

**PROPOSAL FORM**

Unique Reference Number: **SBIG/CRP/V.01/22072020**

**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 any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.
5. Company may ask for PAN of the proposer in case the premium is more than INR 50,000.

**Note:** The Coverage proposed for Insurance is not covered until the proposal is accepted and premium is paid and the same is realised by SBI General Insurance Company Limited. ("Company").

**Intermediary Details:**

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

**Proposer Details:**

Name of the Policyholder :

Communication Address :

City :  State :

Pin:

Contact Details : Phone:  Mobile No.:

Email :

PAN No. :  / Form 60/61.:

Aadhaar No. :  Occupation. :

Nationality. :  Date of Birth:  Gender: M  F  Other

Period of Insurance: From  to

Policy Type: Individual

Policy Period: Three and a half months (3 ½ months)

Six and a half months (6 ½ months)

Nine and a half months (9 ½ months)

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. | Corona Rakshak Policy, SBI General Insurance Company Limited UIN No.: SBIHLIP21120V012021

## Sum Insured:

50,000    1,00,000    1,50,000    2,00,000    2,50,000

## Details of Persons to be Insured:

Sr. No.	Name of the Insured	Sum Insured	Date of Birth	Age	Gender	Height	Weight	Occupation	Nationality	Marital Status	Relationship with the Proposer
1											
2											
3											

## Nominee's Details:

Sr.No.	Insured Name	Name of Nominee	Date of Birth of Nominee	Age of Nominee	Relationship with Insured								
1			<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						

Where Nominee is a minor, give the details of the Appointee

Sr.No	Name of Nominee	Name of the Appointee	Relationship with Nominee
1			
2			

## Previous Existing Disease Declaration

Are you or is any of your family member suffering from any Pre-existing conditions / Illness other than Mental Illness, Accidental Injuries & HIV / AIDS - YES  / NO  (please tick the appropriate)

If Yes, please specify

Sr. No.	Name of Insured member	PED Disease / Condition

## Health Declaration :

1. Either you or someone in your family who is staying with you came in contact with following in last 1 month.

- a. Active COVID-19 Positive case
- b. Person travelled from other countries to India in the last 30 days.
- c. No contact with anyone with Symptoms

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2. Thinking back over the past 14 days, which of these symptoms are applicable to you & your family member?

- |                                       |                          |              |                          |                         |                          |
|---------------------------------------|--------------------------|--------------|--------------------------|-------------------------|--------------------------|
| a. Cough                              | <input type="checkbox"/> | b. Fever     | <input type="checkbox"/> | c. Breathing difficulty | <input type="checkbox"/> |
| d. Pain in throat                     | <input type="checkbox"/> | e. Tiredness | <input type="checkbox"/> | f. Body ache            | <input type="checkbox"/> |
| g. Headache                           | <input type="checkbox"/> | h. Nausea    | <input type="checkbox"/> | i. Diarrhoea            | <input type="checkbox"/> |
| j. Loss of sense<br>of smell or taste | <input type="checkbox"/> | k. None      | <input type="checkbox"/> |                         |                          |

3. Have you or any of your family members travelled to any country/ies outside India in the last 30 days?

Yes  No

### Electronic Insurance Account Details Section:

I want Corona Kavach Policy related information in –

Physical Format- Yes  No  e-Format (electronic) as & when applicable- Yes  No

Choose your Insurance Repository (For those selecting e-Format)

- |                                     |                          |                                    |                          |
|-------------------------------------|--------------------------|------------------------------------|--------------------------|
| (a) NSDL Data Management Ltd.       | <input type="checkbox"/> | (b) CDSL Insurance Repository Ltd. | <input type="checkbox"/> |
| (c) Karvy Insurance Repository Ltd. | <input type="checkbox"/> | (d) CAMS Repository Services Ltd.  | <input type="checkbox"/> |

I have e-Insurance Account & the No. is : \_\_\_\_\_

My CKYC No. (Central Know Your Customer registry number) is (If available): \_\_\_\_\_

### Premium Payment Details

Name of the Premium payer:

Premium Payment Option: Cheque  DD  Card

Premium Amount:  Cheque No.:  Date:

Instrument Type: Cash  Cheque  Debit Card  Credit Card  Others  (Please specify) \_\_\_\_\_

Bank Name:  Branch Name:

Bank Account Number:

IFSC Code:  MICR Code:

### Bank Details

Cheque will be issued in the name of the Proposer only.

In case of cancellation of Policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.)

Cheque No.:  Cheque Date:  Amount for ₹

Bank Name:  Branch Name:

Name of A/c. Holder:  IFSC Code:

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Bank  
Account No:                      MICR Code:

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

Place:

### 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 the Prevention of Money Laundering Act 2002. I/We 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian  Non-Indian  Non-Indian (please specify the Country)

#### Type of Organisation:

Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 Companies

### Agent's 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.

Date:

Signature of the Agent:

Place:

Licence No.:

### Declaration & Warranty on behalf of all Persons Proposed to be Insured

- i. I/We hereby declare on my behalf and on behalf of all persons proposed to be Insured that the above statements 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.
- ii. I understand that the information provided by me will form the basis of the Insurance Policy, is subject to the Board approved under writing policy of the Insurance Company and that the Policy will come into force only after full receipt to the premium chargeable.
- iii. 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.

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- iv. I/We declare and further consent to the Company Seeking medical information from any hospital which 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 and mental health of the life to be assured/Proposer and seeking information from any Insurance company to which an application or Insurance on the life to be assured/Proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- v. 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.
- vi. I/We am/are aware of premium loading, (if any declared above) for habits & diseases as declared / mentioned by me/ us above.

## Insurer's 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 realisation 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 by 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.)

You are obliged to inform SBI General Insurance Company Limited without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed members have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your Insurance cover. If you are in any doubt, please seek the advice of your Insurance advisor.

**Fraud Warning:** This Policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. If any person who, knowingly and with intent to fraud the Insurance Company or any other person, files a proposal for Insurance containing any false information, information for conceals or the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, It will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

**Anti-Rebating Warning:** As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance Policy in respect to any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend up to Rs. 10 lakhs.

Place:

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer:

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## 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/Primary insured) \_\_\_\_\_ 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/we declare that whatever I/we have stated herein above is true and correct to the best of my/our 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

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Signature/Thumb impression of the Proposer/Primary Insured

## SECTION 41 OF THE INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

- (1) No person shall allow 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 or 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 on 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 punishable with fine, which may extend up to Rupees Ten Lakhs.

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