

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 ☐ Renewal ☐ Migration ☐ Portability ☐

Sales Channel Type: Agency ☐ Direct ☐ Broker ☐ POS ☐ CSC ☐ Corporate Agent ☐ IMF ☐

Business Sector: Urban ☐ Rural ☐ Social ☐ Others ☐

Intermediary Details

Intermediary Name:

Intermediary Code: Intermediary Contact Details:

Proposer's Details*

Name of the Proposer:

Present Address*:
(Current Residing Address)

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*:

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

Mobile No*. (India) Phone.(India)

Mobile No. (Overseas) Office. (Overseas)

Residence No. 91 E-mail Id*

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.

Expiring Policy Details															
Policy Number															
Name of the Insurer															
Policy Period															
Sum Insured Level															
Covers opted (Pl list all the cover along with respective Sum Insured)															
Premium															
Claim Details		<table border="1"> <tr> <th></th> <th>No of Claims</th> <th>Claim Amount</th> </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>		No of Claims	Claim Amount	Claims Paid			Claims Outstanding			Rejected Claims			
	No of Claims	Claim Amount													
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															
• Name of the Insurer															
• Policy Period															
• Number of Travel days consumed in last one year															
• Approximate amount of claims availed															
• Premium															

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	Accident: Medical Treatment, Assistance & Evacuation	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	Personal Accident	Mandatory	100000	200000	500000
3	Hospital Daily Cash	Yes <input type="checkbox"/> No <input type="checkbox"/>	100/day max 30 days	200/day maximum 30 days	500/maximum 30 days
4	Domestic Replacement And Rearrangement (For Business Trips Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	2000	3000	5000
5	Personal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	50000	50000	50000
6	Home Burglary	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	Accident: Medical Treatment, Assistance & Evacuation	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	Personal Accident	Mandatory	100000	200000	500000	500000
3	Hospital Daily Cash	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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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	500/hour max up to 5000	500/hour max up to 5000	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	Actual Cost or max 5000	Actual Cost or max 5000	Actual Cost or max 5000
	Emergency Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 5000	Actual Cost or max 5000	Actual Cost or max 5000
	Emergency Hotel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Cost or max 5000	Actual Cost or max 5000	Actual Cost or max 5000	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"/>	AIR6 <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 (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	25,000
	Delay of Checked-in Baggage	Yes <input type="checkbox"/> No <input type="checkbox"/>	500/hour max upto 5000	500/hour max upto 5000	500/hour max upto 5000	500/hour max upto 5000	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	500/hour max upto 5000	500/hour max upto 5000	500/hour max upto 5000	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	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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"/>	MM1 <input type="checkbox"/>	MM1 <input type="checkbox"/>	MM1 <input type="checkbox"/>	MM1 <input type="checkbox"/>	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	500/hour max upto 5000	500/hour max upto 5000	500/hour max upto 5000	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	500/hour max upto 5000	500/hour max upto 5000	500/hour max upto 5000	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	500/hour max up to 5000	500/hour max up to 5000	500/hour max up to 5000	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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 5000	Actual Cost or max 5000	Actual Cost or max 5000	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].

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Illness/ disease/Injury/ Disability:						
Duration since suffering from:						
Type of disability						
Percentage of disability						
Medications details (present/ past) please specify:						
Are you fully cured- Yes/No?						

Premium Payment And Bank Account Details*:

Premium Amount ₹*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque/Journal No*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Premium payment option*:	Cheque <input type="checkbox"/>	EFT <input type="checkbox"/>	DD <input type="checkbox"/>	Debit Card / Credit Card <input type="checkbox"/>		
Bank Name*:	<input type="text"/>			FSC Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank Account Number*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Branch Name*:	<input type="text"/>			Card details*:	Master <input type="checkbox"/>	Visa <input type="checkbox"/>
Card No*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Card Expiry Date*:	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

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

SBIG 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*:	<input type="text"/>	Branch:	<input type="text"/>
Name as in Bank Account*:	<input type="text"/>		
Bank Account No.*:	<input type="text"/>		
IFSC Code:	<input type="text"/>	MICR Code:	<input type="text"/>

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.

For Internal Use

Agent Name:	<table border="1" style="width: 100%; height: 20px;"></table>											
Marketing Officer Name:	<table border="1" style="width: 100%; height: 20px;"></table>											
Received date & time by Marketing Officer:	Date: <table border="1" style="display: inline-table; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Time: <table border="1" style="display: inline-table; width: 60px;"> <tr> <td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y			
D	D	M	M	Y	Y	Y	Y					
Received date & time SBIGIC Office:	Date: <table border="1" style="display: inline-table; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Time: <table border="1" style="display: inline-table; width: 60px;"> <tr> <td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y			
D	D	M	M	Y	Y	Y	Y					

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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 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.

Nationality: ☐ Indian ☐ Non-Indian ☐ Non-resident Indian (NRI) ☐ Others

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: _____
Specified Person Code: _____
Licence No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of the Agent

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.

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: _____

Date: Kindly visit our website www.sbigenral.in to view the list of KYC OVD (Officially Valid Documents)**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: 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.