

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children and dependent 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 (Please specify)			
Deductible (Please specify)			

Do you want to reinstate Sum Insured? Yes No

PART II - DETAILS OF ILLNESS/ACCIDENT

Insured details in case of family	Name	DOB	Age	Relation with proposer	Other insurance
IMPORTANT NOTE: Please mention Yes/No in other insurance column if any insured holds a health insurance cover with any 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. If answer in other insurance column is Yes, please provide information in following table.					

Do any of insured suffer from physical /mental disease or infirmity or medical complaints or deformity? Yes No
 If Yes, Please specify _____

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

Bank Name Branch

Bank Account No.* IFSC Code*

PART III - OTHER / CURRENT HEALTH INSURANCE INFORMATION

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.

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.

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).

Date: Place: Signature of Proposer _____

Name of the Proposer: _____