

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
 Self Employed: Employees in Listed Private Companies Employees in Unlisted Private Companies
 Others, provide details Self Employed Persons Employees of Single Ownership Firm/Person involved in Business
 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, 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: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14.

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 ¹	PA (Death/Permanent Total Disablement)	Loss of Job ²
Sum Insured	Loan Amount	Loan Amount	3 EMIs of the Loan

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