PROPOSAL FORM

TRAVELSURE-GROUP



${\bf Guidelines for completion \, of \, the \, form}$

- Please answer all questions correctly and completely.
- $\bullet \quad Information for fields \, marked \, with \, asterisk (*) \, are \, mandatory.$

Note. The Coverage proposed of insurance is not covered until the proposalis accepted and premium is paid and the same is realized by Name of the insurance Company.																														
INTERMEDIARY DETAILS*																														
ntermediary Name:	_			Ļ	Ļ				Ļ	_				Int	erme	ediar	у Соі	ntact	Deta	ails										
ntermediary Code:																														
PROPOSER (GROUP) DETAIL	. S (* 1	Man	dato	ry Fi	elds																									
Proposed period of Insurance*	: Fron	n D	D	M	M	Υ	Υ	Υ	Y		Го	D	D	M	М	Υ	Υ	Υ	Υ											
2. Proposer Name*:																														
 Present Address*: (Current Residing Address) 					1		1																							\Box
Addiess																												$ \bot $		\Box
Cit	:y:																١	/illag	e: [
Gr	am Pa	ncha	yat:															Stat	e: [
PIN	l code	e: [Land	andmark:												
My Present Address is same as	Perm	anen	t Ado	dress																										
Permanent Address*:																														
Cit	y:			İ	ĺ	İ	j										١.	/illag	e:											
Gr	am Pa	ncha	yat:															Stat	e:											\equiv
PIN code: Landmark:																														
4. Contact No.*:	Mobi	ile No).: [Ť	Ť	1	_								Alter	nate	Mob	ile N	o.*:								\equiv	T	ī
5. E-mail Address*:																				'										一
6. Aadhaar Card No.*:			X	X	\times								F	1 NA	No*.:								Π] ,		n 60/6		一
7. Customer Goods & Service Tax Identification Number (if any)	*																									_	(u.		, <u> </u>	ī
8. Nature of Group*:	Empl	loyer	Emp	loye	e [7	Non	-Em	ploy	er En	nplo	yee																		
9. Nationality*:	India	ın 🗌		1	Non -	_ India	n			Non-	-resi	dent	India	n		C	Othe	rs												
10. Description of the Group to be insured*:							Ī								_															
11. Total number of members covered*:																													j	
	sw. Fi	ماطم)																												
TRAVEL DETAILS (* Mandatory Fields)																														
12. Type of Policy*:			Sin	gle T	rip Po	olicy	_L		Anr	nual N	1ulti	Trip	Polic	/ [\sqsubseteq	Ор	ted	Mand	lays	Ļ		Ifop	oted,	num	ber o	f ma	nday	S		
13. Policy Duration*: If Multi Trip Policy, then Maximum travel days in a policy year 15 Days 30 Days 45 Days 60 Days 90 Days 180 Days																														
14. If Single Trip Policy, then durat	ion of	trip	chose	en*:																										
15. Opted Man-days duration*:																	16. P	urpo	se of	visit	*:		Busi	ness	/ Offi	cial		[.eisur	·e
17. Geographical Boundaries*:			Wo	rldw	ide in	cludi	ng U	SA a	nd C	anad	a		Wor	ldwid	de ex	cludi	ing U	SA a	nd Ca	anad	a									
SUM INSURED OPTED (in US	D*)																													
Min: \$25,00	00 to N	Max: S	\$2,00	00,00	0							Specify as opted: \$																		
																														_

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 I 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. I 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.

Version: 1.0 Jan 2025

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												
PED Cover (In-patient Hospitalization and Day Care Treatment)		Loss of Passport (in USD)												
Hospital Daily Cash		Loss of International Driving License												
Personal Accident including Disappearance		Up-gradation to Business Class												
Accidental Death & Dismemberment (Common Carrier)		Compassionate Visit												
Adventure Sports Coverage		Return of Minor Child												
Reinstatement of SI in case of Accidental Hospitalisation		Political Risk and Catastrophe Evacuation												
Delay of Checked in Baggage		Personal Liability												
Loss of Checked in Baggage		Bail Bond Insurance												
Trip Delay		Home Burglary (Home in India) (in INR)												
Missed Connection		Fire Cover for Building (Home in India) (in INR)												
Trip Cancellation due to Hospitalization		Fire Cover for Contents (Home in India) (in INR)												
Trip Cancellation for any reason		Emergency Cash Assistance												
Trip Interruption		Maternity Cover												
Bounced Bookings of Airlines and Hotel		Loss of portable Equipment												
Hijack Distress Allowance		Travel Loan Secure												
Visa Fees Protection														
ELECTRONIC INSURANCE ACCOUNTS DETAILS	*													
I have an elA Number:														
would like to apply for eIA with: NSDL Database Management Ltd														
CKYC No (Central Know Your Customer Registry Number),		(if available):												
I,														

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

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PREMIUM PAY	ME	NT A	ND	ВА	NK A	AC(COU	NT	DET	ΓAIL	S*:																							
Premium Amount*:										1	Ch	eaue	-/Joi	ırnal	No*.:	Г			Т		Т	T			Di	ate:	D	D	М	М	Y	Y	Y	Y
Premium payment option*:		Che	que		EFT	· [- - -		Debi	t Car					1									Σ.				771	771		'	'	
Bank Account															П	_		IF	SC	Code	*:													
Bank Account Number*:																		Bran	nch	Name	*:					İ			İ	İ	İ			
Card details*:		Mas	ter		Vis	а		Ca	rd N	o*.:													Card	Exp	iry D	ate:	D	D	M	M	Υ	Υ	Υ	Υ
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 details and a copy of									_												-		_						se pr	ovid	e the	follo	wing	bank
Bank Name*:																					ı	3ran	ich:											
Name as in Bank Acc	ount	t*:																																
Bank Account No.*:																																		
Note: The Proposer instruction form ava	_					to i	ntima	ite ir			Cod to SB	_	neral	Insu	rance	aboı	ut an	y cha	ang	e in ba	ınk a	ассо	ount	deta	ils.lf l	ECS	is sel	ecte	d, ple	ase	subm	it the	e star	nding
AML GUIDELIN						ent	shall	beı	mac	le by	the	Poli	cyhc	older	ofth	ne Po	olicy	r)																
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 statues, 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 Country: 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 8 Companies ^Politically exposed Parties 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 CKYCI D)																																		
																										Si	gnatı	ire o	fPro	pose	r:			
^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.																																		
AGENTS DECLARATION																																		
[Full Name] in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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.																																		
Licence No																																		
Date: D D M	M	Υ	Υ	Υ	Υ	P	lace:											9	Sigi	nature	of /	Ager	nt:				_						_	

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

- 1. 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.
- 2. 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.
- 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 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.
- 5. 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.
- 6. I/We aware of premium loading, (if any declared above) for habit's & diseases as declared / mention 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.
- $8. \ I/We hereby encourage creation of ABHA ID for all Policy holders at ww.healthid.ndhm.gov. in and may notify in case customer wishes to link the same with Insurer. In the property of t$
- 9. I/We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

VERNACULAR DECLARATION

** Applicable where the Proposer is illiterate or is subelow must be witnessed by someone other than the	ffering from a disability due to which writing is restricted or where the Propo Advisor/Employee of the Company).	oser has signed in vernacular language. (Note: The
	nd the contents of the Proposal Form have been clearly explained to me/us in recorded as per the information provided by me/us.	and I/we have fully understood them. I/We further
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 conte	nts of the Proposal Form and all other documents
incidental to availing the insurance policy from < <nar have stated herein above is true and correct to the be</nar 	ne of Insurance Company>>Ltd., to the Proposer and he/she/they have unde est of knowledge and belief.	erstood the same. I/we declare that whatever I/we
Date: D D M M Y Y Y Y	Place:	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:

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

Insurance is subject matter of solicitation

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