PROPOSAL FORM

TRAVELSURE-GROUP

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Guidelines For Completion Of The Form

- Please answer all questions correctly and completely.
- Information for fields marked with asterisk (*) are mandatory.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Name of the Insurance Company.

Intermediary Details*

Intermediary Name*: (Surname) (Middle Name) (First Name)

Intermediary Code*: Intermediary Contact Details:

Business Type*: ☐ New ☐ Renewal ☐ Migration ☐ Portability

Business Sector*: ☐ Urban ☐ Rural ☐ Social ☐ Others

Proposer (Group) Details*:

Proposed Period of Insurance*: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

Proposer Name*: (Surname) (Middle Name) (First Name)

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:

Contact Details*: Mobile No: Alternate Mobile No:

E-mail Address*:

Aadhaar Card No.*:

PAN*: (if available) /Form 60/61: ☐

Customer Goods & Service Tax Identification Number (if any)*

Nature of Group*: Employer Employee ☐ Non-Employer Employee ☐

Nationality*: ☐ Indian ☐ Non-Indian ☐ Non-residential Indian ☐ Others

Description of the Group to be insured*:

Total number of members covered*:

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

URN: SBIG/TSR/V.05/30062025

Travel Details*:

Purpose of visit*	☐ Business/ Official ☐ Leisure	☐ Education
Type of Trip*	☐ Single Trip ☐ Annual Multi Trip ☐ Opted Mandays. If opted, number of mandays _____	Single Trip
Type of Cover*	☐ Individual ☐ Floater	Individual
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	
If Single Trip Policy, then duration of trip chosen*		
Opted Man-days duration*		
Geographical Boundaries*	☐ Worldwide including USA and Canada ☐ Worldwide excluding USA and Canada	

Note:
a) In case the Purpose of Travel is 'Business/ Official/ Leisure', the maximum Policy period can be 1 year
b) In case the Purpose of Travel is 'Education', the maximum Policy period can be 5 Years

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

Details Of Plan* (Below section to be repeated as per number of plans):

Sum Insured Opted (in USD)*	Specify as opted: $_____
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	

Covers	Limits Opted (in USD)	Covers	Limits Opted (in USD)
☐ PED Cover (In-patient Hospitalization and Day Care Treatment)		☐ Loss of Passport	
☐ Hospital Daily Cash		☐ Loss of International Driving License	
☐ Personal Accident including Disappearance		☐ Up-gradation to Business Class	
☐ Accidental Death & Dismemberment (Common Carrier)		☐ Compassionate Visit	

Covers	Limits Opted (in USD)	Covers	Limits Opted (in USD)
☐ Adventure Sports Cover		☐ 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		☐ Chiropractic Treatment	
☐ Extended Cover in the Country of Residence		☐ Fraudulent Card Payment	
☐ Travel Date Change Cover		☐ Deportation Expenses	
☐ Tuition Fee#		☐ Sponsor Protection#	
☐ Loan Protection#		☐ Educational Institution - Insolvency/ Derecognition#	
☐ Residential Nursing Benefit#		☐ Sports Injury#	
☐ Alcoholism & Drug Abuse#		☐ Self-inflicted Injury#	
☐ Mental and Nervous Disorder#		☐ Cancer Prevention - Screening & Mammography Cover#	
☐ Physiotherapy#		☐ Vision Care#	
☐ Felonious Assault#		☐ Visa Revocation Expenses#	
☐ Accommodation Extension Benefit#			

#These optional covers are available only for Students going abroad for studies on Student Visa.

Electronic Insurance Account Details*

I have an eIA Number: | | | | | | | | | | | | | | |

I would like to apply for eIA with:

(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: D D M M Y Y Y Y

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

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 ₹ _______ Cheque/Journal No*.: _______ Date: D D M M Y Y Y Y

Instrument Type*: Cheque ☐ EFT ☐ DD ☐ Credit Card/ Debit Card ☐

Bank Name*: _______ IFSC Code: _______

Bank Account Number*: _______ Branch name: _______

Card No*: _______ Card Details*: Master ☐ Visa ☐

Card Expire 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.

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

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

Bank Name*: _______ Branch: _______

Name as in Bank Account*: _______

Bank Account No.*: _______

IFSC Code: _______ MICR Code: _______

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

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 bonafide 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.

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

Type of Organization (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 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

^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.

Agent's Declaration

I,_____ (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.

Agent Name: _____

License No.: _____

Date: | D | D | M | M | Y | Y | Y | Y | Place: _____

Signature of Proposer

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 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.
7) 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.

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) _____ 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 <<Name of Insurance Company>>Ltd., to the Proposer and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date: D D M M Y Y Y Y

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.