SBI General Insurance Company Limited

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 Contact ID: ☐

2.* Title ☐ Mr. ☐ Miss ☐ Mrs.

3.* Name F I R S T N A M E
M I D D L E N A M E S U R N A M E

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.* Marital status: ☐ Single ☐ Married ☐ Others

9.* Nationality ☐

10.*Education ☐ Non-Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate ☐ Professional

11.*Occupation ☐ Salaried ☐ Self Employed /Professional ☐ Business ☐ Student ☐ Retired ☐ Agriculture & allied ☐ Others

12. E-Mail address ☐

13. Tel. details: Contact No. ☐ Mobile No.* ☐

14.* Preferred Contact Mode (Please Tick ✓) ☐ Email ☐ Paper Mail ☐ Phone

15. Preferred Payment Mode ☐ EFT ☐ Cheque

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

17.*Proposer's Permanent Residential Address

House No. ☐ Block ☐

Building ☐ Locality ☐

Street ☐

City ☐ District ☐

State ☐ Pin code ☐ Country ☐

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Version 1.1, Jan 2013

Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

18.*Address of the Primary Insured persons if different from above

House No. | Block
Building | Locality
Street
City | District
State | Pin code | Country

19. Total No. of persons to be covered

20. Are you one among the insured persons covered below ☐ Yes ☐ No

21. Nominee Name

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

23. Nominee Relation with Primary Insured

24. Appointee Name

25. Appointee Relationship with Nominee

26. 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						
Marital Status						
Height (in Meters)						
Weight (in Kg)						
Occupation						
Designation						
Industry						
Company Name						
Gross Monthly Income						
Educational Qualification						
Benefit Amount/Sum Insured						
Benefit Amount - Family Floater						

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

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

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

If Yes, please provide full details of the same

Name of the Individual	Date of Birth	Relationship with Primary Insured

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	Are you employed in the armed, paramilitary or police forces?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.c	Do you take part in activities or have hobbies that could be dangerous in any way? (eg. Aviation other than fare paying passenger, diving, mountaineering, any form of racing etc.)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.d	Are you a politically exposed person?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.e	Do you consume or have ever consumed Tobacco, Alcohol or any Narcotic? (If Yes, specify the details separately in the format below)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.e.1	Do you consume tobacco in any form?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If Yes, whether it is: Cigarette / Beedi / Cigar / Gutka / Pan Masala / others						
	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 and why you did so?						
2.e.2	Do you consume alcohol?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If Yes, type of alcohol: Beer / Hard liquor / Wine / Others						
	Amount consumed per week :						
	Consuming for past	_____years	_____years	_____years	_____years	_____years	_____years
	If you have stopped drinking then please provide when and why you did so?						
2.e.3	Are you now using or used any of the following drugs like amphetamines, barbiturates, cannabis, cocaine, hallucinogens, herbs, opiates, sedatives, solvents etc. other than for treatment of a medical condition under proper medical supervision? If Yes, please provide full details including name of drug & date when usage commenced and ceased.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Sr. No.	Details	Primary Insured	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
2.e.4	Has any member of your family (parents, grandparents, siblings) had any of the following conditions before the age of 60 years? Please state the relationship of the family member with the Insured:						
	Coronary Artery Disease/Stroke	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	High Blood Pressure/Heart Attack/Cardiovascular disease	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Diabetes/Kidney Disease	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Cancer/Tumour	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Any other heriditary disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner?						
	Coronary Artery disease / Stroke	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	High Blood Pressure/Heart Attack/Cardiovascular disease	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Diabetes/Kidney Disease	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Cancer/Tumour	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Any other disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.a	Did you have any ailment/ injury/ accident requiring treatment/ medication for more than a week?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.b	Have you undergone/ have been recommended to undergo any of the following- angioplasty, heart bypass surgery, brain surgery, heart valve surgery, aorta surgery or organ transplant or any other major Surgery or Treatment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner						
5.a	Hypertension, high blood pressure, chest pain, cardiovascular disease, palpitations, heart attack, stroke, heart murmur, shortness of breath, angina or other circulatory disease? If Yes, please fill Specific Annexure A	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.b	Diabetes, sugar, albumin/blood in urine? If Yes, Please Fill Specific Annexure B	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.c	Respiratory disease e.g.: Asthma, Pneumonia, Bronchitis, Tuberculosis, Persistent cough, COPD or any other disorder of the chest or lungs? If Yes, please fill Specific Annexure C	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.d	Genitourinary disease e.g.: Kidney disorder, Bladder disorder, urine abnormality, renal stones or genital organ disorder? If Yes, please fill Specific Annexure D	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.e	Cancer or any form of tumour or lump, cyst growth (including Leukaemia (blood cancer), lymphoma & Hodgkin's disease)? If Yes, please fill Specific Annexure E	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.f	Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract. Stomach or duodenal ulcer (of any kind), colitis, disorder of intestines, Fistula, Piles, Hernia? If Yes, please fill Specific Annexure F	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.g	Eye, Ear, Nose or Throat diseases like any dimness or loss of vision, cataract, diminishing or loss of hearing, any other ear or eye disorder, nasal polyp, deviated nasal septum, hoarseness of voice or any other disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Endocrine diseases e.g.: Thyroid or any other hormonal disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Sr. No.	Details	Primary Insured	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
	Musculoskeletal diseases e.g.: prolapsed disc, back or neck complaint, any physical disability or other disorder of the bones, joints, arthritis, gout etc? If Yes, please fill Specific Annexure G	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.h	Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves, Multiple sclerosis, optic neuritis, numbness, paralysis or loss of feeling, blurring or double vision? If Yes, please fill Specific Annexure H	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.i	Congenital disorders:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Please specify the details of the same						
	Have you been advised for any treatment / periodic consultation / investigations related to the same?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Have any of your parents, siblings suffered from polycystic kidney disease, bowel polyps or any other hereditary disorders or disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6	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
7	Within last 5 years have you suffered from any other illness/injury requiring investigation, consultation tests or treatments by a specialist, clinic, hospital or doctor or have you any current symptoms or complaint for which you have not sought medical advice or intend to?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8	Have you ever consulted any doctor or are you currently undergoing any tests, investigations, awaiting results of any tests or investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general check up, observation, treatment or surgery?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

A. If the answer to any question from 4.a to 8 is Yes, please provide the following details on a separate sheet.

1) Name of the Insured 2) Name and address of the treating doctor 3) Nature of ailment/exact diagnosis 4) First date of diagnosis
5) Details of symptoms (onset, duration and intensity) 6) List of prescriptions/medicines 7) Further planned consultation (if any)

B. If the answer to any question from 2.a to 2.d is Yes please provide details on a separate sheet.

1) Name of the Insured 2) Details pertaining to the relevant question

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.

Date: D D M M Y Y Y Y Place: ______

Signature of Proposer

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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.

_______________________________ Signature of the Witness

____ Signature/Thumb impression of the Proposer/Primary Insured

Date: | D | D | M | M | Y | Y | Y | Y |

Place: | | | | | | | | | | | | |

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