

## TRAVEL INSURANCE (BUSINESS AND HOLIDAY) POLICY

Guidelines for completion of the form: Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBI General Company Ltd does not commence until this proposal has been accepted by SBI General and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company.

### FOR OFFICE USE

Quote No.:

Inward No.:

Receipt No.:

Receipt Date:

### INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:  Corporate  Retail  SME Business Sector:  Urban  Rural  Social

Business Type:  New  Roll-Over  Renewal Sales Channel Type:  Banca  Agency  Direct

Sales Channel Code:

Specified Person's Code\*:

Specified Person's Name\*:

GSTIN/ISDN:  IF APPLICABLE

### PART I - PROPOSER (\* Mandatory Fields)

1. \* Title:  Mr.  Miss  Mrs.

2. \* Name:

3. \* Gender:  Male  Female  Other 4.\* Date of Birth

5. \* Occupation:  Salaried  Self Employed / Professional  Business  Student  Retired  Agriculture & allied  Others (specify) \_\_\_\_\_

(Please describe fully with nature of duties):

6. E-Mail Address:

7. Tel. details: Contact No.:  Mobile No.\*:

8. Aadhaar Card No.:  PAN No.:

9. \*Proposer's Permanent Residential Address:

Pincode:

10. Type of Policy:  Single Trip Policy  Multi Trip Policy

If Single Trip Policy then: Departure Date:  Arrival Date

Policy Duration:  7 Days  14 Days  21 Days  28 Days  45 Days  90 Days  180 Days

If Multi Trip Policy then Proposed period of Insurance: From  To  Max. duration of Single Trip  30 Days  45 Days

Previous Policy No. and Name of Insurer:

11. Sum Insured:

12. Geography:  Worldwide  Worldwide excluding USA & Canada

13. Countries of maximum stay:

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. For more details on the risk factor, 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 licence. | UIN: SBITIOP1401V011314 | URN: SBIG/TIBH/V.01/18022014.

14. 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)

15. Corporate: Yes  No

16. GSTIN / ISDN:

IF APPLICABLE

Name of the Person to be Insured	Relationship to the Proposed Insured	Gender	Birth Date	Passport No.	Nominee	Relationship with Insured person

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).

**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\*:

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## AML GUIDELINES

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

If Non-Indian, please specify the Country: \_\_\_\_\_

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 Companies.

## PART III - 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.

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