

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children and dependent parents, parents-in-law (Parents, parents-in-law cannot be covered under family floater)

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	<input type="checkbox"/> 1 lac	<input type="checkbox"/> 2 lacs	<input type="checkbox"/> 3 lacs
Premium before service tax	Rs.8,900	Rs.13,350	Rs.17,800

PART I - MEMBERS PROPOSED FOR INSURANCE

Name	Gender	DOB	Marital Status	Relation with proposer	Other insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

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? Yes No
If yes name the insured and disease.

	Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consume any other type of tobacco including betel nut?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT DETAILS

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*

SECTION 41 OF THE INSURANCE ACT, 1938

(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 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.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

DECLARATION BY PROPOSER

1. I/We hereby declare on my behalf and on behalf of all the 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/We am/are authorised 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 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 life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. 4. I/We declare an consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/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 proposal underwriting and/or claims settlement and with any Governmental and/ or Regulatory authority.

Date: Place: 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 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) _____ (Relation 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 knowledge and belief.

Date: Place: Signature of the Witness _____
Signature/Thumb impression of the Proposer _____