

## KUTUMB SWASTHYA BIMA MICRO INSURANCE PRODUCT

### 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>Kutumb Swasthya Bima Micro Insurance Product</b>													
2.	<b>Policy Number</b>	XXXXXXXXXXXXXXXXXXXXXXXXXX													
3.	<b>Type of Insurance Product/ Policy</b>	Benefit													
4.	<b>Sum Insured (Basis)</b>	<p><b>Sum Insured details</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 style="text-align: center;">Refer Point 5</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			Refer Point 5							
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5.	<b>Policy Coverage (What the Policy Covers)</b>	<p><b>Covers: Plan Type -</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 5%;">Sr. No.</th> <th style="width: 20%;">Cover Name</th> <th style="width: 40%;">Cover Description</th> <th style="width: 35%;">Base</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Tele-consultation Benefit</td> <td style="text-align: center;">Tele Consultation (calls per family per annum)</td> <td style="text-align: center;">Upto 4 calls per month, subject to maximum of 24 calls per annum</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">Personal Accident (For Primary Insured Only)</td> <td style="text-align: center;">a) Accidental Death b) Permanent Total Disablement</td> <td style="text-align: center;">₹1,00,000</td> </tr> </tbody> </table>	Sr. No.	Cover Name	Cover Description	Base	1	Tele-consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum	2	Personal Accident (For Primary Insured Only)	a) Accidental Death b) Permanent Total Disablement	₹1,00,000	C. Scope of Cover
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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> <ul style="list-style-type: none"> <li>a. Criminal Act</li> <li>b. Suicide &amp; Self-Inflicted Injury</li> <li>c. Any medical treatment outside India.</li> </ul>	D. General Exclusions												

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		<ul style="list-style-type: none"> <li>d. Persons enrolled in Armed Services, Military Establishment of any Country.</li> <li>e. Accidents under influence of Alcohol, Drugs, or other Intoxicants</li> <li>f. Injury because of participation in Riot, Felony, Crime or Civil Commotion.</li> <li>g. Learning or operating any Aircraft.</li> <li>h. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc.</li> <li>i. Nuclear Damage</li> <li>j. Injury because of participation Adventure &amp; Dangerous sports.</li> </ul>	
7.	<b>Waiting period</b>	Not Applicable	D. General Exclusions
8.	<b>Financial Limits of the Coverage</b>	Not Applicable	
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> <li>• For Reimbursement of Claim: Turn Around Time (TAT) for claim settlement <ul 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 receipt of complete documents.</li> </ul> </li> <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>	E.4) Conditions when a claim arises
10.	<b>Policy Servicing</b>	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800102111 (24/7)</p> <p><b>Website:</b> www.sbigeneral.in</p>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
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 <b>head.customercare@sbigeneral.in</b>. 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 <b>seniorcitizengrievances@sbigeneral.in</b>; 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 : <b>gro@sbigeneral.in</b> 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: <b><a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/</a></b></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 response within 14 days, you may Register your complaint with IRDAI on the below given link <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> 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>	E.5) Grievances Redressal Procedure During the Contract
12.	Things to remember	<ol style="list-style-type: none"> <li>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.</li> <li>Policy renewal: 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.</li> </ol>	E. 2) Conditions Applicable During the Contract,  E.3) Conditions applicable during renewal of the Policy:

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13.	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. <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.	E.1) Conditions Precedent to the Contract, clause 3

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

Place: .....

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

Signature of the Policyholder

- 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