



সাধারণ বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION

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

www.sbc.gov.bd



PROPOSAL FOR BANGABANDHU SUROKSHA BIMA

Proposal No. :-	
Policy 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)	Man <input type="checkbox"/>	Woman <input type="checkbox"/>	Third Gender <input type="checkbox"/>
9	Date of Birth (Age)	:		
10	Limit of Liability	:	Tk. 2,00,000.00 (Two Lac) Only	
11	Period of Insurance:	:	01 (One) Year	
12	Name of Nominee	:		
13	Relationship (If any)	:		
14	NID / Birth Certificate of Beneficiary No	:		
15	Address	:		
16	(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 other defect or disability/disable of any kind to the best of your knowledge and belief? If so, Please Specify-			

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

Signature of the Proposer
Date:

Authorised Officer
Date: