



10. If the Nominee is a minor,  
Name of the Appointee and his  
relationship with the Nominee:

11. Aadhaar Card No.:  12. PAN No.:

13. Corporate:  Yes  No 14. GSTIN/ISDN:  IF APPLICABLE

**DETAILS OF COVERAGE SOUGHT**

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children, Dependent Parents and Parents-in-law

Policy Term (Please tick)	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Type of Policy (Please tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family Non-floater	<input type="checkbox"/> Family Floater
Sum Insured (Please specify)	<input type="text"/>		

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want Arogya Premier Proposal 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).

**PART I - MEMBERS PROPOSED FOR INSURANCE**

Name	Gender	DOB	Marital Status	Relationship with the Proposer	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Sum Insured	Deductible

**PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION**

**PART III - DETAILS OF ILLNESS/ACCIDENT**

Do any of Insured suffer from physical /mental disease or infirmity or medical complaints or deformity?  
If yes, name the Insured and the Disease.  Yes  No

---

Do any of the Insured smoke?  Yes  No

Do any of the Insured consume any other type of tobacco including betel nut?  Yes  No

Do any of the Insured consume alcohol?  Yes  No

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

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (\*Mandatory fields)

Cheque No./DD No.:  Amount:  Date:

Bank Name:  Branch:

Bank Account No.\*:  IFSC Code\*:

Period of Insurance: From:  To:

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | 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: SBIHLIP14007V011314.

