

# GROUP PERSONAL ACCIDENT INSURANCE POLICY

## Proposal Form



Master Policy No. for **SBI**: 143820-0000-00 & 143990-0000-00; **SBH**: 143821-0000-00;  
**SBM**: 143822-0000-00; **SBBJ**: 143823-0000-00; **SBT**: 143824-0000-00; **SBP**: 143825-0000-00

Call (Toll Free)  
1800 22 1111 | 1800 102 1111  
www.sbigeneral.in

Savings Bank / Individual Current A/c No.

Bank Branch Name  Code

Name of the proposed Insured Person

Address for this Policy will be the same as provided by me to the Bank for my Savings Bank / Individual Current Account cited above.

Gender ☐ Male ☐ Female Date of Birth

Email ID\*  Mobile No.\*

\* These fields are optional however they are most helpful in ensuring that we are able to serve you better.

Sum Insured Option ☐ Sum Insured: Rs.2,00,000/- for Premium: Rs.100/- (incl. of Service Tax) ☐ Sum Insured: Rs.4,00,000/- for Premium: Rs.200/- (incl. of Service Tax) ☐ Sum Insured: Rs.10,00,000/- for Premium: Rs.500/- (incl. of Service Tax) ☐ Sum Insured: Rs.20,00,000/- for Premium: Rs.1000/- (incl. of Service Tax)

☐ I authorise renewal of this cover by direct debit of premium to 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 contacting your office personally or by calling your Toll Free number or by writing a mail to your Customer Care email id.

### Kindly Note:

- Coverage is for Accidental Death (AD) only
- Period of insurance will be one year from the date of account debit transaction
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any Country, whether in peace or war are not covered under this policy
- Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. Further, the SBI/ Associate Banks shall not be held liable for non-renewal of the policy for not debiting the account of the insured for whatsoever reason.

### DECLARATION

- I hereby declare that the statements made by me in this Proposal Form are true to the best of my knowledge and belief and complete in all respects.
- I agree that this proposal and the declarations shall be the basis of the contract between me and SBI General Insurance Co. Ltd.
- I also declare that any changes in the information given above after the submission of this would be conveyed to SBI General immediately.
- I understand that this contract / transaction is between SBI General Insurance Co. Ltd. and myself. The Bank is merely facilitating the purchase of this insurance policy and has no obligation towards settlement of claims.
- I have read the brief terms & conditions of the Policy printed overleaf and confirm that I am eligible for coverage under this Policy.
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

### NOMINATION

I \_\_\_\_\_ do hereby nominate Mr/Mrs/Ms \_\_\_\_\_ as the person & Mr/Mrs/Ms \_\_\_\_\_ as Guardian of the Nominee (In case nominee is a minor) to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my Accidental Death and he/she (Nominee) is related to me as \_\_\_\_\_ (Relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Address of the Nominee / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of the proposed Insured \_\_\_\_\_

### SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

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

Account No.: \_\_\_\_\_ Journal No.: \_\_\_\_\_ Date: \_\_\_\_\_

## MOST IMPORTANT TERMS & CONDITIONS OF THE MASTER POLICY

This Insurance is subject to the terms and conditions of the Master Policy Number mentioned on the Certificate of Insurance issued to SBI & its Associate Banks and is based on this Proposal and payment of the Premium. This records the agreement between Insured and SBI General Insurance Company and sets out the brief terms of insurance and the obligations of each party as below:

### TERMS & CONDITIONS

- This Policy can be bought by any permanent Indian resident having a Savings Bank / Individual Current Account with SBI & its Associate Banks and aged between 18 years to 65 years.
- Irrespective of the number of accounts the Insured has with SBI & its Associate Banks, insured is eligible to take only one policy from SBI General Insurance. Our liability will be restricted to max Rs.200,000 / Rs.400,000 / Rs.10,00,000 / Rs.20,00,000 as the case may be, per life, for settlement of Claim.
- Coverage under this Policy will be over and above any other Personal Accident Policies Insured has with SBI General or with any other Indian General Insurance Companies.
- Insured may terminate this Policy at any time by giving us 15 days written notice. If no claim has been made under the Policy, then we will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%

Length of time Policy in force	Refund of premium
up to 6 months	25%
exceeding 6 months	0%

- We may terminate this Policy upon 15 days notice by sending a written notice of cancellation to your address and we shall refund a rateable proportion of the premium actually paid in respect of any Insured Person. Termination of this Policy shall not affect any claim filed prior to the date on which termination becomes effective as specified in the notice of termination.
- Such Termination may be on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured.
- The premium at the time of the renewal of the policy would be the applicable premium at the date of renewal and as approved by IRDA. However, renewal will be subject to the Account of the Insured with SBI & its Associate Banks being still live and operational.
- 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 in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Insured or anyone acting on Insured's behalf. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the Company.

### EXCLUSIONS

**The Company shall not be liable for any claim or claims under this Policy arising from**

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or
- Occupations like serving in any branch of police, paramilitary, military & armed forces of any country, whether in peace or war; or
- Being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion; or
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world; or
- Any loss arising out of war, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether war be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- Payment of compensation in case of death of the Insured person from nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - any nuclear fuel or from any nuclear waste; or
  - from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - nuclear weapons material;
  - nuclear equipment or any part of that equipment; or
- The dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials, or congenital anomalies or any complications or conditions arising there from; or
- Participation in winter sports, skydiving/parachuting, hand gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 nautical miles), participation in any professional sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which Insured is untrained; or
- Death resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy; or
- For any loss to which a contributing cause was insured person's actual or attempted commission, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest or insured person committing any breach of law with criminal intent; or
- Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease

**For Renewal of your policy or for Cancellation of your Auto Renewal Authorisation please contact 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in).**

For complete details of Coverage & Policy Wording, kindly visit our website - [www.sbigeneral.in](http://www.sbigeneral.in)

#### Grievance Redressal Procedure

We value your relationship and are committed to offer you best in class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation.

Step 1: Call us at 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in). If you don't hear from us within 48 hrs please follow Step 2

Step 2: If you are not happy with the resolution provided, please write to Head – Customer Care at our Registered Office address printed overleaf. If after having followed Step 1 and Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for redressal of your grievance.