SBI General Insurance Company Limited
IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | IRDA/NL-HLT/SBIGI/P-T/V.I/36/13-14

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

HEALTH INSURANCE PORTABILITY

हिंदी प्रस्ताव प्रपत्र www.sbigeneral.in/download पर उपलब्ध है ।

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

PART I - DETAILS OF THE PROPOSER

Name of the Policyholder/ Proposer: ☐ Mr. ☐ Miss ☐ Mrs.

Address: Pin Code

Gender: ☐ Male ☐ Female (Please tick 3 the appropriate answer)

Telephone Numbers: Mobile Office

Residence Aadhar Card No.

E-Mail Id (Optional):

DETAILS OF EXISTING INSURER

Name of the existing Insurer:

Policy Number:

Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Name of the Product: IRDA Product ID:

Type of Policy: Individual/Floater (Please tick 3 the appropriate answer)

Details of Previous Insurance for the last 4 years

		Under expiring policy		Under proceeding 1st year policy		Under proceeding 2nd year policy		Under proceeding 3rd year policy	
S. No.	Name of the Insured	Name of Insurer	Policy No.	Name of Insurer	Policy No.	Name of Insurer	Policy No.	Name of Insurer	Policy No.
1									
2									
3									
4									
5									

Details of the persons proposed to be covererd**

Name of the persons	Gender	Aadhar No.	PAN No.	Member ID under expiring policy	Date of Birth	Age in completed years	No. of years of continuous coverage including that under the expiring policy	Sum Insured under the expiring policy	Cumulative Bonus	Claims experience

** Give only those of the members who want porting-out.

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

DETAILS OF THE PROPOSED INSURANCE

NAME of the Insurer:

NAME of the product proposed/ intended to be TAKEN

Whether CUMULATIVE bonus to be converted to AN ENHANCED Sum Insured? ☐ Yes ☐ No (PLEASE tick 3 the APPROPRIATE ANSWER)

REASONS for PORTABILITY	Tick whichever is APPLICABLE	REASONS for PORTABILITY	Tick whichever is APPLICABLE
Service problem		Wrong REPUDIATION of CLAIMS by current insurer	
Price is better		Wrong deductions in CLAIMS/CLAIMS settled for less AMOUNTS	
Product is not SUITABLE		DELAY in CLAIM settlements	
DISSATISFIED with existing insurer		DELAY in policy ISSUANCE	
CLAIM not HANDLED properly		RENEWAL notices not received	
Policy servicing by current insurer is not good		Existing AGENT not providing service	
Premium RATES with existing insurer is high/costly		Any Other	
Wider COVERAGE AVAILABLE with new insurer		Other REASON Description:	

PART II

I HAVE understood the difference between the expiring policy with M/s. _____ AND the proposed policy with M/s _____ ESPECIALLY RELATING to pre- existing DISEASE exclusions, time bound exclusions AND other terms AND conditions.

I ALSO give my consent to the proposed insurer to ACCESS my previous policy AND CLAIMS DETAILS through my previous insurers/ INSURANCE INFORMATION BUREAU of INDIA.

I UNDERSTAND in the event of my RENEWAL of existing policy with the present insurer ALSO the new policy now issued by the new Insurer will not be TREATED AS A ported policy in CASE of ANY CHANGE in the INFORMATION furnished in the PROPOSAL form (ATTACHED herewith) REGARDing member(s) DETAILS/ HEALTH STATUS AND CLAIMS Subsequent to the DATE of this APPLICATION, I SHALL COMMUNICATE to the insurer before inception of this policy.

PLACE: _____ SIGNATURE of the proposer

DATE D D M M Y Y Y Y

PLEASE note the following

For AVAILING the PORTABILITY benefits, PLEASE submit the following documents in ADDITION to PORTABILITY eform duly filled.

- Self ATTESTED copies of the previous YEAR's policy schedule (s).
- PROPOSAL form duly filled AND signed in ALL, respects.
- DETAILS of existing AND previous policies. (PLEASE furnish the DETAILS in the enclosed sheet)

ACKNOWLEDGEMENT

Received the PORTABILITY AND the PROPOSAL form from Mr/Ms _____

For COVERAGE under our product _____

PLACE: _____ STAMP & SIGNATURE of Insurer:

DATE: _____ NAME of the Insurer: _____