PROPOSAL FORM

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 with held by the proposer or any one acting on his behalf. 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form

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Receipt No.:												ĺ	R	eceip	ot Dat	e:	D	D	M	M	Υ	Υ	Υ	Υ			•					
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Business Sector:		Urban			Rui	ral	Ī		Socia	al		0	ther	S	Sales Channel Type:							Ag	ency	, [Direct							
Sales Channel Code:												Specified Person's Code*:												П								
Specified Person's Name*	: <u> </u>																															
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INDIVIDUAL (* Man	idatory	/ Fields)																														
Name of the Propose	er*:	F	1	R	S	Т	N	Α	М	Е			М	1	D	D	L	Е	N	Α	М	Е			S	U	R	N	Α	М	Е	
Gender*:			Ma	le		Fer	male			Other	2.	. Dat	e of l	3irth	*:			D	D	М	М	Υ	Υ	Υ	Υ							
3. Marital Status*:			Sin	igle		Mar	ried				4.	. Edu	ucatio	onal (Qualif	icatio	on:															
5. Occupation*:															Nati	onali	ty*:															
Present Address*: (Current Residing Add	dress)																															
		City	/ :																Villa	ge:									$\underline{\sqcup}$			
	Gram Panchayat: State:																				\sqsubseteq	ᆜ										
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My Present Address is same as Permanent Address																																
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7. Contact Details*:		Mot	ile:													Alte	rnat	e Mo	bile l	Numb	per:											
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8. Aadhaar Card No.:		\geq	\bigvee	\boxtimes	\boxtimes	\times	X	\times	\times					9	. Cor	porat	te: Y	es		lo		10.	GSTI	N/IS	DN:		IF A	APPL	ICAB	LE		
11. PAN No*.:												/ Fo	rm 6	0/61.	*(If PA	N not	t avai	lable)):													
 Passport/Driving Lice Voter ID: 	ense/																															
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COVERAGE DETAIL	L5*																															
1. Loan Tenure*:							2	. Per	iod o	fInsu	irand	ce*:	Fre	om:	D	D	Μ	Μ	Υ	Υ	Υ	Υ	To:	D	D	Μ	Μ	Υ	Υ	Υ	Υ	
 Please provide details 	s of occ	upation:	٦																													
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Self Employed:																																
Others, provid	e detail	S																			_				_							
4. Are you the sole owner	er of the	e Propert	y?																				Yes				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. | Loan Insurance Policy, UIN: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14 | SBI General Insurance and SBI are separate legal entities and SBI is $working \ as \ Corporate \ Agent \ of \ the \ company \ for \ sourcing \ of \ insurance \ products.$



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

f co-applicants also intend to		

		Name of the co-applicants											L	Date of	Birth		Relationship with the Proposer											
First co-applicant																												
Second co-applicant	pplicant																											
5. Do you suffer from a lf Yes, please specif										_										Yes				No				
Do you have any Cri either with us or wit																				Yes	es No							
i) Name of the In	surer:																											
ii) Policy Number	:																	iii)	Insure	d since	e: [
iv) Period of Insur	ance:													Υ	Υ	v) \$	Sum In	sured:										
vi) Any Exclusions Conditions app																												
vii) Claims made if	any:																											
viii) Have you ever	been den	peen denied any Health or Critical Illness Policy by any Insurance Company? Yes No ovide details																										
If so, please pro of the same:																												
7. What is the type of I																												
Kindly provide the following information: i) Name of the Financial Institution:														1		T												$\overline{}$
ii) Name of the Finan			 	\Box					+				<u> </u>			$\frac{\perp}{\exists}$			$\frac{\perp}{\perp}$								<u> </u>	\dashv
iii) Agreement Type		itution:	ا Hvn	other	cation		Hir	e Purch	1250		 	ase		Mc	ortgag													
iv) Loan Account No],,						luse	Т					Ji tgug													
8. What is the type of I													nour	nt/S	um Insı	ured:												
10. Plan Type:	Fixed Reducing 11. Equated Monthly Instalmen													nt Aı	mou	ınt (EM	I):									_		
12. Are you or any of the	re you or any of the proposed applicant, please tick whichever is applicable: Yes No																											
HNI Je																												
iyes, please provide details for all person(s) in a separate sheet.																												
	olitically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, enior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.																											
NOMINEE DETAIL	S*																											
Insured Name													Insur	ed 1														_
Name of the Nominee*^																												
% share of Claim Amount																												
Date of Birth*																												
Age*																												
Gender (M/F/O) Relationship with																												_
Policyholder*																												\dashv
Mobile No. of the Nominee*																												
Permanent Address																												
Present Address																												
Nominee Email ID																												
Account Number																												\Box
IFSC Code																												
Bank Name																												\dashv
Branch Name																												
Disclaimer: SBI General	Insuranc	e Comp	anv I i	imited	d I Corn	orate	& Re	eaistere	d Off	ice: F	ulcru	m Bu	ildina	. 9 th	Floor	А&	ви	Vina. Sa	ahar R	oad. A	ndhe	eri (Fa	ast)	Mum	bai 4	100 O	99. l i	For

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*If Nominee	is a minor, giv	ve the details of A _l	ppointee.							
Appointee	Details									
Insured Na	ame					Insur	ed 1			
Name of Appointee	;*									
Date of Bir	th*									
Gender (M	/F/O)									
Relationsh Nominee*										
Address of Appointee										
Appointee Mobile no*										
Account N										
IFSC Code Bank Name										
Branch Nar										
mmediaterel	lative of propo	proposer, any payr ser. (Please attach	aseparates	sheetifrequired).		able to the nomine	ee in accordance	e with the policy	terms and condition	s. Nominee for self, must be a
Details		Name*	Gender*	Date of Birth*	Marital Statu	s* Relationship with the Proposer*	Occupation*	Nationality* (Indian/ Non-Indian /Non-residen Indian/Other		(Avuchman
Insured 1										
PREVIOL	JS/EXISTIN	IG INSURANCE								
(If "Yes", ple Does any per Yes	ease fill the se rson to be ins No If Yes,	eparate portabilit ured presently ho then provide belo	ld any Heal))		surance Policies v				Claim Details (if any)
Previous A	-	Policy Number		insurer s Name		erioù di insurance	e Sum Ins	sureu Fre	emium Paid (Rs)	Claim Details (if any) Incurred Claim (Outstanding+ Received) Claim Ratio (%):
insured 1	ed 1									
ELECTRO	ONIC INSUI	RANCE ACCOU	NTS DET	'AILS*						
have an elA l]				
		with: NSDL Da		agement Ltd ository Ltd	Kno] trico Insurance Re wn as CDSL Insura 1S Insurance Repo	ance Reposito	ry Limited) [
CKYC No (Ce	entral Know Y	our Customer Reg		· L		modrance nepo	Joine y Jei vice			
acknowledge revoked in w	e that SBI Ger rriting by me.	neral Insurance Co	mpany will	erstand that this handle my CKY	information is Cinformation	s essential for the in compliance wit	e purpose of e h all applicable	nsuring accura data protectio	te and updated rec	nd downloading of my CKY ords for insurance services. ons. This consent is valid uni consent.
Customer Na Kindly visit ou		vw.sbigeneral.in to	o view the li	ist of KYC OVD (Officially Valid	l Documents).			Date: D D	M M Y Y Y

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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
Valves, Stroke resulting in	permanent symptoms, First Heart Att	Cancer of specified severity, Open chest CABG, Aorta Graft Surgery, Opack of specified severity, Kidney Failure requiring Regular Dialysis, Primargsymptoms, Coma of specified severity, Total Blindness, Permanent Paraly	y Pulmonary Arterial Hypertension, Major
PREMIUM PAYMENT	AND BANK ACCOUNT DETAILS*:		
Premium Amount*:		eque/Journal No*.: Date: DD	M M Y Y Y Y
Bank Name*:	s*: Cheque EFT DD I	Debit Card / Credit Card IFSC Code:	
Bank Account Number*:		Cheque No./DD No.:	
Branch Name*:		Card Details*: Master	Visa
Card No*.:		Card Expiry Date*:	
SBIGI does not accept Cas	h for Premium Payments against the Po	olicy.	
INSURED BANK DE	ETAILS* (Claim/Refund amount	t will be deposited in this Bank Account only unless change	d subsequently)
	3. 1	edit card the refund amount would be credited to your designated bank a be of the same bank account in which the refund / claim needs to be credite:	,
Bank Name*:		Branch Name*:	
Name as in Bank Account*	:		
Bank Account No.*:			
IFSC Code:	MIC	CR Code:	
, ,		g to SBI General Insurance about any change in bank account details.If E	CS is selected, please submit the standing
instruction form available a	tour branches.		
RENEWAL PAYMENT	SIGN-UP:		
		be made every year through continuing your existing Automated Clearing I promptly, but subject to you completing all additional requirements of in	= = = = = = = = = = = = = = = = = = = =
I want to opt for the AC	CH/SI renewal option.		
Date: D D M M	Y Y Y		
Place:		Signa	ture of Proposer
AML GUIDELINES* (Premium Payment shall be made b	y the Policyholder of the Policy)	
isted in Prevention of Mon	ey Laundering Act 2002. I understand t nce Contract in case I am/ have been f	m bona fide sources and no premiums have been/will be paid out of proce hat the Company has the right to call for documents to establish source of Found guilty by any competent court of law under any statues, directly	of funds. The Insurance Company has the
Nationality: Indian	Non-Indian Non-resident	Indian(NRI) Others	
	y the nationality and country address_		
	r resident country and address / applicable if policy issued on Group Basis)		
Corporation		nmental Organisation Society Trust	
Partnership	International Organisation	Cooperative Section 25 Companies	
l hereby declare that the c	urrent address is different from the ava	liliable in the Central identities Data Repository. Yes No. Custo	omer can submit CKYC form for updation.
Recent photograph or proposer: (Photograph is required. i customer does not have CKYC ID)	f		Signature of Progressy.
	1		Signature of Proposer:

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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 Proposal and 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, not covered under this Policy (Your proposal form will be considered after SBI General Insurance Company Limited receives the premium payment.)

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 Immunodeficiency virus infection (symptomatic or asymptomatic) or any AIDS related condition. 12. Any Disease or Disorder of the Nervous System. 13. Heart Attack.
- 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.
- 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.
- 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.
- 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.
- 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.
- I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid
 Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.

• Ideclareth	atthed	letails	provid	led in	thepro	oposal	form	will be	used	l for b	othn	ewa	ndr	enev	walp	urpo	oses	i.															
Date: D D) M	MY	/ Y	Υ	Υ		Pla	ace:					_														Si	gnatu	re of	Propos	ser		
AGENT's	DECL	ARAT	ION																														
I, the Broker/Re Form to the Pr					-			I hav		olaine	d all	the c	cont	tents	of t	this	Prop	posa	al Fo	orm,	, inc	udino	g the	natuı	e of t	he qı	uesti	ons	conta	ined	n this	Pro	posal
will form the beexplained that	asis of t if an	f the C ny untr	ontrac rue st	ict of tatem	Insura	ance be)/ info	etweei ormatic	n the	Comespon	npany se(s)	and is/ar	the re co	Pro _l	pose ained	er, if	this this	Pro Pro	pos opo	sal is sal	acc For	cept m/ir	ed by	the ng a	Com	oany f lum(s	or is:), aff	suan idav	ce of	the tate	Policy ments	. I ha s, sub	ve fu omiss	irther sions,
furnished/to b policy issued to					-		-	_							-															-			
Agent Name:						\perp				\Box		\Box																					
SP Name:										\Box		\Box																					
SP Code:																																	
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Date: D D)	M	Y	Υ	Υ]																											
Place:						1																											- 1

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Signature of Agent:

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 liable for a penalty which may extend to Ten Lakhrupees.

Signature/Thumb impression of the Proposer