PROPOSAL FORM

GROUP PERSONAL ACCIDENT INSURANCE POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

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.
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 of 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 Office or Intermediary/Agents for any doubts or clarifications on the proposal form.
5. Information for fields marked with asterisk (*) are mandatory.

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: ☐ New ☐ Renewal ☐ Migration ☐ Portability

Sales Channel Type: ☐ Agency ☐ Direct ☐ Broker ☐ POS ☐ CSC ☐ Corporate Agent ☐ IMF

Business Sector: ☐ Rural ☐ Urban ☐ Social ☐ Others

PROPOSER DETAILS*:

Savings Bank / Individual Current A/c No.: Code:

Bank Branch Name:

Name of the proposed Insured Person:

Present Address*: (Current Residing Address)

City: Village:

Gram Panchayat: State:

Pincode: Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*:

City: Village:

Gram Panchayat: State:

Pincode: Landmark:

Gender*: ☐ Male ☐ Female ☐ Other Nationality: Date of Birth*: D D M M Y Y Y Y

Email ID*: Mobile No.*:

Alternate No.:

Aadhaar Card No.: PAN No*.: / FORM 60/61:

Corporate: ☐ Yes ☐ No GSTIN/ISDN: IF APPLICABLE

Version: 1.0 Sep 2025

POLICY RENEWAL ADVICE SLIP (Tear Off):

I authorise for automatic debit of renewal premium of this cover from my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by submitting a written notice to the Bank.

Date: _____

_____
Signature/ Thumb impression of the Proposer/ Primary Insured

For internal purpose only (To be filled by the Bank Branch Official):

Account No.:_____ Journal No.:_____ Date:_____

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 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. | Group Personal Accident, UIN: SBIPAGP11005V011011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

PLAN DETAILS (Please tick (√) whichever you are choosing) :

Primary Covers Benefit (Please tick on the benefit you wish to be covered):

Accidental Death ☐ **PTD** ☐ **PPD** ☐

Sum Insured: _____

ADDITIONAL COVERS (Please tick (√) whichever you are choosing):

Benefit (Please tick on the benefit you wish to be covered)			
Ambulance Cover	☐	Repatriation Benefit and Funeral Expenses	☐
Adaptation Allowance	☐	Accidental Medical Expenses -Inpatient	☐
Accidental Medical Expenses –outpatient	☐	Hospital Confinement Allowance	☐
Education Benefit	☐	Loan Protector	☐
Family Transportation Allowance	☐	Loss of Books/Spectacles/Damage to Bicycles of School Children	☐
Reimbursement of Exam Fees/School fees for students	☐	Broken bones	☐
Purchase of blood	☐	TTD	☐

MEDICAL AND LIFE STYLE INFORMATION:

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of Illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**	**Insured 6**
Name of Illness/disease/Injury/ Disability:						
Duration since suffering from:						
Type of disability						
Percentage of disability						
Medications details (present/ past) please specify:						
Are you fully cured- Yes/No?						

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*:

Cheque/Journal No.: ☐☐☐☐☐☐☐☐☐☐☐☐ Cheque Date: D D M M Y Y Y Y Amount for ₹: ☐☐☐☐☐☐☐

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the A/c. Holder: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Account No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MICR Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Premium Amount: (in words) _____

Premium Payment Option: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual ☐ Single Premium

Premium payment mode option: ☐ Cheque ☐ DD ☐ Debit Card/Credit Card

Card Details: ☐ Master ☐ Visa Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Expiry Date: D D M M Y Y Y Y

ASBA Declaration:

☐ I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

SBIGI does not accept Cash for Premium Payments against the Policy.

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INSURED BANK DETAILS* (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Bank Name*: Branch:

Name as in Bank Account*:

Bank Account No.*:

IFSC Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.
If ECS is selected, please submit the standing instruction form available at our branches.

RENEWAL PAYMENT SIGN-UP

Payment of renewal premium of your health insurance Policy can be made every year by continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

☐ I want to opt for the ACH/SI renewal option.

Date: D D M M Y Y Y Y Place:

Signature of the Insured:

DECLARATION BY THE PERSON 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 authorized 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 aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or 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, Jewelers, NGO, Film Actor/ Producer and PEPs to provide the details of benefciaries to the company as and when required.
8. 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.
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
10. I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

Date: D D M M Y Y Y Y Place:

Signature/Thumb impression of the Proposer/Primary.

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: D D M M Y Y Y Y

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

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DECLARATION FOR ASSIGNMENT OF POLICY

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

1. I understand and wish to assign the Policy, as indicated above, which may be issued, to_____the Financial institution (hereinafter referred to as the assignee) from whom I have availed loan.
2. I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
3. I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.
4. I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognize the Policy being assigned to the aforementioned assignee thereafter.

Date: D D M M Y Y Y Y Place:

Signature of the Main Borrrower

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.

Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin

If Non-Indian, please specify the Country: _____

If NRI please give details for resident country and address _____

Type of Organisation:

☐ Corporations ☐ Government ☐ Non- Governmental Organization

☐ Partnership ☐ Trust ☐ Society ☐ NGO

☐ Politically exposed Parties^ ☐ International Organizations ☐ Cooperatives ☐ Section 25 Companies

"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.

AGENTS DECLARATION

I,_____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No. _____

Date: D D M M Y Y Y Y Place: Signature of Agent: _____

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.)

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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____and residing at _____ do hereby certify that I 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 declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Signature of the Witness

Date: D D M M Y Y Y Y Place:_____

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 up to ₹10 Lacs.

Insurance is subject matter of solicitation.

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