

## PROPOSAL FOR AROGYA PLUS POLICY - INDIVIDUAL

# **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 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. 4. Kindly contact SBI GENERAL's Offices or Agents for any doubts or clarifications on the proposal form. 5. Company may ask for the PAN number of the Proposer in case the premium is more than INR 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.	Inward No.
Receipt No.	Receipt Date D D M M Y Y Y Y
INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)	
Segment Type Co	orporate Retail SME Business Sector Urban Metro Rural Village Social
Business Type N	ew Roll-over Renewal Sales Channel Type Banca Agency Direct
Sales Channel Code	Specified Person's / Intermediary's Code*
Specified Person's / Intermediary's Name*	
PART I - PROPOSER DETAILS	
1. Name	S U R N A M E M I D D L E N A M E F I R S T N A M E
Gender	Male Female Date of Birth D D M M Y Y Y Y
Marital Status	Single Married Others
Occupation	Salaried Self Employed Business Student Retired Agriculture Others /Professional
normally reside (Communication address)  Ci  Sta  3. Address of Insureds if different from above. (Permanent address)  Ci  Sta	Plot No/Door No. Building name
	Road Area
	City Pincode I
	State Phone No.
	Email ID
	Plot No/Door No. Building name
	Road Area
	State Phone No.
	Email ID
4. Policy term	1 Year 2 Years 3 Years 5. Policy Period From D D M M Y Y To D D M M Y Y
6. Total No. of Persons to be covered 7. Are you one among the Insureds Covered below? Yes No	
8. Nominee Name	
9. Nominee Relation with Prop	oser DOB of Nominee D D M M Y Y Y
10. If Nominee is minor, Name of Appointee and his relationship with Nominee	

## **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) 1 Year 2 Years 3 Years Type of policy (Please tick) Individual Family non Floater Family Floater Sum Insured 1 lac 2 lacs 3 lacs Rs.8,900 Rs.13,350 Rs.17,800 Premium before service tax PART I - MEMBERS PROPOSED FOR INSURANCE Name Gender DOB Marital Status Relation with proposer Other insurance Yes 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? Nο If yes name the insured and disease. Do vou smoke? Do you consume any other type of tobacco including betel nut? Do you consume alcohol? PAYMENT DETAILS (\*Mandatory fields) Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" Cheque No/DD No. 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** 1.1/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) do hereby certify that I have read out and explained the contents of the and inhabitant of (city) and residing at 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. Signature of the Witness. Date: Place: Signature/Thumb impression of the Proposer \_ IRDA Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN: IRDA/NL-HLT/SBIGI/P-H/V.I/473/13-14 Insurance is the subject matter of the solicitation. | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license