

## TRAVELSURE-GROUP

### Guidelines for completion of the form

- Please answer all questions correctly and completely.
- Information for fields marked with asterisk (\*) are mandatory.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Name of the Insurance Company.

### INTERMEDIARY DETAILS\*

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

### Proposer (Group) Details (\* Mandatory Fields)

1. Proposed period of Insurance\*: From  To

2. Proposer Name\*:

3. Communication Address\*:

4. Contact No.\*: Mobile No.:  Alternate Mobile No.\*:

5. E-mail Address\*:

6. Aadhaar Card No.\*:  PAN No\*.:  /Form 60/61.: (if available)

7. Customer Goods & Service Tax Identification Number (if any)\*:

8. Nature of Group\*: Employer Employee  Non-Employer Employee

9. Nationality\*: Indian  Non-Indian  Non-resident Indian  Others

10. Description of the Group to be insured\*:

11. Total number of members covered\*:

### Travel Details (\* Mandatory Fields)

12. Type of Policy\*:  Single Trip Policy  Annual Multi Trip Policy  Opted Mandays  If opted, number of mandays

13. Policy Duration\*:  15 Days  30 Days  45 Days  60 Days  90 Days  180 Days

If Multi Trip Policy, then Maximum travel days in a policy year

14. If Single Trip Policy, then duration of trip chosen\*:

15. Opted Man-days duration\*:  16. Purpose of visit\*:  Business/ Official  Leisure

17. Geographical Boundaries\*:  Worldwide including USA and Canada  Worldwide excluding USA and Canada

### Sum Insured Opted (in USD\*)

Min: \$25,000 to Max: \$2,000,000 Specify as opted: \$

### Details of Plan\*:

Cover Name	Limits
Medical Expenses- Accident & Sickness	Up to Sum Insured
Emergency Medical Evacuation and Transportation	Up to Sum Insured
Repatriation of Mortal Remains	Up to Sum Insured
Dental Expense	

### Optional Covers

Covers	Limits Opted (in USD)	Covers	Limits Opted
<input type="checkbox"/> PED Cover (In-patient Hospitalization and Day Care Treatment)		<input type="checkbox"/> Loss of Passport (in USD)	

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

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. | Travelsure-Group UIN: SBITGOP24085V012324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

<input type="checkbox"/> Hospital Daily Cash		<input type="checkbox"/> Loss of International Driving License	
<input type="checkbox"/> Personal Accident including Disappearance		<input type="checkbox"/> Up-gradation to Business Class	
<input type="checkbox"/> Accidental Death & Dismemberment (Common Carrier)		<input type="checkbox"/> Compassionate Visit	
<input type="checkbox"/> Adventure Sports Coverage		<input type="checkbox"/> Return of Minor Child	
<input type="checkbox"/> Reinstatement of SI in case of Accidental Hospitalisation		<input type="checkbox"/> Political Risk and Catastrophe Evacuation	
<input type="checkbox"/> Delay of Checked in Baggage		<input type="checkbox"/> Personal Liability	
<input type="checkbox"/> Loss of Checked in Baggage		<input type="checkbox"/> Bail Bond Insurance	
<input type="checkbox"/> Trip Delay		<input type="checkbox"/> Home Burglary (Home in India) (in INR)	
<input type="checkbox"/> Missed Connection		<input type="checkbox"/> Fire Cover for Building (Home in India) (in INR)	
<input type="checkbox"/> Trip Cancellation due to Hospitalization		<input type="checkbox"/> Fire Cover for Contents (Home in India) (in INR)	
<input type="checkbox"/> Trip Cancellation for any reason		<input type="checkbox"/> Emergency Cash Assistance	
<input type="checkbox"/> Trip Interruption		<input type="checkbox"/> Maternity Cover	
<input type="checkbox"/> Bounced Bookings of Airlines and Hotel		<input type="checkbox"/> Loss of portable Equipment	
<input type="checkbox"/> Hijack Distress Allowance		<input type="checkbox"/> Travel Loan Secure	
<input type="checkbox"/> Visa Fees Protection			

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

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\*)** (\*Mandatory fields)

Name of Authorized Person:

Relationship:

Name of Premium payer:

Premium Amount (in INR)

Instrument Type::  Cheque  Savings Bank Account  Credit Card  Debit Card  Others: Please Specify \_\_\_\_\_

Date:  Cheque No./DD No.:

Bank Name:

Bank Account No.\*:

Branch Name:  IFSC Code\*:

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

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## DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- 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.
- I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize 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.
- I/We aware of premium loading, (if any declared above) for habit's & diseases as declared / mention by me/ us above.
- I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewellers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- I/We hereby encourage creation of ABHA ID for all Policy holders at [www.healthid.ndhm.gov.in](http://www.healthid.ndhm.gov.in) and may notify in case customer wishes to link the same with Insurer.

## 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) \_\_\_\_\_ (Relation with the Proposer) \_\_\_\_\_ adult and inhabitant of (city) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from <<Name of Insurance Company>>Ltd., to the Proposer 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 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

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

## SECTION 41 OF INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

- 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 or 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 on 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
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ₹ 10 Lakhs.

## ANNEXURE 1\*

Sr No.	Name of Insured Person	Unique Employee Number/ Passport Number	Relationship of family with primary Insured	Date of Enrolment /Joining	Age	Gender	Nominee Name & Relationship with Insured Person	Mobile No.	Email ID	Address of the Insured
1										
2										
3										
4										

**Note: This list is indicative and details could be modified according to the Nature of Group/ Policy and number of Insured members.**

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