

TRAVEL INSURANCE (BUSINESS AND HOLIDAY) POLICY

Proposal Form

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								
Quote No.	Inward No.							
Receipt No.	Receipt Date D D M M Y Y Y Y							
INTERMEDIARY DETAILS	(* Mandatory Fields if Sales Channel Type selected is Banca)							
Segment Type Co	orporate Retail SME Business Sector Urban Rural Social							
Business Type No	ew Roll-over Renewal Sales Channel Type Banca Agency Direct							
Sales Channel Code	Specified Person's Code*							
Specified Person's Name*								
PART I - PROPOSER (* Mandatory Fields)								
1.* Title	Mr. Miss Mrs.							
2.* Name								
3.* Gender	Male Female 4.* Date of Birth D M M Y							
5.* Occupation	Salaried Self Employed Business Student Retired Agriculture Others & allied							
(Please describe fully with								
nature of duties)								
6. E-Mail address								
7. Tel. details: Contact No.	Mobile No.*							
8.* Proposer's Permanent								
Residential Address								
	Pincode							
O. Turn of Dollar	Single Trip Policy Multi Trip Policy							
Type of PolicyIf Single Trip Policy then	Single inprodicy Maid inprodes							
Departure Date:	D D M M Y Y Y Y Arrival Date D D M M Y Y Y Y							
Policy Duration	7 Days 14 Days 21 Days 28 Days 45 Days 90 Days 180 Days							
If Multi Trip Policy then								
Proposed period of insurance	eFrom D D M M Y Y Y Y To D D M M Y Y Y Y							
Max. duration of Single Trip	30 Days 45 Days 60 Days							
Previous Policy No. and Name of Insurer								
10. Sum Insured								
11. Geography	Worldwide Worldwide excluding USA & Canada							
12. Countries of maximum stay								
13. Has any Insurer:	Declined to issue a policy to you?							
	Declined to continue your Insurance?							
	Imposed any restriction or special conditions? (If Yes, please furnish the details) Yes No							

Name of the Person to be Insured		ationship to the posed Insured	Gender	Gender Birth Date		oort No.	Nominee	Relationship with Insured person		
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,										
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Fits, Paralysis of any kind, Respiratory Disorder, Urinary Disorder, Varicose Veins or any diseases or Injury requiring Surgical or Medical Treatment.										
If your answer is 'Yes' to any of the	above,	please provide d	letails:							
Insured Name		Disease(s) Details			Physician Details				
						Name of Doctor	Contact No./Mobile No.			
PAYMENT DETAILS (Claim/Re	fund am	ount will be dep	osited in	this bank acc	ount on	ly unless o	changed subsequently)	(*\\\		
Mode of Payment Cheque	DD) Saving	s Bank Ac	count	Credit Co	ard	Debit Card	(*Mandatory fields)		
Cheque No/DD No.		Credit/Debit Card	l No.				Date of Expiry	D M M Y Y Y		
Amount				Date	D N	M Y	YYY			
Bank Name							Branch			
Bank Account No.*							IFSC Code*			
summation							ii se code			
PART III - DECLARATION BY PROPOSER										
1. I/We hereby declare on my beha true and complete in all respects to 2. I understand that the information company and that the Policy will conduct that I/we will have been submitted but before company or from any past or present formation from any insurance conthe proposal and/or claim settleme 5. I/We authorise the Company to sclaims settlement and with any Government of the I/We authorise the Company to sclaims settlement and with any Government of the I/We authorise the Company to sclaims settlement and with any Government I/We I/We I/We I/We I/We I/We I/We I/We	the best on provide me into for I notify in municat Company ont employ mpany to nt. hare info	of my knowledge ed by me will form orce only after ful n writing any cha ion of the risk acc y seeking medicc oyer concerning o which an applic ormation pertain	and that the basis Il receipt conge occur ceptance Il informa anything cation for	I/We am/are at s of the insuran of the premium rring in the occ by the Compar tion from any of which affects insurance on the proposal inclu	uthorised ce policy charged cupation ny. doctor or the phys he life to ding the	I to propose, is subjectable. or genera from a Hosical or meal be assure	se on behalf of these other person to the Board approved underwi I health of the life to be insured/ ospital who at anytime has attendental health of the life to be assued/proposer has been made for the	proposer after the proposal ded on the life to be insured/ured/ propose of underwriting		
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SECTION 41 OF INSURANCE ACT, 1938										

- 1. No person shall 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 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 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.