PROPOSAL FORM





Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. 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 Proposer 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 Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form. 5. Company may ask for the PAN of the Proposer in case the premium is more than ₹50,000.

Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

FOR OFFICE USE																		
Quote No.:						lnv	vard No.:											
Receipt No.:						Re	ceipt Date:	D D	MM	Υ	Y,	YY]					
INTERMEDIARY'S DETAILS	(* Mandato	ory Fields	if Sales C	hann	el Type	selected	s Banca)											
Segment Type:	pe: Corporate				SME	Busin	ess Sector:	Metr	o [Ru	ıral		Villa	ige	S	ocial		
Business Type:	New	Roll	-Over Renewal Sales Channel Type: Banca Agency										D	irect				
Sales Channel Code:					S	pecified Pe	rson's / Inter	mediary's	s Code*:									
Specified Person's / Intermediary's Name*:																		
GSTIN/ISDN:	IF APPLICABLE																	
PART I - PROPOSER'S DETA	AILS																	
1. Name:	S U F	R N A	МЕ		М	D D	L E N	АМ	Е	F	1	R S	Т	Ν	А	МЕ		
Gender:	Male		Female			Others			D	ate of	Birth:	D	D	Μ	M	Y	Υ	Υ
Marital Status:	Single	le	Married			Others												
Occupation:	Salar	ried	Self Emp Profession	loyed/ onal		Business	Stude	nt 📗	Retired		Agric	culture		Oth	ers (s	pecify))
2. Address where you	Plot No./Do	oor No.:						Buildin	ng name:									
normally reside (Communication Address):	Road:								Area:									
	City:] ,	Pincode:									
	State:							Ph	one No.:									
3. Address of the Insured	Plot No./Do	oor No.:						Buildin	ng name:									
if different from above (Permanent Address):	Road:								Area:									
	City:] ,	Pincode:									
	State:							Ph	one No.:									
	Email ID:																	
4. Policy Term:	1 Year	ır	2 Years		3 Years	;												
5. Policy Period:	From:	D M	MY	Y	Y	o: D D	MM	/ Y	Y									
6. Total No. of Persons to be covered:				7.	Are you	one among	the Insureds	Covered	below?		Yes	No						
8. Nominee's Name:																		
9. Nominee's Relationship with the Proposer:									DOBo	f the N	lomine	ee: D	D	М	M	YY	Υ	Υ

Disclaimer: SBI General Insurance Company Limited I 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.

10. If the Nominee is a minor, Name of the Appointee and his relationship with the Nominee:		<u>_</u>																		I	<u> </u>								크		
dd Ardhaan Card Na	L	+					_				<u> </u>	<u> </u>	<u> </u> 1			12.5		<u> </u>	_	+	<u> </u>							\Box	井		_
11. Aadhaar Card No.:	L												12. PAN No.:														_				
13. Corporate:	Yes No											14.	. GSTIN/ISDN: IF APPLICABLE																		
DETAILS OF COVERAGE SOUGHT Note: By Family we mean You, You		al Spous	se, Le	egal &	Dep	enden	t Ch	ildre	n, D	eper	ndent	t Pare	ents	and	Pare	nts-ii	n-law														
Policy Term (Please tick)		1 Ye	ear				2 Y	ears					3	Yea	rs																
Type of Policy (Please tick)		Indi	vidua	əl			Far	nily l	Non-	-floa	ter	Family Floater																			
Sum Insured (Please specify)																															
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION																															
I want Arogya Premier Proposal Policy and related information in: Physical 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 Accou	ınt &	the No.	.is																												
My CKYC No. (Central Know Your C	Custo	omer Re	egistr	y Nu	mber) is															(If a	vaila	able)	١.							
PART I - MEMBERS PROPOSED FOR INSURANCE																															
Name							G	iend	er		DOB			arita atus			ionsh Prop			0	\neg	er In	sura	ance No	•		um ured		Dedu	uctib	le
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PART II - OTHER / CURREN	ТН	FALTH	IINS	UR/	NC	FINE	ORN	1AT	ION	1																					
PART III - DETAILS OF ILLN	IESS	/ACC	IDEN	١T																											
Do any of Insured suffer from p If yes, name the Insured and the			ntal c	liseas	se or i	infirmi	ty o	r me	dical	l con	nplair	nts o	r def	orm	nity?									Yes	s	No	,				
Do any of the Insured smoke?																		1	Yes		No										
Do any of the Insured smoke? Do any of the Insured consume any other type of tobacco including betel nut?												Yes No																			
			уре о	1 100	acco	includ	ng c		nac:									<u>_</u>	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)																															
Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields Cheque No./DD No.: Date: Date:													∌Ias)																		
Bank Name:																															
Bank Account No.*:				I									Ī		T	T	_ ☐ IFS		Code		T								$\overline{}$		
Period of Insurance: From:	D	D M	M	Y	Υ	Y	Υ	To:	D	D	М	М	Y	Υ	/ Y	Y				_											

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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 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.

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/International Organisation/Cooperative/Section 8 Companies.

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.

DECLARATION BY PROPOSER

1.I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons. 2. I/We understand that the information provided by me/us 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. 3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. 4. I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime 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 Insurance Company to which 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/We authorise the Company to share information pertaining to my proposal including the medical records 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 habit's as declared/ mentioned by me/us above.

Date:	Signature of Proposer:
Name of the Proposer:	
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	jis 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 Contract and contract a	ompany).
I/We certify that the product applied for by me/us and the contents of the Proposal Form have that the replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies in the Proposal Form have been recorded as per the information provided by replies the proposal Form have been recorded as per the information provided by replies the proposal Form have been recorded as per the proposal Form have ben	
I, (Full name of the witness)(Relati	cionship with the Proposer)adult and inhabitant of (City)
and residing at do hereby certify that I h	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 second control of	he 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 believe the th	ef.
Date: D M M Y Y Y Y Place:	Signature of the Witness
	Signature/Thumb impression of the Proposer

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