SBI General INSURANCE

Call (Toll Free): 1800 22 1111 | 1800 102 1111
www.sbigeneral.in

HEALTH INSURANCE POLICY - RETAIL

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.

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: 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*

PART I - PROPOSER (* Mandatory Fields)

1.* Do you have existing relationship with SBI General Insurance? Yes / No If Yes, then please mention Customer ID:

2.* Title: Mr. / Miss / Mrs.

3.* Name

4.* Gender: Male / Female

5.* Date of Birth D D M M Y Y Y Y

6.* Unique Identification (minimum one is required): PAN Card / Ration Card / Passport / Biometrics Card / Gov UID / Voter ID / Driver License

7.* Unique Identification No.

8.* Occupation: Salaried / Self Employed /Professional / Business / Student / Retired / Agriculture & allied / Others

9. E-Mail address

10. Tel. details: Contact No. | Mobile No.*

11.* Preferred Contact Mode (Please Tick ✓): Email / Paper Mail / Phone

12. Preferred Payment Mode: EFT / Cheque

13. Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

14.*Proposer's Permanent Residential Address

15. Nominee Name

16. Nominee Date of Birth D D M M Y Y Y Y

17. Nominee Relation with Primary Insured

18. Appointee Name

19. Appointee Relationship with Nominee

20. Details of persons/members proposed for insurance:

Details	Primary Insured	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
Name						
Gender: M/F						
Date of Birth (DD/MM/YYYY)						
Relationship with Proposer						
Relationship with Primary Insured						
Height (in Meters)						
Weight (in Kg)						
Occupation						
Gross Monthly Income						
Benefit Amount/Sum Insured						

If any of the individuals proposed for cover are not covered earlier but are being proposed now? Yes / No

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children & Dependent Parents

Sum Insured Option	Individual	Individual with Family	Family Floater
Plan	Plan A	Plan B	Plan C

ADD ON COVERS

Removal of Room & ICU rent sub limits? Yes / No

Removal of sub limits on operation and consultancy charges? Yes / No

Version 1.4, June 2014

PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION

IMPORTANT NOTE: Please provide details of any Individual Health Insurance 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 Health 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 Individuals not covered earlier but are being provided now in as separate page/sheet.

Year	Insurance Company Name	Policy No.	Period of Insurance	Sum Insured	Special terms of acceptance/Exclusion under policy (if any)	Cumulative Bonus % & amount in Rs.	Claims received/receivable (Rs.) & the name of the individual against whom the claims are made

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

Sr. No.	Details	Primary Insured	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1.	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	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	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2.b	Do you consume tobacco in any form?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Quantity per day						
	Consuming for past	_____years	_____years	_____years	_____years	_____years	_____years
	If you have stopped smoking or using tobacco products then please provide when?						
2.c	Do you consume alcohol?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Amount consumed per week :						
	Consuming for past	_____years	_____years	_____years	_____years	_____years	_____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	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
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, eplilepsy or any other disorder of brain, spinal cord or nerves	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3.b	Any other illness/injury requiring investigation or treatment	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	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	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

PAYMENT DETAILS

Please draw your Cheque (a/c payee only) in the name of **"SBI General Insurance Company Limited"**

Cheque No/DD No. ☐☐☐☐☐☐ Amount ☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Bank Name ______________ Branch ______________

PART III - DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me / us in this Proposal Form are true and complete in all respects to the best of my / our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I / We hereby agree that this declaration shall form the basis of the contract between me / us and SBI General Insurance Company Limited and I/We agree to accept a policy, subject to the conditions prescribed by SBI General Insurance Company Ltd and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the Company and result in a denial of insurance benefits.

If any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Company immediately.

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: D D M M Y Y Y Y Place: ______________ Signature of Proposer ______________

SECTION 41 OF INSURANCE ACT, 1938

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 PUNISHABLE WITH FINE, WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

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/Primary insured) ______________ 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date: D D M M Y Y Y Y Place: ______________

Signature of the Witness ______________

Signature/Thumb impression of the Proposer/Primary Insured ______________

SBI General INSURANCE

Annexure to Health Insurance Policy - Retail

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 planned consultation (if any)	
8	Details of Investigations performed along with the dates and results	