

## INDIVIDUAL PERSONAL ACCIDENT INSURANCE

### 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.	<b>Name of Insurance Product/ Policy</b>	<b>Individual Personal Accident Insurance</b>																									
2.	<b>Policy Number</b>	XXXXXXXXXXXXXXXXXXXXXXX																									
3.	<b>Type of Insurance Product/ Policy</b>	Benefit																									
4.	<b>Sum Insured (Basis)</b>	<p><b>Individual Sum Insured</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. 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> </tbody> </table> <p><b>Family Floater Sum Insured</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. 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> </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										
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5.	<b>Policy Coverage (What the Policy Covers)</b>	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule:</b></p> <ol style="list-style-type: none"> <li>1. Accidental Death (AD) or</li> <li>2. Accidental Death (AD) + Permanent Total Disablement (PTD) or</li> <li>3. Accidental Death (AD) + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD)</li> </ol> <p><b>Education Benefit</b> ₹50, 000/- or 1% of CSI (basic Sum Insured), whichever is lower for each child/ spouse. Only</p>	Part B: Coverage																								

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		<p>upon payment of benefit under Death and Permanent Total Disability</p> <p><b>Adaptation Allowance @ 1% of the Sum Insured or ₹25,000/- whichever is less. Only upon payment of benefit under Permanent Total Disability or</b></p> <p>4. Accidental Death (AD) + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD) or</p> <p><b>Following are covered as add on up to the limits specified in policy schedule, if you have paid the additional premium for these covers</b></p> <p>1. Hospital Confinement Allowance.</p> <p>2. Ambulance Cover.</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. Criminal Act</li> <li>2. Suicide &amp; Self Inflicted Injury</li> <li>3. Loss due to childbirth or from pregnancy,</li> <li>4. Persons enrolled in Armed Services, Military Establishment of any Country.</li> <li>5. Accidents under influence of Alcohol, Drugs, or other Intoxicants</li> <li>6. Injury because of participation in Riot, Felony, Crime or Civil Commotion</li> <li>7. Learning or operating any Aircraft.</li> <li>8. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc,</li> <li>9. Nuclear Damage</li> <li>10. Injury because of participation Adventure &amp; Dangerous sports</li> </ol>	General exclusions
7.	<b>Waiting period</b>	Not Applicable	
8.	<b>Financial Limits of the Coverage</b>	<p><b>Deductible:</b></p> <p>Temporary Total Disablement (TTD) – Deductible of first one week</p>	Table D Benefit
9.	<b>Claims/ Claims Procedure</b>	<ul style="list-style-type: none"> <li>• For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</li> </ul>	Terms and Conditions

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		<p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from 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.	<b>Policy Servicing</b>	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 18001021111 (Monday to Saturday) (8 am - 8 pm).</p> <p><b>Website:</b> www.sbigeneral.in</p> <p><b>Fax No:</b> 1800227244, 18001027244</p>	
11.	<b>Grievances/ Complaints</b>	<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>	Grievances

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		<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 response within 14 days, you may Register</p> <p><b>Stage 4:</b> 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 (<a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>)</p>	
12.	Things to remember	<p><b>1. Free Look Cancellation:</b> The insured will be allowed 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> <p><b>2. Policy renewal:</b> The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.</p>	Terms and Conditions, clause 1, clause 10
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><b>Disclosure of Information:</b> 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>	Definitions, clause 10

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

**Disclaimer:** Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | Arogya Top Up Policy UIN: SBIPAIP12002V011112 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license. SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.