



17. Has any Insurer: Declined to issue a policy to you? Yes  No   
 Declined to continue your Insurance? Yes  No   
 Imposed any restriction or special conditions? Yes  No

(If Yes, please furnish the details) \_\_\_\_\_

18. Are you or any of the proposed applicant \_\_\_\_\_, please tick whichever is applicable: Yes  No

HNI  Jeweller  NGO  Film Actor/ Producer  PEP

If yes, please provide details for all person(s) in a separate sheet.

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

19. Corporate: Yes  No  20. GSTIN / ISDN:  IF APPLICABLE

**NOMINEE DETAILS\***

Name	Contact Details	Date of Birth	Age	Relationship with primary insured
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Appointee contact details

**MEMBERS PROPOSED FOR INSURANCE (\* Mandatory Fields)**

Details	Name*	Gender*	Date of Birth*	Marital Status*	Relationship with the Proposer*	Occupation*	Nationality* (Indian/ Non-Indian /Non-resident Indian/Other)	Other Insurance* <input type="checkbox"/> Yes <input type="checkbox"/> No	ABHA (Ayushman Bharat Health Account) number (if available) :
<b>Insured 1</b>									<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/We hereby provide consent to share my/our medical records with the insurer or TPA

If ABHA number is not available, it can be created at [www.healthid.ndhm.gov.in](http://www.healthid.ndhm.gov.in)

**Note:** Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

**PREVIOUS/EXISTING INSURANCE**

Are you applying for portability / Migration:  Yes  No

(If "Yes", please fill the separate portability form also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

Yes  No If Yes, then provide below details

Previous / Existing Insurance Details	Policy Number	Insurer's Name	Period of Insurance	Sum Insured	Premium Paid (Rs)	Claim Details (if any) Incurred Claim (Outstanding+ Received): Claim Ratio (%):
<b>Insured 1</b>						

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Is/are any of proposed insured suffering from or have they suffered from any of the following (please tick)?

- Arthritis,  Allergies,  Circulatory Disorder,  Cancer of any kind,  Diabetes,  Disorders of the Spinal Cord or Vertebral Column like Slipped Disc etc,  
 Disorders of the Stomach/Large or Small Intestine,  High Blood Pressure,  Heart Condition,  Hernia of any kind,  Hemorrhoids,  
 Hematological (blood) Disorder,  Mental Condition,  Nervous Disorder,  Fainting Episode,  Blackouts,  Fits,  Paralysis of any kind,  
 Respiratory Disorder,  Urinary Disorder,  Varicose Veins or any diseases or Injury requiring Surgical or Medical Treatment.

If your answer is 'Yes' to any of the above, please provide details:

Insured Name	Disease(s) Details	Physician Details	
		Name of Doctor	Contact No./Mobile No.

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want Travel Insurance (business And Holiday) Policy and related information in:  Physical Format  e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

- NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (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:

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

**PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently\*)**

Mode of Payment:  Cheque  DD  Savings Bank Account  Credit Card  Debit Card (\*Mandatory fields)

Cheque No./DD No.:  Credit/Debit Card No.:

Amount:  Date of Expiry:  Date:

Bank Name:

Bank Account No.\*:

Branch:  IFSC Code\*:

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

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

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

Nationality: Indian  Non-Indian  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

Type of Organisation: (Only applicable if policy issued on Group Basis)

- Corporation  Government  Non-Governmental Organisation  Society  Trust

- Partnership  International Organisation  Cooperative  Section 25 Companies

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I hereby declare that the current address is different from the available in the Central identities Data Repository.  Yes  No. Customer can submit CKYC form for update.

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

Signature of Proposer :

**DECLARATION BY PROPOSER**

1. I/We hereby declare on my behalf and on behalf of all the persons proposed to be insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the Policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/We declare and consent to the Company seeking medical information from any doctor or from a Hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
5. I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/ or Regulatory Authority.
6. I/We aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.
7. I/We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as an account holder and is not a third party payment made by any other person on my/our behalf.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of Proposer

**SECTION 41 OF INSURANCE ACT, 1938**

1. No person shall 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 whole or part of the commission payable or any rebate of the premium shown in the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend up to ₹ 10 Lacs.

**DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)**

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: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the Witness

## AML Declaration as per AML Master Guideline 2022:

### 1. 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**.
- 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.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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