

# PROPOSAL FORM



## GROUP BUSINESS TRAVEL (INTERNATIONAL) INSURANCE

### 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. Unlock your potential – Scan and get started!

**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 :

Broker/Agent Name :  Code :

Business Type : Rural  Non-rural

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

### Intermediary details:

Intermediary Name:  S U R N A M E  M I D D L E N A M E  F I R S T N A M E

Intermediary Code:  Intermediary Contact Details:

### I. Proposer's Details\*

Name of the Proposer:

Communication Address (Postal Address) :

Plot No/Door No. and building name

Road name  Area

City  Pin code  State

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  D  D  M  M  Y  Y  Y  Y To midnight of  D  D  M  M  Y  Y  Y  Y

Proposed number of travelers	
Proposed Geography for Travel	<input type="checkbox"/> USA and Canada <input type="checkbox"/> Rest of the World <input type="checkbox"/> Asia (Excluding Japan)
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)	
Do you have similar Insurance cover running?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

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	

Please provide coverage break up at Annexure 1 of the form

Are You or any of the proposed applicants are Politically Exposed Person? Yes  No

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.

**Premium Payment and Bank Account Details\*:**

Premium Details: Amount Rs.:

Premium Payment Option: Cheque  DD  Debit Card / Credit Card  Other  Please specify \_\_\_\_\_

Cheque/Journal No.:  Cheque Date:  Amount for ₹

Bank Name:  IFSC Code:

Bank Account No.  Branch Name:

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Premium Payment Option:  Cheque Date:

Bank Name:  MICR Code:

Name as in Bank Account  Branch Name:

Bank Account No.:  Cheque Amount In ₹

**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.

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

**Declaration:**

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.

Date:  Place:

Signature and Seal of Proposer

**Annexure 1- Table of Cover**

Cover	Required Y/N	Limits per trip	Deductible
<b>Section A: Medical Expenses, Evacuation and Repatriation</b>	Mandatory	<input type="checkbox"/> US\$ 50000 <input type="checkbox"/> US\$ 70000 <input type="checkbox"/> US\$ 100000	
i. Accident and Sickness Medical Expenses	Mandatory	<input type="checkbox"/> US\$ 125000 <input type="checkbox"/> US\$ 150000 <input type="checkbox"/> US\$ 200000	US\$100
ii. Emergency Medical Evacuation	Mandatory	<input type="checkbox"/> US\$ 250000 <input type="checkbox"/> US\$ 300000 <input type="checkbox"/> US\$ 350000	NIL
iii. Repatriation of Mortal Remains	Mandatory	<input type="checkbox"/> US\$ 400000 <input type="checkbox"/> US\$ 450000 <input type="checkbox"/> US\$ 500000	NIL
iv. Dental Service		US\$500	US\$100
<b>Section B: Personal Accident</b>			
i. Accidental Death and Bodily Injury	Mandatory	10% of cover under Section A(i) subject to a maximum of US\$25000	NIL
ii. Disappearance			NIL
<b>Section C: Travel Support</b>			
i. Loss of Checked Baggage		US\$1000	US\$ 100
ii. Delay of Checked Baggage		US\$50 per 12 hours maximum US\$500	First 12 hours
iii. Loss of Passport		US\$400	US\$40
iv. Trip Cancellation		US\$750	US\$75
v. Trip Curtailment		US\$750	US\$75
vi. Trip Delay		US\$50 per 12 hours maximum US\$500	First 12 hours
vii. Missed Connection		US\$750	US\$75
viii. Hospitalization Daily Allowance		US\$50 per day maximum of 30 days	First 24 Hours
ix. Emergency Cash Advance		US\$1000	NIL
x. Bail Bond Insurance		US\$1000	NIL
xi. Hijack Cover		US\$200 per 24 hours maximum US\$1000	First 24 Hours
xii. Golfer's Hole in One		US\$1000	US\$50
xiii. Home Burglary Insurance		Rs. 200000	Rs. 5,000/-
<b>Section D: Replacement and Rearrangement of Staff (Business Trip Only)</b>		US\$ 1000 to US\$ 7500	NIL
<b>Section E: Personal Liability</b>		50% of the limit of cover under A (i) or US\$ 2,00,000 whichever is lower	NIL

**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/ies has/have 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

**DECLARATION BY PROPOSER**

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of the Agent

**AGENT 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.

Licence No.: \_\_\_\_\_

Date:

Place:

Signature of the Agent

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management     CSDL Insurance Repository Ltd     Karvy Insurance Repository Ltd     CAMS 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: \_\_\_\_\_

Date:

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

**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) \_\_\_\_\_ (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	Y
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Place: 

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer

**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.

**AML Declaration as per AML Master Guideline 2022:**

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

**\*Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
  - 1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
  - 2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder: