



PROPOSAL FORM OF SIB SURAKSHA KAVACH POLICY FOR SOUTH INDIAN BANK ACCOUNT HOLDERS		
Name of the Proposer: Mr. /Mrs. :		
Debit Account Number:		
Address:		
DOB:	Mobile No.:	Email ID :
Age:	Occupation:	Annual Income:
If there is any disability, please specify:		
Sum Insured: a) Accidental Death : Rs.10.00 lakhs; b)Hospitalization expenses arising out of accidents only: Rs.1.00 lakh		
The total liability under a & b as above will be limited to Rs. 10.00 lakhs (Rupees Ten Lakhs) only.		
Policy Period: The account holders enrolled will stand covered from the date of debiting premium for existing/new account holders and coverage will expire in accordance with the expiry of respective policy under which they are covered i.e., the account holders enrolled during 1st to 14th of every month will stand covered upto the expiry of policy issued on the first working day of that particular month and account holders enrolled during 15th to 31st of every month will stand covered upto the expiry of policy issued on the 15th day of that particular month .		
Details of Guardian, if policy holder is a minor:		
Name:	DOB:	Relationship:
Address:		
I hereby declare and agree that the above statements are true and complete. I desire to avail an insurance as described herein with The New India Assurance Co Ltd and I agree that this proposal and declaration shall be the basis of the contract between me and the company and I agree to accept insurance coverage subject to the terms, conditions and exclusions of the policy and conditions prescribed in the Addendum to the MOU with SIB and The New India Assurance Co Ltd. . I hereby authorize SIB to debit my above savings/current account with Rs.275/- (Rupees Two hundred and seventy five only) towards premium of coverage under SIB Suraksha Kavach.I further authorize SIB to debit the applicable renewal premium on every year as applicable at the time of renewal until further instructions, towards renewal of coverage under the scheme.		
Place:	Date:	Proposers Signature:
Nominee Details:		
Nominee Name:	Relation to the Insured:	Age:
Nominee full Address:		
Details of Guardian, if Nominee is a minor:		
Name:	DOB:	Relationship:
Address:		
Assignment		
I do hereby assign the amount payable by The New India Assurance Co. Ltd. under the policy in the event of my death to my nominee and I further declare that his/her receipt shall be sufficient discharge to the Company.		
Date:	Proposers Signature:	
For Branch use:		
Entry in Information bank done by (PPC) :	Signature of Officer in charge:	
Transaction ID:	Date:	