

PROPOSAL FORM

CRITICAL ILLNESS INSURANCE POLICY

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 Insured 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 in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on Proposer's behalf. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Important Information: Health Check Up - Medical Examination will be required for acceptance of the proposal based on the Medical history, Sum Insured & age of the Proposer as per our guidelines. For all persons aged 45 and above, medical examination is compulsory, irrespective of the sum insured opted and pre-acceptance medical tests 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.

Our Liability: The liability of SBI General does not commence until this Proposal has been accepted by SBI General and premium paid by Proposer/Insured to SBI General and upon full realization of the premium payment by the Insurer, which acceptance shall be specifically intimated to the Proposer by the Insurer 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 Insurer. The Insurer is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Insurer along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Insurer and does not result in a concluded contract of insurance.

Scope of Cover (Basic Details): This is a benefit Policy & covers the listed Critical Illness. Fixed Lump sum amount as stated in Policy Schedule is payable irrespective of actual medical expenses.

Significant exclusions: Pre Existing Diseases, AIDS, Pregnancy, Alternative Medicine, and External & Internal Congenital deformities. For a full list of exclusions, kindly refer the policy wording & schedule.

Note: The foregoing is only an indication of the cover offered. For full details, please refer to the Policy wording & schedule.

FOR OFFICE USE

Quote No.:
Inward No.:
Receipt No.:
Receipt Date:

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

Segment Type: ☐ Corporate ☐ Retail ☐ SME Business Sector: ☐ Urban ☐ Metro ☐ Rural ☐ Village ☐ Social
Business Type: ☐ New ☐ Roll-Over ☐ Renewal Sales Channel Type: ☐ Banca ☐ Agency ☐ Direct
Sales Channel Code:
Specified Person's Code*:
Specified Person's Name*:
GSTIN/ISDN:

PART I - PROPOSER (* Mandatory Fields)

1. * Do you have an existing relationship with SBI General Insurance? ☐ Yes ☐ No
2. * Title: ☐ Mr. ☐ Miss ☐ Mrs.
3. * Name:
4. * Gender: ☐ Male ☐ Female ☐ Other 5.* Date of Birth:
6. * Unique Identification: (minimum one is required) ☐ PAN Card ☐ Ration Card ☐ Passport ☐ Biometric Card ☐ Govt ID ☐ Voter's ID ☐ Driving Licence
7. * Unique Identification No.:
8. Aadhaar Card No.: PAN No.:
9. Occupation: ☐ Salaried ☐ Self-employed/Professional ☐ Business ☐ Student ☐ Retired ☐ Agriculture & Allied ☐ Others (specify) _____
10. Email address:
11. Marital status: ☐ Single ☐ Married ☐ Others
12. Telephone details: (Please Tick ✓) Landline No.: Mobile No.:
13. * Preferred Contact Mode: ☐ Email ☐ Paper Mail ☐ Phone 14. Preferred Payment Mode: ☐ EFT ☐ Cheque
15. Period of Insurance: From To
16. What industry do you work in?
17. *Proposer's Permanent Residential Address:
City: Pincode:

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: SBIHLIP11004V011011 | URN: SBIG/CIIP/V.01/14012011.

18. Nominee Name:

19. Nominee's Date of Birth
In case (Nominee is a minor):

Appointee's Name:

20. Nominee's Relationship with the Primary Insured:

Appointee's Relationship with the Nominee:

21. Nominee's address,
if different from the above:

Appointee's Signature: _____

22. Details of person/member proposed for Insurance:
Coverage available on individual basis.

Particulars	Details
Name:	
Gender: M/F	
Date of Birth (DD/MM/YYYY):	
Relationship with the Proposer:	
Height (in Meters):	
Weight (in Kg):	
Occupation:	
Gross Monthly Income:	
Benefit Amount/Sum Insured:	
Plan Duration:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years
Marital status:	
Nationality:	
Industry:	

23. Corporate: Yes ☐ No ☐ 24. GSTIN/ISDN: IF APPLICABLE

PART II - OTHER / CURRENT CRITICAL ILLNESS / HEALTH INSURANCE INFORMATION

IMPORTANT NOTE: Please provide details of any critical illness cover that you hold with SBI General Insurance Company Ltd. or any other Insurance Company. Please note that the information provided hereunder has a bearing on the admissibility of the claim, if any under the policy proposed and hence request you to provide complete and exact information

1. Do you hold or have any other Critical Illness Insurance Policies other than the one being proposed now, either with us or with other insurers covering the Individuals proposed for insurance now? Yes ☐ No ☐
2. If the answer to (1) is Yes, please provide the details of the policies including details thereof in the below table (and also provide complete details about the individual not covered earlier but is being provided now in as separate page/sheet.)

Insurance Company Name	Policy No.	Period of Insurance	Sum Insured	Special terms of acceptance/ Exclusion under policy (if any)	Claims made if any	Insured since

PART III - PERSONAL HEALTH DETAILS (To be filled in respect of all the members proposed to be covered under the policy)

Sr.No.	Details	Insured
1.	Are you in good health and free from physical and mental diseases or infirmity or medical complaints or deformity?	Yes / No
2.	Lifestyle details of the Insured:	
2.a	Is your occupation associated with any specific hazard? (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc.)	Yes / No
2.b	Do you consume tobacco in any form? If Yes, whether it is: Cigarette/Beedi/Cigar/Gutka/Pan Masala/Others	Yes / No
	Quantity per day.	
	Consuming for the past	____ years
	If you have stopped smoking or using tobacco products then please provide from when?	
2.c	Do you consume alcohol? If Yes, type of alcohol - Beer/Hard Liquor/Wine/Others	Yes / No
	Amount consumed per week :	
	Consuming for the past	____ years
	If you have stopped drinking then please provide when?	
3.	Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner?	Yes / No

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Sr.No.	Details	Insured
3.a	High Blood Pressure/Heart Attack/Cardiovascular disease, Diabetes, Tuberculosis, Asthma, or other Respiratory disease, "Kidney disorder, Bladder disorder, Urine abnormality, Renal Stones or Genital Organ disorder, Cancer or any form of Tumour or Lump, Cyst growth, Liver and Gall Bladder disorder, Stomach or Duodenal disorder, Fistula, Piles, Hernia, Eye, Ear, Nose, Throat or Endocrine diseases, diseases of Bones, Joints or Spine, Stroke, Epilepsy or any other disorder of Brain, Spinal Cord or Nerves	Yes / No
3.b	Any other illness/injury requiring investigation or treatment	Yes / No
	If answer to 3a or 3b is 'Yes', provide details of the ailment and nature of treatment in the Annexure.	
4.	Have you ever been tested positive for HIV/AIDS, Hepatitis B or C or sexually transmitted diseases?	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.:	<input type="text"/>	Amount:	<input type="text"/>	Date:	<input type="text"/>
Bank Name:	<input type="text"/>			Branch:	<input type="text"/>
Bank Account No.*:	<input type="text"/>	IFSC Code*:	<input type="text"/>		

PART III - DECLARATION BY THE 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 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 give 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: Place: Signature of Proposer _____

SECTION 41 OF 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 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 to ₹10 Lacs.

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) _____ (Relationship 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/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Signature of the Witness _____

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

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Annexure to Critical Illness Insurance Policy

Sr. No.	Particulars	Details
1	Name of the Insured:	
2	Name & address of the Treating Doctor	
3	Nature of Ailment (Exact Diagnosis)	
4	Date of First Diagnosis	
5	Nature of Symptoms (Onset, Duration and Intensity)	
6	List of Prescribed Medication	
7	Further Consultation Planned (if any)	
8	Details of Investigations performed along with the Dates and Results	

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