



সাধারণ বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION

সাধারণ বীমা ভবন ৩৩ দিলকুশা বা/এ, ঢাকা-১০০০।

www.sbc.gov.bd

PROPOSAL FOR SORBOJONEEN SUROKSHA BIMA

Proposal No :

(It is important that a complete answer be given to every question)

1	Full Name	:					
2	Father's Name	:					
3	Mother's Name	:					
4	Address	:					
5	Mobile No	:					
6	NID / Birth Certificate No	:					
7	E-Mail ID (If any)	:					
8	Occupation	:					
9	Gender (Please Mark One)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Third Gender	<input type="checkbox"/>
10	Date of Birth (Age)	:	DD / MM / YYYY;				
11	Limit of Liability	:	Tk. 2,00,000.00 (Two Lac) Only				
12	Period of Insurance:	:	01 (One) Year;				
13	Name of Beneficiary/ Nominee	:					
14	Relationship	:					
15	NID / Birth Certificate of Beneficiary No	:					
16	Address	:					
17	(a) Have you met any accidental injury and lodged any claim during the past years? If so, Please specify the type of injury and date of the accident.						
	(b) Have you any physical or either defect or disability/disable of any kind to the best of your knowledge and belief? If so, Please Specify-						
18	Reference Name (Policy Seller)						
I further declare and warrant that the above statements are true and complete. I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by SADHARAN BIMA CORPORATION therein.							

Date & Signature of the Proposer



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SADHARAN BIMA CORPORATION

(Financial Institutions Division, Ministry of Finance)

www.sbc.gov.bd

HEAD OFFICE:
SADHARAN BIMA BHABAN
33, DILKUSHA C/A
DHAKA-1000, BANGLADESH

Issuing Office Address:

সর্বজনীন সুরক্ষা বীমা

SORBOJONEEN SUROKSHA BIMA

Whereas the insured named in the Schedule hereto has made to the SADHARAN BIMA CORPORATION (hereinafter called the "Corporation") a written proposal (dated as stated in the schedule) which shall be the basis of this contract and is deemed to be incorporated herein (Warranting the truth of the statement made therein) for the insurance hereinafter contained and has paid or agreed to pay the premium stated in the schedule as consideration for insurance.

Now This Policy Witness tharsubject to the terms and conditions definition and exclusions contained herein or endorsed or otherwise expressed hereon, the Corporation will indemnify the insured as hereinafter mentioned

If the Insured shall sustain may bodily injury resulting solely and directly from accident caused by outward, violent and visible means, then Corporation shall pay to the insured the sum set forth in the following schedule of compensation.

SCHEDULE OF COMPENSATION

a) Death (Within 6 calendar months of injury)	Capital sum insured
b) Total permanent loss of sight of both eyes/total permanent loss of both hands/both feet/one eye and one limb/one hand and one foot (Within 6 calendar months of injury)	Capital sum insured
c) Total permanent loss of sight of one eye /total permanent loss of one hand /one foot. (Within 6 calendar months of injury)	50% of Capital sum insured
d) Permanent Total and absolute disablement caused by injury (Within 12 calendar months of injury)	Capital sum insured

Insured's Name:		Policy No. :	
Father's Name:		Proposal No :	
Mother's Name:		Date of Proposal :	
Address:		Period :	From To
Date of Birth:		Sum Insured :	Tk. 2,00,000.00
Mobile Number:		Premium :	Tk. 100.00
Name of Beneficiary/ Nominee:		VAT 15% :	Tk. 15.00
Relationship:		Total	Tk. 115.00
Nominee's Address:		Money Receipt No.:	
		M.R. Date :	

In witness where of undersigned being duly authorized by the Corporation and on behalf of the Corporation has hereinto set his hand on day of 20

For and on Behalf of
SADHARAN BIMA CORPORATION
 (Authorised Officer)

(Please see Conditions over leaf)

সর্বজনীন সুরক্ষা বীমা
SORBOJONEEN SUROKSHA BIMA

CONDITIONS:

1. The policy and the schedule shall be read together as one contract and any word of expression to which a specific meaning has been attached in any part of this policy or of the schedule shall bear such specific meaning where ever it may appear.
2. In the event of any accident hereby insured against happening to an insured person notice thereof in writing shall be given to the Corporation within 14 (fourteen) days of occurrence of the accident. The insured or his legal personal representatives shall at his or their own expense forward to the Corporation within the space of seven days after demand a written report from a medical attendant who shall be a duly qualified and registered medical practitioner of the facts of the case and the nature and extent of the injuries received and generally all such information in support of claim as the Corporation shall reasonably require and in case of loss of sight or amputation occurring more than 14 (fourteen) days after the accident, notice as aforesaid must be given within one calendar month of such loss of sight or amputation. In the case of a claim for death loss or permanent disablement unless otherwise stated all sums payable hereunder shall be payable within one calendar month after such personal injury and the cause and the results thereof shall have been proved to the satisfaction of the Corporation and such information as is required by the conditions of this policy shall have been furnished. No sums payable under this policy shall cover interest and the Corporation shall cease to be liable for any such sum unless claimed within one year after it has become due. The Claim application must be accompanied by the documents listed below:
3. It required by the Corporation, the Medical, Surgical or other Agent of the Corporation shall in case of any accident to an insured person whilst the insured person is suffering from the effects of the same, and in the event of death to made a postmortem examination of the body of the insured person.
4. The insured shall on tendering any premium for the renewal of the policy give notice in writing to the Corporation of any physical defect or infirmity with which an insured person has become affected since the payment of the next preceding premium.
5. The Corporation shall not be bound to notice or be affected by any notice of any trust charge or alienation relation to this policy but the receipt of the insured or his legal personal representatives shall in any case effectually discharge the Corporation.
6. All notices required to be given by the insured shall be given to the Corporation at the Head Office, or at its Branch Office, wherefrom Policy was issued.
7. This policy and the insurance hereby made shall be subject to the several conditions, restrictions, stipulations and notice endorsed herein, and-such conditions in so far as they provided for anything to be done by the insured are to be deemed conditions precedent to the right of the insured to use or recover hereunder.
8. Any Bangladeshi resident (Any Gender) with age limit of 16 to 75 years. Entry age 14 years under earn and learn scheme of various garments industries only.
9. The insured having declared loss of use the number of the body if any as incorporated in the policy it is hereby declared and agreed that the liability of the Corporation shall not extend to any portion of such affected member of the body and in the event of any injury occurring to other member of the body any regulation claim shall be assessed as though the insured retained the perfect use of such member of the body.

GENERAL EXCLUSIONS:

The Corporation shall not be liable under this Policy for death loss or disablement directly or indirectly caused by arising or resulting from or traceable to.

1. Death (normal or consequential of any disease).
2. Consequent on war, invasion or civil war, world nuclear peril.
3. Resulting from suicide or attempted suicide or intentional self-injury or venereal disease, or from deliberate exposure to exceptional danger (except in an attempt to save human life), or from the Assureds' own criminal act, or sustained whilst the Assured is in a state of insanity.
4. Child birth or pregnancy in the case of woman.
5. Big game or other forms of hunting, polo, steeple chasing, motor cycling (whether as driver or passenger) mountaineering winter sports (on snow or ice) racing of any kind (except athletics) or the use of a circular saw or wood working machinery.

REQUIRED DOCUMENTS FOR CLAIM:

Documents required along with the issued Policy for Claim Procedure:

1. In case of accidental disablement- (a) Hospitalization & Treatment report;
(b) Discharge/release letter;
(c) Registered Doctor's report describing the post treatment condition of the claimant.
2. In case of accidental death- (a) Death certificate;
(b) Post mortem report (if available);
(c) Funeral Certificate from Local Union Parishad Chairman/Word Councillor;
(d) NID/Birth certificate of Beneficiary/Nominee.