

**TRAVELSURE – GROUP**

**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 (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	Travelsure – Group																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit																									
4.	Sum Insured (Basis)	<p><b>Individual Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>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> </tbody> </table> <p><b>Family Floater Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>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> </tbody> </table> <p><b>Note:</b> This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured										Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured																									
Sr. No.	Insured Name	Base Sum Insured																									
5.	Policy Coverage (What the Policy Covers)	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p><b>I BASE COVER</b></p> <p><b>1. Medical Expenses –</b> Accident and Sickness- We shall indemnify the medical expenses in case insured person is hospitalised due to medical emergency whilst on trip.</p> <p><b>2. Emergency Medical Evacuation and Transportation –</b> We shall indemnify additional expenses for transportation of the Insured Person locally to the nearest Hospital from the current location or to the Republic of India.</p>	Coverages																								

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p><b>3. Repatriation of mortal remains</b> – We shall indemnify the costs of transporting the mortal remains of the deceased Insured Person back to the Republic of India in the event of death of the Insured Person during the Insured Journey.</p> <p><b>4. Dental Expense</b> – We will indemnify the Insured Person, in respect of the necessary Dental Expenses incurred overseas whilst on Insured Trip.</p> <p><b>II Optional</b></p> <p>1. Pre-existing disease cover (in-patient hospitalisation and day care treatment) – We shall indemnify the Insured Person for Pre-Existing Illness/ injury and its related complications.</p> <p>2. Hospital Daily Cash – We shall pay the Insured Person an amount for maximum 7 days in case the insured person is hospitalised.</p> <p>3. Personal accident including disappearance – The policy covers death or disability of an insured person within a year of encountering an accident while travelling.</p> <p>4. Accidental Death &amp; Dismemberment (Common Carrier) – The policy covers death or disability of an insured person within a year of encountering an accident while travelling on a common carrier.</p> <p>5. Adventure Sports Cover – This policy offers coverage for an adventure sports injury that requires hospitalisation of insured person whilst on trip.</p> <p>6. Reinstatement of Sum Insured in case of Accidental Hospitalisation – We shall automatically provide an additional Sum Insured equal to the original Sum Insured in case a claim is made and accepted under Medical Expenses.</p> <p>7. Delay of Checked in baggage - In case of delay of checked in baggage, we will pay for necessary emergency purchase.</p> <p>8. Loss of Checked in baggage - We will indemnify in the event the Insured Person suffered total loss of Checked in Baggage.</p> <p>9. Trip Delay - We shall pay fixed amount, if the Insured's Aircraft is delayed and the Insured Person is prevented from leaving for or from India.</p> <p>10. Missed Connection - If the insured person loses a connecting flight owing to the delay of the first flight, We will pay for personal accommodation and/or travel charges incurred by the Insured Person towards missed connection.</p> <p>11. Trip cancellation due to hospitalisation - If the insured person has to cancel the trip due to a covered reason, then</p>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>We shall indemnify the Insured Person for travel and accommodation charges, made prior to the start of the originally Scheduled Insured Trip.</p> <p>12. Trip cancellation for any reason - If the insured person has to cancel the trip due to an unavoidable reason, then We shall indemnify the Insured Person for travel and accommodation charges, made prior to the start of the originally Scheduled Insured Trip.</p> <p>13. Trip Interruption - If the insured person's trip is curtailed or altered, then We shall pay the travel expenses for economy air ticket and accommodation expenses.</p> <p>14. Bounced Bookings of Airlines and Hotel - In case the confirmed flight and hotel reservations are bounced due to overbooking, then We will indemnify the actual additional expenses/ cost incurred for alternative flight or accommodation arrangements.</p> <p>15. Hijack Distress Allowance - We will pay an allowance for every 24-hour period to the Insured Person, in the event of Hijack of a Common Carrier in which the Insured Person is travelling whilst on Trip.</p> <p>16. Loss of Passport - We will indemnify the Insured Person for the expenses incurred by the Insured Person for obtaining emergency travel documents.</p> <p>17. Loss of International Driving Licence - We will pay the expenses incurred by Insured Person in obtaining a duplicate International Driving License in the event of loss of International Driving License/ temporary permit.</p> <p>18. Up-gradation of Business Class - We will compensate the Insured the expenses incurred in respect of the Insured's Up-gradation to a business class air ticket in case of Medical Emergency suffered by the Insured.</p> <p>19. Compassionate Visit - We shall indemnify actual cost of to and fro economy class ticket for one family member in case the insured person is hospitalised for more than number of days as specified in the Policy Schedule.</p> <p>20. Return of Minor Children - We shall indemnify for the actual travel expenses to return minor child (or children) to India, in the event of Accidental Injury or Sickness of Insured Person.</p> <p>21. Political Risk and Catastrophe evacuation - We will pay to Insured, towards the cost of travel expenses for returning to India or to nearest place, accommodation expenses</p> <p>22. Personal Liability - We will indemnify the Insured Person, if he/ she becomes legally liable to Third Party under the laws applicable in the Jurisdiction/ destination.</p>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>23. Bail Bond Insurance - We will pay an amount towards the bail amount for release, if Insured Person is arrested for any inadvertent law breaking during Insured Trip.</p> <p>24. Home Burglary (Home in India) - We will indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's home in India.</p> <p>25. Fire Cover for Building (Home in India) - We shall pay the Insured Person for claims made in respect of loss in case the property is destroyed or damaged due to listed perils.</p> <p>26. Fire Cover for Contents (Home in India) - We shall pay the Insured for any Loss, Destruction or Damage of the property (contents) which is within the Insured's Residence, while such premises is unoccupied, is in whole or part, destroyed or damaged during the Policy Period by any of the perils specified under Fire Cover for Building (Home in India).</p> <p>27. Emergency Cash Assistance - In case the Insured Person requires emergency cash due to theft/ burglary of luggage/ money or hold up, the Service Provider/ We shall co-ordinate with the Insured Person's relatives in India to provide emergency cash assistance to the Insured Person.</p> <p>28. Maternity Expenses - We will indemnify towards the Maternity Expenses of female Insured Person, incurred on Inpatient Treatment, whilst on Trip.</p> <p>29. Loss of Portable Equipment - We will indemnify the Insured Person, if any of the listed Portable equipment of Insured Person is lost as a result of theft, burglary, robbery, mugging or dacoity, during the Policy Period, whilst on Trip.</p> <p>30. Travel Loan Secure - We shall be liable to pay outstanding Principle loan amount or amount specified in the Policy Schedule in case of Death or Permanent Total Disability of the Insured Person whilst on trip, for the loan borrowed for the purpose of this Trip.</p> <p>31. Visa Fees Protection- We shall indemnify the Insured Person for the tourist, business or short-term Visa application fees, if the Insured's Visa gets rejected by the Embassy or Consulate of the Destination Country</p> <p>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</p>	
6.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Pre-existing disease</li> <li>2. Travelling against the advice of a Physician</li> </ol>	Standard exclusions applicable to all sections

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<ol style="list-style-type: none"> <li>3. Any VISA charges. This exclusion shall not be applicable, if the Insured Person has opted Benefit 4.2.31 Visa Fees Protection under the Policy.</li> <li>4. Claim arising out of actions or consequence of actions committed whilst being under the influence of drugs, alcohol, or other intoxicants or hallucinogens</li> <li>5. Travelling to take part in a naval, military or air force operation.</li> <li>6. Claim arising from War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.</li> <li>7. Ionising radiation or nuclear exclusion</li> <li>8. Congenital external anomalies or any complications or conditions arising there from.</li> <li>9. The Insured Person's actual or attempted engagement in any criminal or other unlawful act.</li> </ol>	
7.	<b>Waiting period</b>	Maternity Expenses as opted in policy schedule/ Certificate of Insurance	Coverages
8.	<b>Financial Limits of the Coverage</b>	<p><b>In case of a claim, this policy requires you to share the following costs:</b></p> <p><b>Sub Limits:</b></p> <p>Deductibles can be opted for following covers:</p> <ol style="list-style-type: none"> <li>a. Hospital Daily Cash- 24 hours</li> <li>b. Delay of Checked in Baggage- as specified in the Policy Schedule/ Certificate of Insurance</li> </ol>	Coverage
9.	<b>Claims/ Claims Procedure</b>	<ol style="list-style-type: none"> <li>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</li> </ol> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from</li> </ol>	Standard terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>receipt of complete documents.</p> <ul style="list-style-type: none"> <li>Hospital Network details can be obtained from link: <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li><b>Toll Free number: 1800 210 3366, 1800 210 6366</b></li> <li>List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li> <li>Claim forms can be downloaded from below link: <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul> <p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p><b>Website:</b> www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p><b>Stage 1:</b> If you are dissatisfied with the resolution provided above or for lack of response, you may write to <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a> 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 <a href="mailto:seniorcitizengrievances@sbigeneral.in">seniorcitizengrievances@sbigeneral.in</a>; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)</p> <p><b>Stage 2:</b> 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 send your Appeal addressed to the Grievance Redressal Officer at : <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> or contact at 022-45138021.</p> <p>Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: <a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</a></p> <p><b>Stage 3:</b> In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any</p>	Standard terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>response within 14 days, you may Register your complaint with IRDAI on the below given link</p> <p><b><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></b></p> <p><b>Stage 4:</b></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 (<b><a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></b>)</p>	
12.	Things to remember	<p><b>Free Look Cancellation:</b> 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.</p>	Standard terms and clauses
13.	Your Obligations	<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 Insured Person.</p>	Standard terms and clauses

Declaration by the Policy Holder: 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 below link: <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail