SBI General INSURANCE

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

INDIVIDUAL PERSONAL ACCIDENT INSURANCE POLICY

Proposal Form

Guidelines for completion of the form: Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Kindly contact SBI General's Office for any doubts or clarifications on the Proposal Form.

The liability of SBI General does not commence until this proposal has been accepted by SBI General and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the Insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company.

INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type ☐ Corporate ☐ Retail ☐ SME — Business Sector ☐ Urban ☐ Rural ☐ Social

Business Type ☐ New ☐ Roll-over ☐ Renewal — Sales Channel Type ☐ Banca ☐ Agency ☐ Direct

Sales Channel Code _____ — Specified Person's Code* _____

Specified Person's Name* _____

PROPOSER DETAILS

1. Name of the Proposer (FIRSTNAME MIDDLENAME SURNAME)
2. Name of the Insured Person (FIRSTNAME MIDDLENAME SURNAME)
3. Relation between the Proposer and Insured Person
4. Residential / Permanent Address of Insured — Pin code
5. Contact details: Tel. No. — Mobile No.
6. E-Mail address
7. Period of Insurance From (DDMMYYYY) To (DDMMYYYY)
8. Profession/Occupation/ Trade or Business (Please describe fully with nature of duties)
9. Do you engage in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skating or ice hockey, ballooning or polo or sports of similar nature? ☐ Yes ☐ No
10. What is your average monthly income from
    Gainful Employment — Other Sources — TOTAL in Rs.
    Gross Annual Income in Rs.
11. Date of Birth (DDMMYYYY) — Martial Status — Gender ☐ Male ☐ Female
12. Are you an employee of SBI Group company? ☐ Yes ☐ No
    If 'Yes', please state the name of company and employee code
13. Have you suffered or do you suffer from:
    ☐ Any physical defect or infirmity
    ☐ Gout or Arthritis or Diabetes or Paralysis
    ☐ Fits or any kind or any other chronic disease
    ☐ Any other disability
    Full particulars must be given in case the answer is 'Yes' to any of the following queries
14. Is this proposal for insurance in addition to:
    - Any other Accident Policy? (including if covered under any Group Personal Accident Policy/Credit Card Schemes) ☐ Yes ☐ No
      If so, give name of each Company, Policy Number and Amount of Insurance
    - Any other Employee Scheme? ☐ Yes ☐ No
      If so, give name of each Company and Amount of Insurance
15. Has any Company
    - Declined to issue a policy to you? ☐ Yes ☐ No
    - Declined to continue your Insurance? ☐ Yes ☐ No
    - Imposed any restriction or special conditions? ☐ Yes ☐ No
      If Yes, please furnish the details

16. Do you wish to cover your family members (spouse, children and dependent parents only) ☐ Yes ☐ No

If Yes, please furnish the information in the table given below

Name of the Family Member	Relationship with the Insured and Age	Profession or Occupation	Annual Income

Please select the coverage

Every member of the family has option to choose any benefit from table A, B, C,D and fix sum insured. However the table of benefit opted by family members should not be more than the benefit chosen by primary insured.

Benefit	Sum Insured Opted (Add sheet if columns are less)					
	Primary Insured	Spouse	Dependent Child 1	Dependent Child 2	Dependent Parent 1	Dependent Parent 2
Table A - Accidental Death						
Table B - Accidental Death and Permanent Total Disablement(PTD)						
Table C - Accidental Death, (PTD) and Permanent Partial Disablement(PPD)						
Table D - Accidental Death, (PTD), (PPD) and Temporary Total Disablement						

Permanent Total Disability (PTD) benefit comes with the following benefits at no additional costs–

Education Benefit - Death & Permanent Total Disability claims entitle the insured's child and spouse to Education Benefit to maximum two individuals (children/ spouse) on proof of enrolment at a Government approved education facility. Rs.50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.

Adaption Allowance - Permanent Total Disability claims also include payment towards cost of modifying Insured House or vehicle to combat Disability @1 % or Rs.25,000/- whichever is less.

Additional Covers (Please provide sum insured for the covers opted):

Benefit	Yes (Sepcify the limit)	No
Hospital Confinement Allowance The per day allowance Rs.1000 / 2000 / 3000/- with a maximum coverage for 15 days for the entire policy period (If You are admitted in a Hospital due to Injury or Accident that occurs within the Republic of India)	Rs.1000 / 2000 / 3000	
Ambulance including Air Ambulance Sum insured @ 10% subject to maximum of Rs.1,00,000/- per policy period towards expenses incurred for availing an Ambulance Service [Expenses incurred for availing an Ambulance Service (including air ambulance) to transfer the Insured Person to a Hospital from the location of Accident or Injury or from one Hospital to other Hospital or from Hospital to place of residence in case of death or PTD. The ambulance service will be for the transit within India only.] Ambulance cover available only when AD Sum insured is Rs.5,00,000 and more.	Write Yes if opted	

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 D D M M Y Y Y Y

Bank Name ☐ Branch ☐

Bank Account No.* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code* ☐☐☐☐☐☐☐☐☐☐☐

NOMINATION (Mandatory)

I _____ do hereby nominate Mr/Mrs/Ms _____ as the person authorized to receive the amount payable by SBI General in the event of my Accidental Death and he/she is related to me as _____ (relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

In case of the nominee being minor: I _____ do hereby nominate Mr/Mrs/Ms _____ as the Guardian of the nominee mentioned above. I authorize him/her to receive the amount payable by SBI General in the event of my accidental death and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this _____ Day of _____ 20_____ at _____ Signature of Witness: _____ Signature of the Proposer: _____

Name and Address of the Nominee: _____ Date of Birth of Nominee: _____

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 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 RUPEES TEN LAKHS.

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 and 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: D D M M Y Y Y Y Place: ☐ Signature of Proposer _____