

# PROPOSAL FORM

## GROUP DOMESTIC TRAVEL POLICY



### Guidelines for completion of the form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.
3. Information for fields marked with asterisk (\*) are mandatory.

#### 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 only:

Branch Office Code:	_____				
Branch Name:	_____				
Business Type:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Migration <input type="checkbox"/>	Portability <input type="checkbox"/>	<input type="checkbox"/>
Sales Channel Type:	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Broker <input type="checkbox"/>	POS <input type="checkbox"/>	<input type="checkbox"/>
Business Sector:	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	Social <input type="checkbox"/>	Others <input type="checkbox"/>	<input type="checkbox"/>

### Intermediary Details

Intermediary Name:	SURNAME <input type="text"/> MIDDLENAME <input type="text"/> FIRSTNAME <input type="text"/>
Intermediary Code:	_____
	Intermediary Contact Details: _____

### Proposer's Details\*

Name of the Proposer:	_____				
Present Address*: (Current Residing Address)	_____				
City: <input type="text"/>	Village: <input type="text"/>				
Gram Panchayat: <input type="text"/>	State: <input type="text"/>				
PIN code: <input type="text"/>	Landmark: <input type="text"/>				

My Present Address is same as Permanent Address

Permanent Address*:	_____				
City: <input type="text"/>	Village: <input type="text"/>				
Gram Panchayat: <input type="text"/>	State: <input type="text"/>				
PIN code: <input type="text"/>	Landmark: <input type="text"/>				

Mobile No*. (India)	Phone.(India) <input type="text"/>
Mobile No. (Overseas)	Office. (Overseas) <input type="text"/>
Residence No.	91 <input type="text"/> E-mail Id* <input type="text"/>

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

Nature of Profession:- Occupation  Trade  Business  (Please describe fully with nature of duties)

Policy Period\* From  To midnight of

Proposed number of Travel days				
Proposed number of travelers				
Proposed mode of travel	<input type="checkbox"/> Air	<input type="checkbox"/> Railway	<input type="checkbox"/> Road	<input type="checkbox"/> Multi mode
Has any Insurer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
• Declined to issue a policy to you?				
• Declined to continue your Insurance?				
• Imposed any restriction or special conditions? (If yes, please furnish the details)				

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 licence. | 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.

<b>Expiring Policy Details</b>													
Policy Number													
Name of the Insurer													
Policy Period													
Sum Insured Level													
Covers opted (Please list all the cover along with respective Sum Insured)													
Premium													
<table border="1"> <tr> <td><b>Claim Details</b></td> <td><b>No of Claims</b></td> <td><b>Claim Amount</b></td> </tr> <tr> <td>Claims Paid</td> <td></td> <td></td> </tr> <tr> <td>Claims Outstanding</td> <td></td> <td></td> </tr> <tr> <td>Rejected Claims</td> <td></td> <td></td> </tr> </table>		<b>Claim Details</b>	<b>No of Claims</b>	<b>Claim Amount</b>	Claims Paid			Claims Outstanding			Rejected Claims		
<b>Claim Details</b>	<b>No of Claims</b>	<b>Claim Amount</b>											
Claims Paid													
Claims Outstanding													
Rejected Claims													
Do you have similar concurrent Insurance cover?													
Yes <input type="checkbox"/> No <input type="checkbox"/>													
If yes, please furnish the following													
<ul style="list-style-type: none"> <li>• Name of the Insurer</li> <li>• Policy Period</li> <li>• Number of Travel days consumed in last one year</li> <li>• Approximate amount of claims availed</li> <li>• Premium</li> </ul>													

#### Plan Details: Road Plans

Section No	Benefits	Whether opted	Proposed Plan Options in INR		
Choose any one plan			RD1 <input type="checkbox"/>	RD2 <input type="checkbox"/>	RD3 <input type="checkbox"/>
1	<b>Accident: Medical Treatment, Assistance &amp; Evacuation</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Medical Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000
	Medical Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000
	Transportation of mortal remains	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000
	Accidental Dental Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	2000	4000	10000
2	<b>Personal Accident</b>	Mandatory	100000	200000	500000
3	<b>Hospital Daily Cash</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	100/day max 30 days	200/day maximum 30 days	500/maximum 30 days
4	<b>Domestic Replacement And Rearrangement (For Business Trips Only)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	2000	3000	5000
5	<b>Personal Liability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	50000	50000	50000
6	<b>Home Burglary</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	50000	50000	50000

#### Plan Details: Rail Plans

Section No	Benefits	Whether opted	Proposed Plan Options in INR			
Choose any one plan			RL1 <input type="checkbox"/>	RL2 <input type="checkbox"/>	RL3 <input type="checkbox"/>	RL4 <input type="checkbox"/>
1	<b>Accident: Medical Treatment, Assistance &amp; Evacuation</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Medical Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000	100000
	Medical Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000	100000
	Transportation of mortal remains	Yes <input type="checkbox"/> No <input type="checkbox"/>	10000	20000	50000	100000
	Accidental Dental Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	2000	4000	10000	20000
2	<b>Personal Accident</b>	Mandatory	100000	200000	500000	500000
3	<b>Hospital Daily Cash</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	100/ day max 30 days	200/ day maximum 30 days	500/ maximum 30 days	500/ maximum 30 days

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

4	Travel Support (Rail Travel)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Loss of accompanying baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	1000	2000	5000	5000
	Train Delay	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max up to 5000			
5	Travel Inconvenience	(Max Limit- 45,000)				
	Trip Cancellation	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	2,000	5,000	5,000
	Trip Curtailment	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	2,000	5,000	5,000
	Missed Departure	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	2,000	5,000	5,000
	Loss of Tickets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000			
	Emergency Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000			
	Emergency Hotel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000			
6	Domestic Replacement And Rearrangement (For Business Trips Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	3,000	5,000	5,000
7	Personal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000
8	Home Burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000

Plan Details: Air Plans							
Section No	Benefits	Whether opted	Proposed Plan Options in INR				
	Choose any one plan		AIR1 <input type="checkbox"/>	AIR2 <input type="checkbox"/>	AIR3 <input type="checkbox"/>	AIR4 <input type="checkbox"/>	AIR5 <input type="checkbox"/>
1	Accident: Medical Treatment, Assistance & Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Medical Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	200,000	300,000	400,000
	Medical Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	150,000	150,000	150,000
	Transportation of mortal remains	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	150,000	150,000	150,000
	Accidental Dental Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	10,000	20,000	20,000	20,000	20,000
2	Personal Accident	Mandatory	500,000	500,000	1,000,000	1,000,000	2,000,000
3	Hospital Daily Cash	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/day max 30 days	500/day max 30 days	1000/day max 30 days	1000/day max 30 days	2000/day max 30 days
4	Travel Support (Rail Travel)	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Loss of Checked-in Baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	5,000	10,000	15,000	20,000
	Delay of Checked-in Baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max upto 5000	1000/hour max upto 10000			
	Flight Delay	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max upto 5000	1000/hour max upto 10000			
5	Travel Inconvenience	(Max Limit- 45,000)					
	Trip Cancellation	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	10,000
	Trip Curtailment	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	10,000
	Missed Departure	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	10,000
	Loss of Tickets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000			
	Emergency Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000			

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Emergency Hotel		Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000				
6	Domestic Replacement And Rearrangement (For Business Trips Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	5,000	20,000
7	Personal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000	50,000	100,000
8	Home Burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000	50,000	100,000

#### Plan Details: Multi Mode Transport

Section No	Benefits	Whether opted	Proposed Plan Options in INR						
	Choose any one plan		MM1 <input type="checkbox"/>						
1	Accident: Medical Treatment, Assistance & Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Medical Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	200,000	300,000	400,000	500,000	
	Medical Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	150,000	150,000	150,000	150,000	
	Transportation of mortal remains	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	100,000	150,000	150,000	150,000	150,000	
	Accidental Dental Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	10,000	20,000	20,000	20,000	20,000	20,000	
2	Personal Accident	Mandatory	500,000	500,000	1,000,000	1,000,000	2,000,000	2,500,000	
3	Hospital Daily Cash	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/day max 30 days	500/day max 30 days	500/day max 30 days	1000/day max 30 days	1000/day max 30 days	2000/day max 30 days	
4	Travel Support (Air Travel)	Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Loss of Checked-in Baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	2,000	5,000	10,000	15,000	20,000	25,000	
	Delay of Checked-in Baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max upto 5000	1000/hour max upto 10000					
	Flight Delay	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max upto 5000	1000/hour max upto 10000					
5	Travel Support (Rail Travel)	Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Loss of accompanying baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	10,000	15,000	20,000	25,000	
	Train Delay	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max up to 5000	1000/hour max upto 10000					
6	Travel Inconvenience	(Max Limit- 45,000)							
	Trip Cancellation	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	5,000	10,000	
	Trip Curtailment	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	5,000	10,000	
	Missed Departure	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	5,000	10,000	
	Loss of Tickets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000					
	Emergency Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000					
	Emergency Hotel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 10000					
7	Domestic Replacement And Rearrangement (For Business Trips Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	5,000	5,000	5,000	5,000	5,000	20,000	
8	Personal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000	50,000	100,000	
9	Home Burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>	50,000	50,000	50,000	50,000	50,000	100,000	

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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].**

### **Premium Payment And Bank Account Details\*:**

Premium Amount ₹\*:  Cheque/Journal No\*.:  Date:  D  D  M  M  Y  Y  Y  Y

Premium payment option\*: Cheque  EFT  DD  Debit Card / Credit Card

Bank Name\*:  IFSC Code:

Branch Name\*:  Card details\*: Master  Visa

**ASBA Declaration:** *I declare that the information contained in this document is true and accurate to the best of my knowledge and belief.*

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

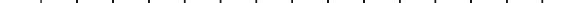
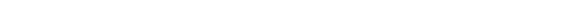
SBIG does not accept Cash for Premium Payments against the Policy.

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. \*:

1730.2.1  1730.2.1 

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 stand instruction form available at our branch.

For Internal Use

Agent Name: \_\_\_\_\_

Marketing Officer Name: \_\_\_\_\_

Received date & time by Marketing Officer: Date:  D  D  M  M  Y  Y  Y  Y  Y Time:

Received date & time SBIGIC Office: Date:  Time:

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### Declaration & warranty on behalf of all persons proposed to be insured

1. 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.
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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. 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.
4. 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.
5. 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."
6. I/we are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned by me /us above.
7. 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.

8. 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 the same with Insurer.
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Place:

Signature:

### 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.

**Residential Status:**  Resident Individual  Non-Resident Indian  Foreign National  Person of Indian Origin

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

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 updation.

Recent photograph of proposer: (Photograph is required. If customer does not have CKYC ID)
---



Signature of Proposer

### Agent Declaration

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Specified Person Name: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Specified Person Code: \_\_\_\_\_

Place:



Signature of the Agent

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### Electronic Insurance Account Details\*:

I have an eIA Number

(a) NSDL Database Management Ltd

(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

(c) Karvy Insurance Repository Ltd.

(d) CAMS Insurance Repository Services Ltd

My CKYC No. (Central Know Your Customer Registry Number), (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: \_\_\_\_\_

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

Date:  D  D  M  M  Y  Y  Y  Y

### 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/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

Place:

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

### Insurer Declaration:

Note : The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment)

### PROHIBITION OF REBATES (Under 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 the 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 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 Lakh rupees.