SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

GRIHA RAKSHA PLUS

POLICY CERTIFICATE

Policy/Certificate No	:	POBGRP0200955283
Customer Id	:	SBIGCustomerId
Policy Issue Date	:	31/07/2026T16:54:03
Period of Insurance	:	From:30/07/2026T16:49:19 To:29/07/2028T23:59:59
Intermediary Name & code	:	SBI RACPC PALANPUR 64146 & 0087626
Intermediary Contact Number	:	Mobile:+91-9429121827 Landline No : null
Loan Account No	:	31017095097
Mortgaged to / Hypothecated with	:	1. STATE BANK OF INDIA RACPC PALANPUR 64146 / PALANPUR

Name	: Mr. NAYANKUMAR ARJANJI Parmar
CKYC ID	:
Address	: PLOT NO 38 DHARNIDHAR BUNGLOWS, VADLI FARM ROAD, DEESA, Disa Mukhya Dak Ghar, Banaskantha, Banaskantha, Gujarat - 385535, India
Contact No	: 9426552003
Email Id	: sbibank0443@gmail.com

Dear Mr. NAYANKUMAR ARJANJI Parmar,

Welcome to the SBI General Family. Home is one of the most precious things we possess. So, we are glad to see that you have made the right decision to protect your home and secure your mental peace through SBI General's Griha Raksha Plus.
We are hereby enclosing the following documents pertaining to your policy that outline the details of risk and cover as proposed by you.

• The Key Feature • Policy schedule • QR Code for Policy Wording

We request you to verify and confirm that these documents are in order. Please ensure safety of these documents as they form part of our contract with you.For all your future correspondence with us, kindly quote your Customer ID and Policy No mentioned above. In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111.We look forward to a continuing and mutually beneficial relationship

KEY FEATURE

Details mentioned under are indicative and not exhaustive, for complete details, please refer policy wordings.

Key Benefits of the Policy	• Policy would offer coverage against a wide range of perils. • Underinsurance is not applicable for this policy. • Sum insured on the basis of reinstatement value. • Auto escalation of sum insured without additional premium • Maximum policy duration of up to 20 years • Multiple optional covers for a comprehensive coverage.
What is covered in this Policy?	This policy covers the cost of reconstruction/replacement respectively in case of partial or complete loss for building and contents due to any of the following • Fire • Explosion or implosion • Lightning • Earthquake, volcanic eruption, or other convulsions of nature • Storm, cyclone, typhoon, tempest, hurricane, tornado, tsunami, flood and inundation • Subsidence, landslide, rockslide • Bush fire, forest fire, jungle fire • Impact damage of any kind • Missile testing operations • Riot, strikes, malicious damages • Bursting or overflowing of water tanks, apparatus, and pipes • Leakage from automatic sprinkler installations • Theft within 7 days from the occurrence of and proximately caused by any of the above insured events
Key Optional Covers available	• Reasonable costs of clearing debris from the site • Accidental Damage Cover - General Contents
What is Not covered in this Policy?	• Your deliberate, willful or intentional act • War, invasion, war-like operations • Ionizing radiation • Pollution or contamination • Property is missing or has been mislaid • Consequential or indirect loss or damage • manuscripts, vehicles, and explosive substances • Loss or damage to bullion or unset precious stones, • Any reduction in market value of any insured property after its repair or reinstatement. • Costs, fees or expenses for preparing any claim . *Please refer to policy document for entire list of exclusions

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Policy Schedule

Important Note: 1) The Validity of this Certificate of Insurance cum Schedule is subject to realization of the premium cheque. 2) This insurance policy cover is valid subject to Warranties, Terms and Conditions of the policy.

Policy Servicing Office : SBI General Insurance Company Ltd, 9th Floor, A&B Wing, Fulcrum Building Sahar Road, Andheri East, Mumbai - 400099.

Name	:	Mr. NAYANKUMAR ARJANJI Parmar	**Risk Location Address**	:	PLOT NO 38 DHARNIDHAR BUNGLOWS,VADLI FARM ROAD,,DEESA,Disa Mukhya Dak Ghar,,-385535,.
Policy Servicing Branch	:	**Palanpur**	**PAN/Form 60/61**	:	
Previous Policy No(if any)	:		**Number of Renewals**	:	
Coinsurance Details	:		**Premium frequency**	:	
Policy Issue Date	:	31/07/2026T16:54:03	**Address Proof**	:	
Name of Co-Applicant (I)	:				
Date of Birth of Co-applicant	:				
Name of Co-Applicant (II)	:				
Date of Birth of Co-applicant	:				

Basis of Sum Insured for Home Building Cover and Home Contents cover : Reinstatement Value

Basis of Sum Insured for valuable contents : Agreed value Basis

TYPE OF CONSTRUCTION		Carpet Area	110 sqm
Walls		Risk Location Address	PLOT NO 38 DHARNIDHAR BUNGLOWS,VADLI FARM ROAD,,DEESA,Disa Mukhya Dak Ghar,,-385535,.
Floor			
Roof			

SUMMARY PARTICULARS OF PROPERTY INSURED

Sr.No	Type of Asset	Sum Insured (Rs)
1	i) Residential Structure	1,980,000.00
	ii) Additional Structure	0.00
2	**Home Contents Cover**	Item wise Sum Insured for Home Contents (in Rs): (Sum Insured represents cost of replacement)

Items	Sum Insured (Rs)
Furniture, Fixtures and Fittings (Home Furnishings)	200,000.00
Electrical/Electronic	100,000.00
Others	0.00

Optional Cover Details

Sr.No	Optional Cover Description	Sum Insured (Rs)	
1	Architect, surveyor fee	up to 5% of claim amount	
2	Removal of debris	up to 2 % of the claim amount	
3	Loss of Rent & Rent for Alternative Accommodation	**Loss of Rent** I. Sum Insured : NA II. Number of Months : NA	**Rent for Alternative Accommodation:** I. Sum Insured:360000 II. Number of Months: 12
4	Acts of terrorism / Terrorism Damage Cover		0.00

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

5	Personal Accident Cover	<table><tr><th>Sr.no</th><th>Cover for</th><th>Name</th><th>DOB/Age</th><th>Sum Insured (Rs)</th></tr><tr><td>1.</td><td>Self</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>2.</td><td>Spouse</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>3.</td><td>Child - 1</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>4.</td><td>Child - 2</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>5.</td><td>Parent - 1</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>6.</td><td>Parent - 2</td><td>NA</td><td>NA</td><td>NA</td></tr></table>
6	Cover for Valuable Contents on Agreed Value Basis	List of Items under Valuable content(s) i) NA ii) NA
7	Accidental Damage Cover - General Contents	300,000.00
8	Temporary Resettlement Expenses	0.00
9	EMI Protection	EMI amount :NA Months:NA Sum Insured :NA
10	Utility Expense Cover	0.00
11	Electrical Clause / Electrical Installation Clause	0.00
12	Tenant Liability Cover	0.00
13	Pet Insurance	0.00
14	Loss of Key	0.00
15	Expediting Cost	0.00
16	Fine Arts	0.00
17	Lawns, Plants, Trees and Shrubs Loss	0.00
18	Loss control	0.00

Nominee 1	
1. Name - 2. Relationship with Proposer - 3. Date of Birth of Nominee - 4. Mobile no - 5. Email Id - 6. Percent of Claim Payable -	
7. Permanent Address	
8. Bank details of nominee	Bank Name - Branch Name - Bank Account Number - IFSC Code -
9. Where Nominee is a minor, please give the details of Appointee/ Authorized person	• Name - • Relationship with Nominee - • Date of Birth -
Nominee 2	
1. Name - 2. Relationship with Proposer - 3. Date of Birth of Nominee - 4. Mobile no - 5. Email Id - 6. Percent of Claim Payable -	
7. Permanent Address	
8. Bank details of nominee	Bank Name - Branch Name - Bank Account Number - IFSC Code -

9. Where Nominee is a minor, please give the details of Appointee/ Authorized person	• Name - • Relationship with Nominee - • Date of Birth -

ADDITIONAL CONDITIONS: SUBJECT TO THE FOLLOWING ADDITIONAL CONDITIONS AND ATTACHED CLAUSES / ENDORSEMENTS / WARRANTIES:

Clauses Applicable :

1. Agreed Bank Clause

Warranties Applicable:

- **Title**: 15 days STFI warranty
  Description: Warranted that any loss and/or damage(s) caused by STFI group of perils shall be covered after a waiting period of 15 days from the date of inception of the policy.
- **Title**: Under construction warranty
  Description: Warranted that "building under construction cases" cannot be considered during the current period.

Endorsements Applicable :

Special Conditions (If any) :

PREMIUM COMPUTATION

Particulars	**Amount (Rs)**
Net Premium (Excluding Terrorism premium)	0.00
Terrorism Premium	0.00
Discount/Loading if Any	0.00
Total Premium	1,014.12
Taxes as applicable	182.54
Final Premium	1,197.00

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

COLLECTION DETAILS	
Receipt No	**Receipt Date**
	30/07/2026T13:00:00

P.S. If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque. Consolidated Stamp Duty Rs1/ - paid towards Insurance Policy Stamps vide Order No . Dated : 30/07/2026T13:00:00 of General Stamp Office, Mumbai.

For Complete Coverage & Policy Wording, kindly visit our website - www.sbigeneral.in
Scan to view Customer Details

Digitally signed by DS SBI GENERAL INSURANCE COMPANY LTD
Date: 2026.07.31 16:54:44 IST

For and on behalf of SBI General Insurance Company

Date : 30/07/2026T16:49:19

Place : 00109

Authorized Signatory

IMPORTANT NOTES

1. All other terms, conditions, exclusions as per attached policy wordings.
2. In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
3. Please refer the Claims Settlement & Grievance Redressal procedure document attached herein for ready references
4. **SBIGI does not accept Cash for Premium Payments against the Policy**
5. Receipt subject to realisation of instrument submitted
6. Kindly refer to the policy document for time of commencement of cover

To Verify your Policy details click/visit https://www.sbigeneral.in/policyprint/others

Declaration

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:

Phone :	1800-102-1111 Toll Free 8:00 am to 8:00 pm (Monday to Saturday)
Email :	customer.care@sbigeneral.in
Facsimile :	1800-102-7244 (Toll Free)

CLAIM SETTLEMENT

The company will settle the claim under this Policy within 7 days from the date of receipt of necessary document required for assessing the claims In the event that the company decides to reject a claim made under this Policy, the Company shall do so within a period of thirty days of the Survey Report or additional Survey report, as the case may be, in accordance with the provision of Protection of Policyholder's Interest Regulations 2024.

Grievances Redressal Procedure

Grievances Redressal Procedure

Stage 1: Bima Bharosa
You can register your grievances with the regulator using the following link:
https://bimabharosa.irdai.gov.in/Home/Home

Stage 2: Head - Customer Care
Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.
Email: head.customercare@sbigeneral.in
Toll-Free Number: 1800 102 1111 (Available 24/7)

Scan the QR code for Terms & conditions, Key Feature and Ombudsman List

Stage 3: Grievance Redressal Officer (GRO)
In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk
Email: gro@sbigeneral.in
Designation: Grievance Redressal Officer
Phone: 022-45138021

Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.
Stage 4: Escalation to Insurance Ombudsman
If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.
Submit your Grievance online: https://www.cioins.co.in/Ombudsman

SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

PREMIUM RECEIPT

Branch Office Address: **SBI General Insurance Company Limited** **9th Floor, A&B Wing, Fulcrum Building Sahar Road, Andheri East, Mumbai - 400099**	**Reference No:**	380872085
	OF Receipt No:	
	Date:	30/07/2026T13:00:00
	Branch Code:	GJ
	Party/Depositor ID:	SBIGCustomerId

Received with thanks from Mr. NAYANKUMAR ARJANJI Parmar
an amount of **Rs.** 1197 ( )
by EFT
No:
Dated : 2026-07-30T13:00:00
Drawn on Bank :
Branch: Palanpur

Party ID	Quote/Policy/Claim No.	Name of Party	Amount(Rs.)
SBIGCustomerId	QBGRP02000000725841	Mr. NAYANKUMAR ARJANJI Parmar	1,197.00
		TOTAL	1,197.00

For and on behalf of
SBI General Insurance Co. Ltd.

Authorized Signatory

GST INVOICE

GST Invoice No:		**GST Invoice Date:**	30/07/2026T16:49:19
GST No. (SBI General)	ABC	**SBI General State**	GJ
SBI General Branch Address:	**SBI General Insurance Company Limited** **9th Floor, A&B Wing, Fulcrum Building Sahar Road, Andheri East, Mumbai - 400099**		

Details of Policy Holder:

Name:	Mr. NAYANKUMAR ARJANJI Parmar
Address:	PLOT NO 38 DHARNIDHAR BUNGLOWS,VADLI FARM ROAD,DEESA,Disa Mukhya Dak Ghar,Banaskantha,Banaskantha, Gujarat, 385535, India.
Policy Holder State	Gujarat
GST IN/Unique No:	
Policy Number	POBGRP0200955283

Insurance Product Name	HSN Code	Premium (without Taxes)	KFC		CGST		SGST/ UTGST		IGST	
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Griha Raksha Plus	997137	1014.12	**1%**	0.00	9%	91.27	9%	91.27	9%	0.00

Total Invoice Value (In Figures)	1,197.00
Taxes Applicable	182.54

Authorized Signatory

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare e-invoice in view of exemption provided to insurance companies under Notification no. 13/2020-Central Tax dated March 21, 2020"

Disclaimer : SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East),Mumbai - 400099. | For more details on the risk factors,terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 |CIN:U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | Griha Raksha Plus UIN:IRDAN144RP0014V01202223 |SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

sourcing of insurance products.

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

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. Please refer to the policy document for detail terms and conditions.

<table>
<tr><th>Sl No</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Product Name</td><td>Griha Raksha Plus</td><td></td></tr>
<tr><td>2</td><td>Unique Identification Number allotted by IRDAI</td><td>IRDAN144RP0014V01202223</td><td></td></tr>
<tr><td>3</td><td>Structure</td><td>Basis of Sum/Limit Insured: Indemnity</td><td>Clause C, D</td></tr>
<tr><td>4</td><td>Interests Insured</td><td>Property insured is Home Building and Contents</td><td>Clause C, D</td></tr>
<tr><td>5</td><td>Sum Insured</td><td>Below is the Cover wise Sum Insured
<table>
<tr><th>S. No</th><th>Type of Asset</th><th>Sum Insured (₹)</th></tr>
<tr><td>1</td><td colspan="2">Home Building</td></tr>
<tr><td>i)</td><td>Residual Structure</td><td>1,980,000.00</td></tr>
<tr><td>ii)</td><td>Additional Structure</td><td>0.00</td></tr>
<tr><td>2</td><td>Home Contents Cover</td><td>Item wise Sum Insured for Home Contents (in ₹):
(Sum Insured represents cost of replacement)
<table>
<tr><th>Items</th><th>(Rs) Sum Insured</th></tr>
<tr><td>Furniture, Fixtures and Fittings (Home Furnishings)</td><td>200000</td></tr>
<tr><td>Electrical/Electronic</td><td>100000</td></tr>
<tr><td>Others</td><td>0.0</td></tr>
</table></td></tr>
</table></td><td>Clause C ,D</td></tr>
<tr><td>6</td><td>Policy Coverage</td><td>This policy covers:
Home Building Cover & Home Contents Cover:
• Fire
• Explosion / Implosion
• Lightning
• Earthquake, volcanic eruption or other convulsions of nature
• Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation.
• Subsidence, Landslide, Rockslide
• Bush Fire, Forest Fire, Jungle Fire
• Impact damage of any kind
• Missile testing operation
• Riot, Strikes, Malicious Damages
• Bursting / Overflowing of water tanks, apparatus
• Leakage from automatic sprinkler installation
• Theft within 7 days of occurrence
For complete details on coverages, please refer Policy Wordings.</td><td>Clause C
Clause D
Clause E</td></tr>
</table>

<table>
<tr><td>7</td><td>Add on Cover</td><td colspan="2">Optional Cover Details
<table>
<tr><th>S.No</th><th>Optional Cover Description</th><th>Sum Insured (₹)</th></tr>
<tr><td>•</td><td>Removal of debris</td><td>up to 2% of the claim amount</td></tr>
<tr><td>•</td><td>Accidental Damage Cover - General Contents</td><td>300,000.00</td></tr>
</table></td><td></td></tr>
<tr><td>8</td><td>Loss Participation</td><td colspan="2">• There is no deductible under the policy except deductible applicable as per Terrorism Damage Cover Addon</td><td></td></tr>
<tr><td>9</td><td>Exclusions</td><td colspan="2">We are not liable to pay any claim to You under this Policy arising directly or indirectly from the following: (The list is indicative and not exhaustive)
1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless i. the pollution or contamination itself has resulted from an Insured Event, or ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees, or expenses for preparing any claim.
13. In case of building under construction, any loss to the construction material or apparatus lying near building and has not become part of the erected structure stands excluded.

For complete details, refer Policy Wordings</td><td>Clause F</td></tr>
<tr><td>10</td><td>Special Conditions and Warranties (if applicable)</td><td colspan="2">-</td><td>Clause G</td></tr>
<tr><td>11</td><td>Admissibility of Claim</td><td colspan="2">Admissibility / Denial

Admissibility/Denial of claim Depends on the document submitted for the damaged item claimed by the You in reference to event /peril and terms and conditions of the policy.
• Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy.
• Submit the Report to the Us
• It also depends on investigation report (if any)
• The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings.
Below mentioned in the sample process on claim calculation
<table>
<tr><td>Description</td><td>Amount</td></tr>
<tr><td>Gross Loss</td><td>xx</td></tr>
<tr><td>Less: Betterment factor / any adjustment (if applicable)</td><td>xx</td></tr>
</table></td><td>Clause G</td></tr>
</table>

		Less: Depreciation (if applicable)	xx
		Less: Salvage (if applicable)	xx
		Less: Under Insurance (if applicable)	xx
		Less: Franchise / Excess (if applicable)	xx
		Sub Total	xx
		Less: Reinstatement premium (if applicable)	xx
		Amount Payable	xx

*The claims settlement will be as per Terms and Cconditions applicable under the Policy

12	Policy Servicing - Claim Intimation and Processing	For Policy/Claims Servicing, reach out to us at: 1. Toll Free No:1800 22 1111 / 1800 102 1111. 2. Email Id: customer.care@sbigeneral.in 3. Details of designated company officials 4. Policy Number 5. Date of loss 6. Estimated of loss 7. Loss Description 8. Contact person at loss Site. 9. Via the website www.sbigeneral.in 10. Reimbursement Process as mentioned below • Once the claim is registered to SBIG • Claim SPOC will get in touch with You for a surveyor appointment. • Survey of the damaged property will be done physically / virtually. • Documents list will be shared by surveyor /investigator /insurance company. • Submission of Documents to surveyor/ investigator/ insurance company. • The surveyor will submit his report to insurance company. • Offer for Settlement. • Claim remittance. 11. Turn Around Time (TAT) for Claim Settlement: Submission of survey report: within 15 days of appointment. Settlement of claim: Within a period of 7 days from the intimation of claim or receipt of the final survey report. 12. Refer below to the Escalation Matrix when TAT is not satisfied :	Clause G

Zone	Escalation Level	Email ID
All Zone	First Level	customer.care@sbigeneral.in
All Zone	Second Level	gro@sbigeneral.in

13	Grievance Redressal and Policyholders Protection	**Stage 1:** Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home **Stage 2:** Head - Customer Care Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance. Email: head.customercare@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7) **Stage 3:** Grievance Redressal Officer (GRO) In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk Email: gro@sbigeneral.in Designation: Grievance Redressal Officer Phone: 022-45138021 Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances. **Stage 4:** Escalation to Insurance Ombudsman If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman. Submit your Grievance online: https://www.cioins.co.in/Ombudsman	Clause K
14.	Obligations of prospective Policyholder	• To disclose all material information at time of fililling the proposal form. • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately. • Non-disclosure of material information about the insured Asset like Addition/Deletion of contents, Addition/Deletion/Change of Hypothecation, Change in Nominee Name, Address or asset details etc. may affect the claim settlement.	Clause G

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Note:

• For product related documents including Customer Information Sheet, kindly refer to the link : https://www.sbigeneral.in/downloads

•In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

PROPOSAL FORM

GRIHA RAKSHA PLUS

This proposal is for covering Home Buildings and/or Home Contents, if opted against Fire and Allied Perils. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better. The property proposed for insurance is not covered until proposal is accepted and premium paid.

OFFICE USE ONLY:

Policy Issuing Office Address : SBI General Insurance Company Ltd, 9th-Floor,A and B Wing, Fulcrum Building,Sahar Road,Andheri East, Mumbai, Mumbai, Maharashtra - 400099

Code: 214428

Intermediary/Agent Name: SBI RACPC PALANPUR 64146

Code (if any): 0087626 Sales Channel Type:

DETAILS ABOUT PROPOSER AND POLICY PERIOD:

1. Name of the Proposer*: Mr. NAYANKUMAR ARJANJI Parmar

Ownership: 1 Gender: Male Nationality: IND

Please specify the details of the co-applicants

Sr.no.	Name of the co-applicant	Date of Birth

Present Address*: (Current Residing Address) PLOT NO 38 DHARNIDHAR BUNGLOWS,PLOT NO 38 DHARNIDHAR BUNGLOWS, VADLI FARM ROAD, DEESA, Disa Mukhya Dak Ghar, Banaskantha, Gujarat, Banaskantha, 385535, India.

City: Banaskantha Village:

Gram Panchayat: State: Gujarat

PIN Code: 385535 Landmark: Disa Mukhya Dak Ghar

My Present Address is same as Permanent Address

Permanent Address*: PLOT NO 38 DHARNIDHAR BUNGLOWS,PLOT NO 38 DHARNIDHAR BUNGLOWS, VADLI FARM ROAD, DEESA, Disa Mukhya Dak Ghar, Banaskantha, Gujarat, Banaskantha, 385535, India.

City: Banaskantha Village:

Gram Panchayat: State: Gujarat

PIN Code: 385535 Landmark:

Date of Birth*: 05/11/1968 Gender*: Male Marital Status*: M

Aadhaar No.*: AadharNum PAN*.: /Form 60/61 (if PAN not available*:

Passport/Driving License/Voter Id:

Occupation:Any Engineering Professional and Technicians including Data, Software and Telecom Email ID*:sbibank0443@gmail.com

Mobile No*: 9426552003 Alternate Mobile No*: NA

The digital copy of your policy document in PDF Format will be sent to your registered mobile number or registered email ID. However, if you need a physical copy of your policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

I)Are you the owner/tenant? I)Is the premises occupied by the owner(landlord)?

Proposal Type: 1 Type of Policy:1

Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions:

Loan Amount: Period of insurance: From: 31/07/2026T16:54:03 To: 29/07/2028T23:59:59

(No. of Years in case of long period:) **Note: For long term policy, Period should not exceed 20 years.**

I)Are you or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?

Politically Exposed persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Nominee Details*:

Nominee 1

*Name:

*Relationship with Nominee:

*Date Of Birth Of Nominee:

*Mobile no.:

Email Id:

Percent of Claim Payable:

Present Address:

Permanent Address:

*Bank details of nominee:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Relationship with Nominee:

*Date of Birth:

Bank details of Appointee:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

Nominee 2

*Name:

*Relationship with Nominee:

*Date Of Birth Of Nominee:

*Mobile no.:

Email Id:

Percent of Claim Payable:

Present Address:

Permanent Address:

*Bank details of nominee:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Relationship with Nominee:

*Date of Birth:

Bank details of Appointee*:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

Note (*) marked fields are mandatory

COVERS OPTED

5. Is there any policy in place for the same property? NO

If Yes, Please provide the details

6. Covers required: (When Home Buildings and Home Contents)

Location of Home Building

Full Postal Address: PLOT NO 38 DHARNIDHAR BUNGLOWS ,VADLI FARM ROAD,DEESA,Disa Mukhya Dak Ghar,Banaskantha,Banaskantha,Gujarat-385535,India.

City:

State:

Pincode: 385535

8.Is it in a multi-storey building or is it a standalone house

9.In case of multi storey building, please provide the floor number of your house:

10.Is there a basement to Your house?

In case of Basement, If there are contents in it, please provide the Sum Insured:

Details of Home Building

11. Sum Insured for Home Building(SI)

a.SI for residential structure of Your home including fittings and fixtures (in ₹): 1980000

b. SI for additional structures(in ₹)

Additional Structure			
Sum Insured: 0.0			

12. Carpet area of structure of home in square meters /square feet: sqm

13. Rate of Cost of Construction per square meter/square feet at the policy commencement Date:

14. Age of Home Building:

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

15. Construction Details

Please note the following:

(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin, and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction'

i) Walls Construction*: Floor Construction*: Roof Construction*:

ii)Is the Building under construction?

iii) If Yes, please provide expected date of completion

iv) If already constructed, year of construction

16. **Home Contents Cover**

If you have opted for Home Content cover, please provide item wise Sum Insured for General Ccontents. (Sum Insured represents cost of replacement)

Furnitures & Fixtures: 200000 Electrical & Electronic items: 100000 Others: 0.0

• Are there any Fire Protection Devices?: • Is your Building certified by IGBC?:

Optional Covers (available on payment of additional premium):

17. I. Acts of terrorism / Terrorism Damage

Do you wish to opt for below coverage under Terrorism Cover?

• Political Violence Cover required-: • Third Party Liability Cover required-

II.Architect & surveyor fee Up to 5% of claim amount-

III. Removal of debris upto 2% ofthe claim amount-

IV.Cover for (Please tick)

Loss of Rent I.Sum Insured: <> (Rent per month x number of months): NA II.Number of Months: NA

Rent for Alternative Accommodation: I.Sum Insured: <> (Rent per month x number of months):

II.Number of Months: 12

V. Do You require 'Personal Accident Cover' for Yourself and Your family?

If Yes, please provide the details below: **Nomination Details:**

Cover For	Name	DOB/Age	Sum Insured	Name of the Nominee	Relationship	Address of the nominee	Age of Nominee
Self		/	0.00				
Spouse		/	0.00				
Child-1		/	0.00				
Child-2		/	0.00				
Mother/Mother-inLaw		**/**	**0.0**				
Father/Father-inLaw		**/**	**0.0**				

Whether nominee is a minor, give the details of the appointee

Name of the Appointee: **Relationship:**

VI. Do You require 'Cover for Valuable Contents on Agreed Value Basis

Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curious and items of similar nature.)

If Yes, please mention the total amount:

Valuable Contents	Jewellery Items (others)	Valuable Items (others)
Sum Insured Opted		

Valuation certificate to be attached.

VII. Accidental Damage Cover - General Contents: 300000

VIII. Temporary Resettlement Expenses: 0.0

IX. EMI Protection:

EMI amount Sum Insured

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

X. Utility Expense Cover: 0.0

XI. Electrical Clause/ Electronic Installation Clause: 0.0

XII. Tenant Liability Cover: 0.0

XIII. Pet Insurance: 0.0

XIV. Loss of Key: 0.0

Premium Details*:

Premium Amount: 1197

Cheque No./ Pay Ref. No:

Date: 2026-07-30T13:00:00

Premium Payment option: EFT

Bank Name:

Branch Name: Palanpur

IFSC Code:

Bank Account No:

SBIGI does not accept Cash for Premium Payments against the Policy.

Bank Account Details For Process Of Refund*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque. (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of the Account Holder: NAYANKUMAR ARJANJI Parmar

Bank Name:

Branch Name: Palanpur

Bank Account No.:

IFSC Code:

MICR Code:

Note: The Proposer agress and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC Documents Attached*:

[] Pan Card [] Passport [] Government UID [] Voter's Identity Card [] Aadhar Card [] Telephone Bill

[] Ration Card [] Driving License [] Electricity Bill [] Utility bills not older than 2 months [] Registration Certificate

Claims Details:

Please specify the details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settles Amount/ please specify if claim is outstanding

Declaration by Insured:

1. 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 statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.

2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.

3. I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.

4. I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.

5. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.

6. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

7. The details filled in the proposal form would be used for new as well as for renewal purposes.

Date:31/07/2026T16:54:03

Place: HO

Signature of Proposer

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like Griha Raksha Plus and related information in: Physical Format [] e-Format (electronic) []

I have eIA Number:EIANumber

I don't have an eIA and I would like to apply for eIA with:

(a) NSDL Database Management Ltd []

(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) []

(c) Karvy Insurance Repository Ltd. []

(d) CAMS Insurance Repository Services Ltd []

CKYC No (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name:

Date: 31/07/2026T16:54:03

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premium have been / will be paid from bona fide sources and no premium have been / will be paid out of proceeds of crime related to any of the offences listed in Prevention of Money Laundering Act 2002. I undersand that the Company has the right to call for documents to establish source of funds. The Insurance Comapny has the right to cancel the Insurance contract in case I am / have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevntion of Money Laundering in India.

Nationality: If Non-Indian, Please specify the Country:_____

Type of Organisations:(only applicable if policy issued on group basis)

[] Coroporation [] Government [] Non - Governmental Organisation [] Society [] Trust

[] Partnership [] International Organisation [] Cooperative [] Section 8 Companies

I hereby declare that the current addres is different from the available in the central identities Data Repository. Customer can submit CKYC form for updation

Recent photograph of proposer: (Photograph is required , if customer does not have CKYC ID)

Signature of Proposer

VERNACULAR DECLARATION

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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date:

Place:

Signature of the witness

Signature/thumb impression of the proposer

Agent Declaration:

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer , if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Agent Name: SBI RACPC PALANPUR 64146

SP Name: SBI RACPC PALANPUR 64146

SP Code: 0087626 License No.:

Date:

Place:

Signature of Agent

Insurance Act,1938, Section 41- Prohibition of Rebates:

No person shall allow 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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Please Note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permenantly attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permenant fittings etc.

It also includes 'áddtional structures' if they are on the same site, are used as part of Your Home Building:

a. garge, domestic out-houses used for residence, parking spaces or areas, if any;

b. compound walls, fences, gates, retaining walls, internal roads;

c. verandah or porch and the like;

d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Please note the following for the Sum Insured (SI) for Home Building section:

(The amount required to construct Your Home Building at the policy Commencement Date. The amount is calculated as follows:

a. For residential structure of Your Home including fittings and fixtures:

Carpet area of the structure in square meters/square feet X Rate of Cost of Construction at the policy Commencement Date.

The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

Datails of Home Contents

Please note the following:

I. Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

II. General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curious and items of similar nature.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance: "I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required." To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non individual customers.

3. Determination of Beneficial Ownership: I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. "**Controlling ownership interest**" means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;
2. "**Control**" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means. Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.