

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 | <input type="checkbox"/> Corporate | <input type="checkbox"/> Retail | <input type="checkbox"/> SME | Business Sector | <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Social |
| Business Type | <input type="checkbox"/> New | <input type="checkbox"/> Roll-over | <input type="checkbox"/> Renewal | Sales Channel Type | <input type="checkbox"/> Banca | <input type="checkbox"/> Agency | <input type="checkbox"/> Direct |
| Sales Channel Code | <input type="text"/> | | | Specified Person's Code* | <input type="text"/> | | |
| Specified Person's Name* | <input type="text"/> | | | | | | |

PROPOSER DETAILS

- Name of the Proposer
- Name of the Insured Person
- Relation between the Proposer and Insured Person
- Residential / Permanent Address of Insured
- Contact details: Tel. No. Mobile No.
- E-Mail address
- Period of Insurance From To
- Profession/Occupation/Trade or Business (Please describe fully with nature of duties)
- 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
- What is your average monthly income from
Gainful Employment Other Sources TOTAL in Rs.
Gross Annual Income in Rs.
- Date of Birth Martial Status Gender Male Female
- Are you an employee of SBI Group company? Yes No
If 'Yes', please state the name of company and employee code
- 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 _____
- 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 _____
- 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. Maximum Sum Insured is Rs.1,00,00,000/- and minimum Sum Insured is Rs.1,00,000/-. Sum Insured for Accidental Death Benefit/Permanent Total Disability is limited to 120 times Monthly Gross income or 10 times the annual gross earnings from gainful employment/ occupation. Sum Insured to Dependent Children, Dependant Parents, Parents-in-law and non working Spouse is limited to 20 % of Sum Insured of the primary Insured or Rs.10,00,000/- whichever is less.

| Benefit | Sum Insured Opted (Add sheet if columns are less) | | | | | |
|--|---|--------|-------------------|-------------------|-------------------|--------------------------|
| | Primary Insured | Spouse | Dependent Child 1 | Dependent Child 2 | Dependent Parents | Dependent Parents-in-law |
| 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 (Specify 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

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*

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: _____

DECLARATION

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. 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.

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. 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.

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).

SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 PUNISHABLE WITH FINE, WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.