

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 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.:	<input type="text"/>	Inward No.:	<input type="text"/>
Receipt No.:	<input type="text"/>	Receipt Date:	<input type="text"/>

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

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Migration	<input type="checkbox"/> Portability
Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social	<input type="checkbox"/> Others	Sales Channel Type:	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct	
Sales Channel Code:	<input type="text"/>	Specified Person's Code*:	<input type="text"/>					
Specified Person's Name*:	<input type="text"/>							
GSTIN/ISDN:	<input type="text" value="IF APPLICABLE"/>							

INDIVIDUAL (* Mandatory Fields)

1. Name of the Proposer*:	<input type="text"/>	FIRST NAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>	SURNAME	<input type="text"/>
Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	2. Date of Birth*:	<input type="text"/>		
3. Marital Status*:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	4. Educational Qualification:	<input type="text"/>			
5. Occupation*:	<input type="text"/>	Nationality*:	<input type="text"/>				
6. Present Address*: (Current Residing Address)	<input type="text"/>						
City:	<input type="text"/>	Village:	<input type="text"/>				
Gram Panchayat:	<input type="text"/>	State:	<input type="text"/>				
Pincode:	<input type="text"/>	Landmark:	<input type="text"/>				
My Present Address is same as Permanent Address	<input type="checkbox"/>						
Permanent Address*:	<input type="text"/>						
City:	<input type="text"/>	Village:	<input type="text"/>				
Gram Panchayat:	<input type="text"/>	State:	<input type="text"/>				
Pincode:	<input type="text"/>	Landmark:	<input type="text"/>				
7. Contact Details*:	Mobile:	<input type="text"/>	Alternate Mobile Number:	<input type="text"/>			
	Email Id*:	<input type="text"/>					
8. Aadhaar Card No.:	<input type="text"/>	9. Corporate: Yes	<input type="checkbox"/> No	<input type="checkbox"/>	10. GSTIN/ISDN:	<input type="text" value="IF APPLICABLE"/>	
11. PAN No*:	<input type="text"/>	/ Form 60/61. *(If PAN not available):	<input type="text"/>				
12. Passport/Driving License/ Voter ID:	<input type="text"/>						

The digital copy of your policy document 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.

COVERAGE DETAILS*

1. Loan Tenure*:	<input type="text"/>	2. Period of Insurance*:	From:	<input type="text"/>	To:	<input type="text"/>
3. Please provide details of occupation:	<input type="checkbox"/> Salaried:	<input type="checkbox"/> Central/State Govt. Employees	<input type="checkbox"/> Employees in Public Sector Companies	<input type="checkbox"/> Employees in Listed Private Companies	<input type="checkbox"/> Employees in Unlisted Private Companies	<input type="checkbox"/> Employees of Single Ownership Firm/Person involved in Business
	<input type="checkbox"/> Self Employed:	<input type="checkbox"/> Self Employed Persons				
	<input type="checkbox"/> Others, provide details					
4. Are you the sole owner of the Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. | 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:
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			

5. Do you suffer from any pre-existing illness/disability? Yes No
If Yes, please specify details and the no. of years _____

6. 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? Yes No
If Yes, kindly provide the following information:

i) Name of the Insurer: _____

ii) Policy Number: _____ iii) Insured since: _____

iv) Period of Insurance: From DDMMYYYY To DDMMYYYY 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: _____

7. 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.: _____

8. What is the type of Building: Flat Independent House Semi-detached House 9. Loan Amount/Sum Insured: _____

10. Plan Type: Fixed Reducing 11. Equated Monthly Instalment Amount (EMI): _____

12. Are you or any of the proposed applicant _____, please tick whichever is applicable: Yes No
HNI Jeweller NGO Film Actor/ Producer PEP

If 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.

NOMINEE DETAILS*

Insured Name	Insured 1
Name of the Nominee*^	
% share of Claim Amount	
Date of Birth*	
Age*	
Gender (M/F/O)	
Relationship with Policyholder*	
Mobile No. of the Nominee*	
Permanent Address	
Present Address	
Nominee Email ID	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

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*If Nominee is a minor, give the details of Appointee.

Appointee Details	
Insured Name	Insured 1
Name of Appointee*	
Date of Birth*	
Gender (M/F/O)	
Relationship with Nominee*	
Address of Appointee	
Appointee Mobile no*	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

MEMBERS PROPOSED FOR INSURANCE (* Mandatory Fields)

Details	Name*	Gender*	Date of Birth*	Marital Status*	Relationship with the Proposer*	Occupation*	Nationality* (Indian/ Non-Indian /Non-resident Indian/Other)	Other Insurance* <input type="checkbox"/> Yes <input type="checkbox"/> No	ABHA (Ayushman Bharat Health Account) number (if available) :
Insured 1									<input type="text"/>

PREVIOUS/EXISTING INSURANCE

Are you applying for portability / Migration: Yes No

(If "Yes", please fill the separate portability form also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

Yes No If Yes, then provide below details

Previous / Existing Insurance Details	Policy Number	Insurer's Name	Period of Insurance	Sum Insured	Premium Paid (Rs)	Claim Details (if any) Incurred Claim (Outstanding+ Received): Claim Ratio (%):
Insured 1						

ELECTRONIC INSURANCE ACCOUNTS DETAILS*

I have an eIA Number:

I would like to apply for eIA with: NSDL Database Management Ltd Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
 Karvy Insurance Repository Ltd CAMS Insurance Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

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

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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:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness

Signature/Thumb impression of the Proposer

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 Lakh rupees.