

GROUP BUSINESS TRAVEL (INTERNATIONAL) 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.	Name of Insurance Product/ Policy	Group Business Travel (International) Insurance																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit																									
4.	Sum Insured (Basis)	<p>Group Individual Sum Insured</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>Family Floater Sum Insured</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>Note: 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.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule</p> <p>Section A: Medical Expenses, Evacuation and Repatriation</p> <ol style="list-style-type: none"> 1. Accident and Sickness Medical Expenses- Coverage for Medical Treatment on account of any disease/ illness/ injury. 2. Emergency Medical Evacuation- Expenses for transportation of the Insured person locally to the nearest hospital. 	Coverage																								

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		<p>3. Repatriation of Mortal Remains- Pays or reimburses, the costs of transporting the mortal remains of the deceased Insured person back.</p> <p>4. Dental Service- Covers dental illness that manifests for the first time.</p> <p>Section B: Personal Accident</p> <p>1. Accidental Death and Bodily Injury- Covers accidental death or on sustaining any bodily injury.</p> <p>2. Disappearance- Covers loss of life if body cannot be located within 365 days.</p> <p>Section C: Travel Support</p> <p>1. Loss of Checked Baggage- Coverage for Checked-in Baggage if permanently lost by a Carrier.</p> <p>2. Delay of Checked Baggage- Coverage for Checked-in Baggage if delayed by a Carrier.</p> <p>3. Loss of Passport- Coverage for losing his/her Passport.</p> <p>4. Trip Cancellation- If the carrier is unavoidably cancelled due to the reasons mentioned, this cover triggers.</p> <p>5. Trip Curtailment- Coverage for a trip on a Carrier if unavoidably curtailed before completion.</p> <p>6. Trip Delay- If the aircraft booked to travel from India is delayed beyond 12 hours, this cover triggers.</p> <p>7. Missed Connection- If the aircraft on which the Insured Person is booked to travel from India is delayed beyond 12 hours, this cover triggers.</p> <p>8. Hospitalization Daily Allowance- Coverage for Daily Cash amount for each continuous and completed period of 24 hours</p> <p>9. Emergency Cash Advance- Provides emergency cash following incidents of Theft/ Burglary of luggage/ money or hold up.</p> <p>10. Bail Bond Insurance- Coverage in case the insured is arrested following a car accident.</p> <p>11. Hijack Cover- Coverage for each 24-hour period on detention by hijackers following hi-jacking.</p> <p>12. Golfer's Hole in One- Expenses incurred in celebration of achieving a hole-in-one.</p> <p>13. Home Burglary Insurance-Covers loss of or damage to contents of the Insured Person's home in India.</p>	

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		<p>Section D: Replacement and Rearrangement of Staff (Business Trip Only)</p> <p>Expense incurred in deputing a substitute employee from the same organization.</p> <p>Section E: Personal Liability</p> <p>Payment by way of Compensation for, personal injury or property damage of third party.</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.	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. No claim will be paid where the Insured person: <ul style="list-style-type: none"> - is travelling against the advice of a Physician: or - is receiving or is on a waiting list for specified medical treatment declared in the Physician's report or certificate; or - is travelling for the purpose of obtaining medical treatment; or - has received a terminal prognosis for a medical condition. 2. No claim will be paid if arising from suicide, attempted suicide or wilfully self-inflicted injury or illness, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or the abuse of drugs, or any loss arising directly or indirectly from any injury, illness, death, loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused 3. No claim will be paid if 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. 4. This Policy of Insurance does not cover any claim arising from the loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from 	General Exclusions

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		<ul style="list-style-type: none"> - ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; or - the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. <p>5. No claim will be paid arising from the participation of the Insured person in winter sports, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skew diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles). Further no claim will be paid in case Insured person participates in professional sports or any other hazardous sports, unless specifically covered as an extension of the Policy.</p> <p>6. No claims will be paid for losses arising directly or indirectly from manual work or hazardous occupation, or if engaging in any criminal or illegal act.</p> <p>7. Pre-existing Disease: This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a pre-existing disease.</p> <p>8. No claim will be paid if arising from the Insured person taking part in Naval, Military or Air force operations</p> <p>9. No claims shall be paid for investigations, operations or treatment of purely cosmetic nature; of for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.</p> <p>10. No claims shall be paid for bodily injury or Sickness caused or provoked intentionally by the Insured person.</p>	
7.	Waiting period	Not Applicable	
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Section A: Medical Expenses, Evacuation and Repatriation</p> <ol style="list-style-type: none"> 1. Accident and Sickness Medical Expenses- US\$ 100 2. Dental Service- US\$ 100 <p>Section C: Travel Support</p> <ol style="list-style-type: none"> 1. Loss of Checked Baggage- US\$ 100 2. Delay of Checked Baggage- First 12 hours 3. Loss of Passport- US\$ 40 4. Trip Cancellation- US\$ 75 	Coverage

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		5. Trip Curtailment- US\$ 75 6. Trip Delay- First 12 hours 7. Missed Connection- US\$ 75 8. Hospitalization Daily Allowance- First 24 Hours 9. Hijack Cover- First 24 Hours 10. Golfer's Hole in One- US\$ 50 11. Home Burglary Insurance- Rs 5,000/-	
9.	Claims/ Claims Procedure	<p>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 https://www.sbigeneral.in/portal/contact-us/hospital</p> <p>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.</p> <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"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • Toll Free number: 1800 210 3366, 1800 210 6366 • 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>	General conditions applicable to all sections
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p> <p>Fax No: 1800227244, 18001027244</p>	

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11.	Grievances/ Complaints	<p>Stage 1:</p> <p>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 Monday to Saturday (8 am - 8 pm)</p> <p>Stage 2:</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 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 400 099. List of Grievance Redressal Officers at Branch:</p> <p>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</p> <p>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</p> <p>(https://www.cioins.co.in/Ombudsman)</p>	Conditions
12.	Things to remember	<p>Policy renewal: Not Applicable</p>	General conditions applicable to all sections

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13.	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of Information: 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.	General conditions applicable to all sections

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

Place:

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

Signature of the Policyholder

Note:

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