

ENROLMENT FORM

GROUP DOMESTIC TRAVEL POLICY

For Office Use

Master Policy Number:

Quote No.: Inward No.:

Receipt No.: Receipt Date: D D M M Y Y Y Y

Intermediary's Details* (Mandatory Fields If Sales Channel Type Selected Is Banca)

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

Business Type: New Renewal Migration Portability Sales Channel Type: Agency Direct

Sales Channel Code: Specified Person's Code*/PF ID:

Specified Person's Name/ Staff Name:

Contact Details*: Mobile No.: Intermediary code:

Agreement code: GSTIN/ISDN: (If Applicable)

Policy Details*

Policy Start Date: D D M M Y Y Y Y

Policy End Date: D D M M Y Y Y Y

Proposed number of Travel days:

Proposed mode of travel: Air Railway Road Multi mode

Policy Start date*: D D M M Y Y Y Y

Policy End date*: D D M M Y Y Y Y

Sum Insured (in Rs.):

	No of Claims	Claim Amount
Claims Paid		
Claims Outstanding		
Rejected Claims		

Do you have similar concurrent Insurance cover: Yes No

If yes, please furnish the following

Name of the Insurer:

Policy Period :

Number of Travel days consumed in last one year:

Approximate amount of claims availed:

Premium:

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, 9th 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 license. | Group Domestic Travel Policy, UIN: IRDAI/HLT/SBIGI/P-T/V.1/10/16-17 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Details of Proposer

Name of the Proposer*:	<input type="text"/>																	
Present Address*: (Current Residing Address)	<input type="text"/>																	
City:	<input type="text"/>					State: <input type="text"/>												
Gram Panchayat:	<input type="text"/>					Village: <input type="text"/>												
PIN code:	<input type="text"/>					Landmark: <input type="text"/>												
My present address is same as permanent address <input type="checkbox"/>																		
Permanent Address*:	<input type="text"/>																	
City:	<input type="text"/>					State: <input type="text"/>												
Gram Panchayat:	<input type="text"/>					Village: <input type="text"/>												
PIN code:	<input type="text"/>					Landmark: <input type="text"/>												
Nationality*:	<input type="text"/>					Email ID*: <input type="text"/>												
Date of Birth*:	<input type="text"/> D		<input type="text"/> D		<input type="text"/> M		<input type="text"/> M		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Marital Status*:	Married <input type="checkbox"/>		Unmarried <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widow(er) <input type="checkbox"/>											
AADHAAR No.*:	<input type="text"/>										PAN*: <input type="text"/>		Form 60/61 As Available: <input type="checkbox"/>					
Passport/ Driving License/ Others:	<input type="text"/>										GSTN No.: <input type="text"/>							
Contact Details*:	Mobile No.: (India) <input type="text"/>					Phone (India): <input type="text"/>												
	Mobile No. (Overseas): <input type="text"/>					Office (Overseas): <input type="text"/>												
	Residence No.: <input type="text"/>																	

Insured Person Details

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name						
Date of Birth						
Age						
Gender						
Marital Status*						
Contact No.						
Relationship with Proposer*						
ABHA (Ayushman Bharat Health Account) number (if available)						

Nominee Details*

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Nominee* [^]						
Date Of Birth (DD/MM/YYYY)*						
Age*						
Gender (M/F/O)						
Relationship with Policyholder*						
Mobile No. of the Nominee*						
Present Address of the Nominee						
Permanent Address of the Nominee						
Nominee Email ID						
Name of A/Holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

*If Nominee is a minor, give the details of Appointee.

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date Of Birth (DD/MM/YYYY)*						
Age*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of the Appointee						
Appointee Mobile no*						
Name of A/Holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

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Medical And Life Style Information:

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	Name of Illness/ Disease/ Accidental Injury	Duration Since Suffering from	Medications details (present/ past) please specify	Are you fully cured (Yes/No)	Differently Abled Status (Yes/No)	Type of Impairment	Percentage of Impairment	UDID Number
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

Premium Payment and Bank Account Details*

Premium Amount ₹:

Cheque/Journal No.:

Premium Payment Option: Cheque EFT DD Debit Card/Credit Card Cheque Date: DD MM YY YY

Bank Name: IFSC Code:

Bank Account Number:

Branch Name: Card Details: Master Visa

Credit Card/ Debit Card No. Card Expiry Date: MM YY YY

ASBA Declaration:

I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

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

Insured Bank Details* (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Bank Name*: Branch:

Name as in Bank Account*:

Bank Account No.*:

IFSC Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

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Declarations on behalf of all persons proposed to be Insured

- I hereby declare, on my behalf and on behalf of all 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 am authorised to propose on behalf of these other persons.
- 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."
- I/we are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned 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.

Note: 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.

- I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
- I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date:

Place:

Signature

Electronic Insurance Account Details*

I have an e-Insurance Account No.:

I would like to apply for eIA with: NSDL Database Management Ltd.

Centrico Insurance Repository Ltd. (Formerly known as CDSL Insurance Repository Ltd.

Karvy Insurance Repository Ltd.

CAMS Insurance Repository Services Ltd.

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 to view the list of KYC OVD (Officially Valid Documents).

Vernacular Declaration (If signed in vernacular language / If you have annexed 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) _____ (Relation with the Proposer/Primary insured) _____ 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 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 knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Witness

Signature of the Proposer

Section 41 of Insurance Act, 1938

- (1) 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
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakhs rupees

Insurance is subject matter of solicitation.