIN: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14.

If you are not the sole owner, please provide the following:

f co-applicants also intend to	get covered, the	y are required to take se	parate Policy.

			Name of the co-applicants													Date of Birth					Relationship with the Proposer											
	First co-applicant																															
	Second co-applicant																															
	If Yes, please specify det	you suffer from any pre-existing illness? Yes, please specify details and the no. of years																			Ye	es		No								
7.			Policy and/or PA policy other than the one proposed now, Insurer? If Yes, kindly provide the following information:																Y	es	No											
	i) Name of the Insurer	_																			_	Т										
	ii) Policy Number:																		iii) In	sure	d sin	ce:			\pm	$\frac{1}{1}$	\pm					
	iv) Period of Insurance:	: Froi	From D D M M Y Y Y To D D											D M M Y Y Y Y]\ Suma la surra di											
	vi) Any Exclusions or S												-							v) Sum Insured:									_ T			
	Conditions applied i	in the Policy	Policy:															╛														
	vii) Claims made if any:																															
	viii) Have you ever been denied any Health or Critical Illness Policy by any Insurance Company? Yes No No														_																	
	of the same:	o dotallo																											╛			
8.	What is the type of Loan:	at is the type of Loan: Home Loan Auto Loan Others (PIs specify, if Others).																														
	Kindly provide the following information:														_																	
	i) Name of the Financial Ir	nstitution:																							\Box	\perp	\perp					
	ii) Branch of the Financial	l Institution	: [\Box		\Box					
	iii) Agreement Type:		Нур	othecat	ion		Hire	e Pur	chas	se		Le	ase		Mo	ortga	ge															
	iv) Loan Account No.:																															
9.	What is the type of Buildi	ing:	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	n pertaining	to:										1st Applicant							2nd Applicant					3rd Applicant							
I) Name:																																
	ii) Educational Qualification:												Single/Married							Single/Married						Single/Married						
	iii) Marital Status: iv) Relationship with th	no Proposor												ingi	е/ Ма	rriea			51	ngie	/ Mar	riea	Single/Married						\dashv			
	v) Date of Birth:	те г горозег	-																									\exists				
	vi) Gender:													Male	/Fen	nale			1	1ale/	'Fem	ale	Male/Female					_				
	vii) Occupation:																											7				
	viii) Have you ever bee		-					y by a	ny					Ye	es/No	0				Ye	s/No)	Yes/No									
	ix) Name of the Nomine	iee:																											7			
	x) Relationship with the	e Nominee:																											_			
E	LECTRONIC INSURA	NCE ACC	OUNT	DETAI	LS SE	СТІ	ION																									
l wa	nt Loan Insurance Policy a	and related	informa	ition in:		F	Physic	cal Fo	rma	it			e-l	orm	at (e	lectro	nic);	as &	when a	pplic	able.											
Cho	ose your Insurance Repo	sitory (For t	hose se	electing	e-For	mat)																										
	NSDL Data Manageme	ent Ltd.	CDS	L Insura	nce R	epos	itory	Ltd.			Kar	vy In	surar	ice R	epos	itory	Ltd.		CAM	S Rep	oosit	ory S	ervice	s Ltd	l.							
	I have an e-Insurance A	Account & t	he No. i	s						Ī																						
Му	CKYC No. (Central Know)	Your Custo	mer Reg	jistry Nu	umber) is													(lf ava	ailabl	e).										
5	SCOPE OF COVER																															
Т	ype of Cover	Cr	Critical Illness ¹ PA (Death/I												n/Permanent Total Disablement)									Loss of Job ²								
<u> </u>	Sum Insured	Lo	Loan Amount										Loa	n Am	ount	:				+		3 EMIs of the Loan										

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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 limbsPAYMENT 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 call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish source of funds. The Insurance Company has the right to call for documents to establish the right to eto 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 person taking out of thePolicy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. $2. \ Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend up to {\tt \$10} Lacs.$ **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 Transient 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 $(within the past 5 years). \ 11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immuno deficiency virus infection (symptomatic or asymptomatic) or a symptomatic$ $any AIDS \, related \, condition. \, 12. \, Any \, Disease \, or \, Disorder \, of the \, Nervous \, System. \, 13. \, Heart \, Attack \, .$ (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 formthe 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 and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the life to be Insured/Proposer after the proposal and the occupation of the occupation of the life to be Insured/Proposer after the proposal and the occupation of the ochas 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 any time 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 physical or mental health or mental healtthe 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 life to be Assurpurpose 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 under writing and/or claims settlement and with any Governmental and/or Regulatory Authority.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 <math>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)_ $_{ extstyle}$ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents and residing at 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 $whatever I/We\ have\ stated\ herein\ above\ is\ true\ and\ correct\ to\ the\ best\ of\ my\ knowledge\ and\ belief.$ Signature of the Witness Signature/Thumb impression of the Proposer

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

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