

SBI GENERAL COMPREHENSIVE PROTECTION POLICY

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description	Policy/Clause No																					
1.	Name of Insurance Product/ Policy	SBI General Comprehensive Protection Policy																						
2.	Policy Number																							
3.	Type of Insurance Product/ Policy	Benefit																						
4.	Sum Insured (Basis)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Individual Sum Insured</th> </tr> <tr> <th style="width: 10%;">S No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 50%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Individual Sum Insured			S No.	Insured Name	Base Sum Insured																
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S No.	Insured Name	Base Sum Insured																						
5.	Policy Coverage (What the Policy Covers)	<p>1. Personal Accident – Personal Accident offers following benefits.</p> <p>a) Accidental Death (AD) – We shall pay lumpsum amount, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period.</p> <p>b) Permanent Total Disablement (PTD) – We shall pay lumpsum amount, if an Insured Person suffers Permanent Total Disablement, solely and directly due to an Accident during the Policy Period.</p> <p>c) Permanent Partial Disablement (PPD) – We shall pay the percentage of Sum Insured, if the Insured Person suffers Permanent Partial Disablement due to an Accident during the Policy Period.</p> <p>d) Temporary Total Disablement (TTD) – If the Insured Person sustains an Injury in an Accident during the Policy</p>	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p>																					

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		Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), till the time the Insured Person is able to return to work.	
		e) Broken Bones – If Insured Person sustains any Injury, resulting from an Accident and such Injury is direct cause of fracture.	3.1.5
		f) Burns – If Insured Person sustains any burn Injury, resulting from an Accident and such Injury is direct cause of burn Injury	3.1.6
		g) Mobility Extension – If Insured Person sustains any Injury, resulting from an Accident and such Injury requires prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs.	3.1.7
		2. Critical Illness - offers following benefits	3.2
		a) Major Critical Illness – We shall pay lump sum amount, if the Insured Person is diagnosed with any of the listed Critical Illness, during the Policy Period.	3.2.1
		b) Early-Stage (Minor) Critical Illness – We shall pay lump sum amount, if the Insured Person is diagnosed with any of the listed Early-Stage Critical Illness, during the Policy Period.	3.2.2
		3. Major Surgical Procedures – We shall pay the Sum Insured, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires Hospitalization for undergoing medically necessary treatment in India, during the Policy Period.	3.3
		4. Hospital Daily Cash – We shall pay an amount equal to Daily Cash amount, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.	3.4
		5. Convalescence/ EMI Protect – We shall pay lump sum amount or equal to no. of EMI's, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.	3.5
		6. Loss of Salary – We shall pay Insured Person equal to no. of EMI's or 3 months Salary which is lower as specified in	3.6

Sl. No.	Title	Description	Policy/Clause No
		<p>the Policy Schedule/ Certificate of Insurance towards his/ her Loss of Salary, during the Policy Period.</p> <p>7. Loss of Job/ Earning – We shall pay up the limit, as specified in the Policy Schedule/ Certificate of Insurance towards loss of income, if the Insured Person suffers from Permanent Total Disablement, solely and directly due to an Accident or if the Insured Person is diagnosed with covered Critical Illness, during the Policy Period.</p> <p>8. Payment Protection – We shall pay additional amount to the limit, as specified in the Policy Schedule/ Certificate of Insurance, towards the re-payment of Loan, if the Insured Person suffers Accidental Death/ Permanent Total Disablement or Critical Illness during the Policy Period.</p> <p>9. Family Protection – We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance, if an Immediate Family member (Spouse, Parent) of the Primary Insured Person is covered and is diagnosed with one of the covered Critical Illness or involved in an Accident resulting in Accidental Death or Permanent Total Disability, during the Policy Period.</p> <p>10. Education Benefit – We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance for the education of the Insured’s Dependent Children, if the Insured Person suffers Accidental Death/ Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Major Critical Illness, during the Policy Period.</p> <p>11. Infectious Disease – We shall pay the lumpsum amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the listed Infectious disease which results in Hospitalization of the Insured Person, during the Policy Period.</p>	<p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p> <p>3.11</p>
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1) Investigation & Evaluation: (Code- Excl04) 2) Rest Cure, rehabilitation and respite care: (Code- Excl05) 3) Obesity/ Weight Control: Code- Excl06 4) Change-of-Gender treatments: (Code- Excl07) 5) Cosmetic or Plastic Surgery: (Code- Excl08) 6) Hazardous or Adventure sports: (Code- Excl09) 7) Breach of law: (Code- Excl10) 8) Excluded Providers: (Code-Excl 11) 	Section 5.1

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		<table border="1"> <thead> <tr> <th>Procedures</th> <th>Cashless Hospitalization</th> <th>Reimbursement Claims</th> </tr> </thead> <tbody> <tr> <td>Claim Intimation</td> <td colspan="2">You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website</td> </tr> <tr> <td>Claim Intimation timelines</td> <td>Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization</td> <td>Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</td> </tr> </tbody> </table> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. <ul style="list-style-type: none"> Hospital Network details can be obtained from: https://www.sbigeneral.in/portal/contact-us/hospital List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	Procedures	Cashless Hospitalization	Reimbursement Claims	Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website		Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	
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10	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number: 18001021111 (24*7).</p> <p>Website: www.sbigeneral.in</p>										
11	Grievances /Complaints	<p>Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 (24*7)</p> <p>Stage 2: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any</p>	Section 6.2 17) Specific Terms and Clauses									

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		<p>response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in or contact at 022-45138021.</p> <p>Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400099.</p> <p>List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</p> <p>Stage 3:</p> <p>In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 4:</p> <p>If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman).</p>	
12	Things to remember	<ol style="list-style-type: none"> 1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. 2. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud. 3. Migration: The insured person will have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link – https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 4. Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in/uploads/c6a2844dd65446019 	<p>Section 6.1 15</p> <p>Section 6.1 10</p> <p>Section 6.1 8</p> <p>Section 6.1 9</p>

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		<p>b130ffbae1fa20f.pdf</p> <p>5. Change of Sum Insured: Sum Insured/ Deductible/ Plan can be changed (increase / decrease) only at the time of Renewal subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</p> <p>6. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	<p>Section 6.2 1</p> <p>Section 6.1 12</p>
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	Section 6.1 1

Declaration by the Policyholder: I have read the above and confirm having noted the details.

Place:

Date:/...../.....

Signature of the Policyholder

Note:

- For product related documents including Customer Information Sheet, kindly refer to the link : <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.