

PROPOSAL FORM

TRAVEL INSURANCE (BUSINESS AND HOLIDAY)

Guidelines for completion of the form: Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

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

Master Policy No.:	<input type="text"/>	Inward No.:	<input type="text"/>
Quote Number:	<input type="text"/>	Receipt Date:	<input type="text"/>
Receipt number:	<input type="text"/>		

INTERMEDIARY DETAILS* (Mandatory field if Sales channel type selected is Banca)

Sales Channel Code:	<input type="text"/>	Specified Person's Code/PF ID:	<input type="text"/>
Business Type:	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Others	Segment Type:	<input type="checkbox"/> Corporate <input type="checkbox"/> Retail <input type="checkbox"/> SME
Business Type:	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Migration <input type="checkbox"/> Portability	Sales Channel Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Direct
Sales Channel Code:	<input type="text"/>	Specified Person's Code/PF ID:	<input type="text"/>
Specified Person's name/Staff name:	<input type="text"/>		
Contact Details:	<input type="text"/>	Intermediary code:	<input type="text"/>
Agreement code:	<input type="text"/>	GSTIN/ISDN:	<input type="text"/>

PROPOSER DETAILS (* Mandatory Fields)

1. Name*:	<input type="text"/>		
2. Gender*:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	3. Date of Birth*:	<input type="text"/>
4. Occupation*:	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed / Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture & allied <input type="checkbox"/> Others (specify) _____		
(Please describe fully with nature of duties):	<input type="text"/>		
5. E-Mail*:	<input type="text"/>		
6. Nationality*:	<input type="text"/>		
7. Contact No.*:	Mobile No.: <input type="text"/>	Alternate Mobile No.:	<input type="text"/>
8. Aadhaar Card No.:	<input type="text"/>	9. PAN No.*:	<input type="text"/>
10. Passport/Driving License/ Voter ID:	<input type="text"/>		
11. Present Address*:	<input type="text"/>		
(Current Residing Address)	City: <input type="text"/>	Village: <input type="text"/>	
	Gram Panchayat: <input type="text"/>	State: <input type="text"/>	
	Pincode: <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"/>	Village: <input type="text"/>	
	Gram Panchayat: <input type="text"/>	State: <input type="text"/>	
	Pincode: <input type="text"/>	Landmark: <input type="text"/>	
12. Type of Policy*:	<input type="checkbox"/> Single Trip Policy <input type="checkbox"/> Multi Trip Policy		
If Single Trip Policy then:	Departure Date: <input type="text"/>	Arrival Date: <input type="text"/>	
Policy Duration*:	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> 28 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days		
If Multi Trip Policy then			
Proposed period of Insurance:	From <input type="text"/>	To <input type="text"/>	Max. duration of Single Trip <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days

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. | Travel Insurance (Business and Holiday), UIN: SBITIOP14004V011314 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Previous Policy No. and Name of Insurer:

13. Sum Insured*:

14. Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person* ? ☐ Yes ☐ No

15. Geography*: ☐ Worldwide ☐ Worldwide excluding USA & Canada

16. Countries of maximum stay*:

17. Has any Insurer:

Declined to issue a policy to you? Yes ☐ No ☐

Declined to continue your Insurance? Yes ☐ No ☐

Imposed any restriction or special conditions? Yes ☐ No ☐

(If Yes, please furnish the details)

18. Are you or any of the proposed applicant* , please tick whichever is applicable: Yes ☐ No ☐

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

If yes, please provide details for all person(s) in a separate sheet.

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.

19. Corporate: Yes ☐ No ☐ 20. GSTIN / ISDN: IF APPLICABLE

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.

NOMINEE DETAILS*

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee*^						
% share of Claim Amount						
Date of Birth*						
Age*						
Gender (M/F/O)						
Relationship with Policyholder*						
Mobile No. of the Nominee*						
Permanent Address						
Present Address						
Nominee Email ID						
Name of A/C holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

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

Appointee Details						
Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date of Birth*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of Appointee						

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Appointee Mobile no*						
Name of A/C 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).

MEMBERS PROPOSED FOR INSURANCE (* Mandatory Fields)

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name*						
Gender*						
Date of Birth*						
Marital Status						
Height (in cms)*						
Weight (in Kgs)*						
Relationship with the Proposer*						
Occupation and Nature of Business/ Work*						
Nationality * (Indian/ Non-Indian/ Non- Resident Indian/ Others). In case of Nationality other than Indian, please provide details						
Other Insurance*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABHA (Ayushman Bharat Health Account) number (if available):						

Note: Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

PREVIOUS/EXISTING INSURANCE

Are you applying for portability / Migration: ☐ Yes ☐ No

(If "Yes", please fill the separate portability form also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

☐ Yes ☐ No If Yes, then provide below details

Previous / Existing Insurance Details	Policy Number	Insurer's Name	Period of Insurance	Sum Insured	Premium Paid (Rs)	Claim Details (if any) Incurred Claim (Outstanding+ Received): Claim Ratio (%):
Insured 1						
Insured 2						
Insured 3						
Insured 4						
Insured 5						
Insured 6						

Is/are any of proposed insured suffering from or have they suffered from any of the following (please tick)?

- ☐ Arthritis, ☐ Allergies, ☐ Circulatory Disorder, ☐ Cancer of any kind, ☐ Diabetes, ☐ Disorders of the Spinal Cord or Vertebral Column like Slipped Disc etc,
☐ Disorders of the Stomach/Large or Small Intestine, ☐ High Blood Pressure, ☐ Heart Condition, ☐ Hernia of any kind, ☐ Hemorrhoids,
☐ Hematological (blood) Disorder, ☐ Mental Condition, ☐ Nervous Disorder, ☐ Fainting Episode, ☐ Blackouts, ☐ Fits, ☐ Paralysis of any kind,
☐ Respiratory Disorder, ☐ Urinary Disorder, ☐ Varicose Veins or any diseases or Injury requiring Surgical or Medical Treatment, ☐ Physical Disability

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If your answer is 'Yes' to any of the above, please provide details:

[illegible]**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 DETAIL'S:

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 Account No.:															IFSC Code:								
Bank Account Number*:															Branch Name*:								
Card details*:		Master		Visa		Card No*::									Card Expiry Date:	D	D	M	M	Y	Y	Y	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.

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

ELECTRONIC INSURANCE ACCOUNTS DETAILS*

[illegible]

I would like to apply for eIA with: ☐ NSDL Database Management Ltd ☐ Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

☐ Karvy Insurance Repository Ltd ☐ CAMS Insurance Repository Services Ltd

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 [www.kyc.gov.in](#) to view the list of KYC CDD (Officially Valid Document).

Date:

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

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.

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RENEWAL PAYMENT SIGN-UP:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

☐ I want to opt for the ACH/SI renewal option.

Date:

Place: _____

Signature of Proposer

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 update.

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

Signature of Proposer :

DECLARATION BY PROPOSER

- I/We hereby declare on my behalf and on behalf of all the 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/We am/are 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 insurance company and that the Policy will come into force only after full receipt of 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 consent to the Company seeking medical information from any doctor or from a Hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
- I/We authorise 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 as declared/ mentioned by me /us above.
- I/We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.
- I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date:

Place:

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

- No person shall 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 of 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 in 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 liable for a penalty which may extend to Ten Lakh rupees

VERNACULAR DECLARATION (If signed in vernacular language / If you have affixed 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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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 my knowledge and belief.

Date:

Place:

Signature of the Witness

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