

GROUP LOAN INSURANCE POLICY

POLICY WORDING

A. PREAMBLE

This is a legal contract between the Company and the Policyholder which is subject to realization of full premium in advance by Us and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of Disclosure to Information Norm, including the information provided by the Policyholder in respect of the Insured Persons in the Proposal and the Policy Schedule/Certificate of Insurance.

The Policy, the Schedule, the Certificate of Insurance and any Endorsement(s) shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

1. **Accident/Accidental** means sudden unforeseen and involuntary event caused by external, visible and violent means.
2. **Age or Aged** means the completed years as at the Commencement Date of the Policy Period.
3. **Bank** means a banking company which transacts the business of banking in India or abroad.
4. **Beneficiary** in case of death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving Spouse of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted, followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
5. **Compensation** means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate and mentioned in Policy Schedule/Certificate of Insurance.
6. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule/Certificate of Insurance.
7. **Condition Precedent** means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
8. **Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly means a congenital anomaly which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly means a congenital anomaly which is in the visible and accessible parts of the body.
9. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:
 - a) has qualified nursing staff under its employment;
 - b) has qualified medical practitioner/s in charge;
 - c) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
 - a) undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
 - b) which would have otherwise required hospitalization of more than 24 hours
 Treatment normally undertaken on an out-patient basis is not included in the scope of this definition
11. **Disclosure to information** norm means the policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non disclosure of any material fact.
12. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
13. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and/or interest by the Insured Person as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments including additional interest thereon that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
14. **Financial Institution** shall have the same meaning assigned to the term as per the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45I of the Reserve Bank of India Act, 1934.
15. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
16. **Hazardous and Dangerous sports** Means certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
17. **Hospital** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration & Regulation) Act 2010 or under enactments specified under the Schedule of Section 56 (1) and the said act Or compliance with all minimum criteria as under
 - a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

- c) has qualified medical practitioner(s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel
18. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
19. **Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) Acute Condition - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) Chronic Condition - is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.
20. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
21. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
22. **Insured Person** means the member named in the Policy Schedule/ Certificate, who is/are covered under this Policy, for whom the insurance is proposed, and the appropriate premium received and realized.
23. **Insured Event** means any event specifically mentioned as covered under this Policy.
24. **Insurer** means Us/Our/We/SBI General Insurance Company Limited.
25. **Injury** means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
26. **Loan / Credit** means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Loan Account Number(s) or any such identification number
27. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
29. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
30. **Mental Illness/Disease** means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.
31. **Nominee** means the person(s) named in the Policy Schedule / Certificate who is nominated to receive the benefits in respect of an Insured person under the Policy in accordance with the terms and conditions of Policy, if the Insured Person is deceased.
32. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
33. **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
34. **Permanent Total Disablement** means disablement as a result of bodily Injury, which –
- continues for a period of twelve (12) months, and
 - is confirmed as total, continuous and permanent by a Physician after twelve (12) consecutive months, and
 - entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life
35. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
36. **Pre-existing Disease** means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.
37. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of the Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs including additional interest thereon that are overdue and unpaid to the Bank/Financial Institution prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
38. **Policy** means the complete documents consisting of the Proposal form, Policy wording, Policy Schedule/Certificate of Insurance, declaration, Endorsements and attachments, if any.
39. **Policy Schedule / Certificate of Insurance** means document issued by Us, which certifies that an insurance policy has been bought and shows an abstract of the most important provisions of the insurance contract forming part of the original Policy.
40. **Policy Period** means the period commencing with the

commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule / Certificate of Insurance.

41. **Policyholder** means the entity or person named as such in the Policy Schedule / Certificate of Insurance.
42. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
43. **Proposal** means application form or any supporting document(s) which the Insured duly fills in, signs and submits for this insurance to Us.
44. **Proposer** means the person furnishing complete details and information in the Proposal form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of insurance by way of signing the same.
45. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
46. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and all waiting periods.
47. **Sum Insured** means the amount stated in the Policy Schedule / Certificate of Insurance, which is the maximum amount Insurer will pay for claims made by the Insured in the Policy Period irrespective of the number of claims Insured registers or the number of years that Insured has had insurance Policy with Insurer.
48. **Surgery / Surgical Procedure** means manual and/or operative procedures required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or day care center by a Medical Practitioner.
49. **Survival Period** means the benefits under the Policy shall be payable only if the Insured is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured survives for at least 28 days following such diagnosis.
50. **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Schedule / Certificate of Insurance which shall be served before a claim related to such condition becomes admissible. The waiting period will be computed from the date of commencement of policy period.
51. **You/Your** means the person(s) named as Insured in the Policy Schedule / Certificate of Insurance.
52. **We/Our/Ours/Us/Company** means the SBI General Insurance Company Limited

C. SCOPE OF COVER AND BENEFITS

SECTION I: PERSONAL ACCIDENT

Section I.a - Accidental Death

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of

- a) Death

Section I.b - Permanent Total Disablement

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of

- a) Permanent Total Disablement as described in Table of Benefits below

Table of Benefits	
Permanent Total Disability	% of Sum Insured
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

Specific Condition

1. If an Insured person dies as a result of bodily injury any amount claimed and paid to an Insured person under this section will be deducted from any payment under Accidental Death (I.a)

Section I.c - Funeral Expenses:

If we have accepted a claim under Accidental Death (I.a) benefit of this policy, then we will in addition pay benefit amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence.

The benefit amount payable is the admissible claim amount under Accidental Death (I.a) or Rs. 20,000, whichever is lower.

This benefit is over and above the base Sum Insured.

Specific Exclusions Applicable to SECTION I:

1. Payment of compensation in respect of death arising from or resulting directly from any Illness to any Insured.

Special conditions applicable to Section I

The cover under this section in case of accidental death for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by Us, under this Section.

Except If claim is paid under Section I.b) Permanent Total Disablement, the amount payable for the subsequent claims/s under such benefits shall be reduced by the amount/s already paid.

However, Section II. Critical Illness and III: Admission Benefit-Accident Hospitalization shall remain in force during the remaining Policy Period.

SECTION II: CRITICAL ILLNESS

Insured event: For the purposes of this Section and the determination of Our liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Policy Period and provided that the Insured Person survives for a minimum of 28 days from the date of diagnosis

1. Cancer of specific severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - I. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-

invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and

- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

Special Condition:

In case the Insured person dies after the survival period of 28 days but before assessment period 90 days where the death is due to complications arising out of the said critical illness or the said critical illness is the predisposing reason for death, then such claims will be paid by Us.

8. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

Special Condition:

In case the Insured person dies after the survival period of 28 days but before assessment period 90 days where the death is due to complications arising out of the said critical illness or the said critical illness is the predisposing reason for death, then such claims will be paid by Us.

10. Multiple Sclerosis with Persisting Symptoms

- i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple

sclerosis and

- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

11. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

12. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association (NYHA) Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

13. Aorta Graft Surgery

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

The following are excluded:

- i. Surgery following traumatic injury to the aorta.
- ii. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures.
- iii. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft.

14. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones

and tumors of the spinal cord.

Special Condition:

In case the Insured person dies after the survival period of 28 days but before assessment period 90 days where the death is due to complications arising out of the said critical illness or the said critical illness is the predisposing reason for death, then such claims will be paid by Us

15. Motor Neurone Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

Benefit payable under section II: We hereby agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured person as stated against Section II under the Policy Schedule on the occurrence of an Insured Event as stated above under this Section.

Special Condition:

In case the Insured person dies after the survival period of 28 days but before assessment period 90 days where the death is due to complications arising out of the said critical illness or the said critical illness is the predisposing reason for death, then such claims will be paid by Us

Section II. i Incidental Benefit: (Optional Cover)

If we have accepted a claim under Critical Illness (II) benefit of this policy, then we will in addition pay benefit amount towards incidental expenses as lumpsum payment.

The benefit amount payable is the admissible claim amount under Critical Illness (II) or Rs. 100,000, whichever is lower.

This benefit is over and above the base Sum Insured.

Specific Exclusions Applicable to SECTION II:

1. Any Critical Illness or covered Disease/Illness/Sickness of which, the signs or symptoms first occurred within ninety (90) days following the first risk inception date. This 90 days period shall not be applicable on renewals to the extent of sum insured under the previous policy.
2. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed,
3. Any claim under for any Insured if the Insured does not survive a period of at least 28 days after the date of occurrence Insured Event.

Specific conditions applicable to section II:

- i. The cover(s) under this Section, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by Us under this Section. However, Section I. Personal Accident and Section III: Admission Benefit-Accident Hospitalization shall remain in force during the remaining Policy Period.

Section III Admission Benefit - Accidental Hospitalization (Optional Cover)

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to Injury resulting from an Accident that occurred during the Policy Period for a minimum period of continuous 48 Hours then We will pay admission benefit of the 3

EMI Amount(s) falling due in respect of the Loan as a fixed benefit.

Specific Exclusion applicable to SECTION III:

1. Any stay in Hospital for an Illness or Injury due to Accident without undertaking any treatment.
2. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
3. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
4. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
5. Any treatment taken for Domiciliary Hospitalization.

Specific conditions applicable to section III:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under this section for the purpose of calculation of claim shall be the least of the following:

- If the Sum Insured as appearing in Personal Accident (Section I) is equal to the Loan Amount disbursed, then actual 3 EMIs as on date of Insured Event will be paid.
- In the event the Sum Insured as appearing against Personal Accident (Section I) of the Schedule of the Policy is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the Amortization Schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured;

D. General Exclusions

We shall not be liable for any loss under this Policy:

1. Any Pre-existing condition, or its related conditions arising from it till 48 months from the date of inception of policy except any condition as a result of accident.
2. Arising or resulting from the Insured Person committing any breach of the law with criminal intent.
3. Arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide
4. Arising out of or resulting directly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
5. Directly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
6. Directly caused by or contributed to by or arising from nuclear weapon materials.
7. Directly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed
8. Due to, or arising out of, or directly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation.
9. External congenital anomalies/defects (known or unknown) or any complications or conditions arising there from
10. Loss due to Terrorism arising in connection with Nuclear and

/or chemical and /or biological events.

11. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion
12. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

E. General Conditions

E.1) Conditions Precedent to the Contract:

1. Age Limit

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable to such Insured Person unless it is renewal of Policy.

2. Assignment clause

It is hereby declared and agreed that:

- from the Policy Start Date, the monies payable by Us to the Insured Person and all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the "Bank / Financial Institution as named in the Schedule of this Policy";
- upon any monies becoming payable under this Policy the same shall be paid by Us to the "Bank/Financial Institution as named in Schedule of this Policy" without any reference / notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, We shall pay such monies as exceeding the Principal Outstanding to the Insured;
- the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured Person shall completely discharge Us from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured Person, as the case may be.

That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between Us and the Insured Person or any of them arising under or in connection with this Policy if made by the Bank/Financier shall be valid and binding on all parties insured hereunder but not so as to impair rights of the Bank/Financier to recover the full amount of any claim it may have on other parties insured hereunder.

3. Currency

The monetary limits applicable to this Policy will be in INR.

4. Non-Disclosure or Misrepresentation

If at the time of issuance of policy or during continuation of the policy, the information provided to us in the proposal form either physically or electronically or otherwise, by you or the insured person or anyone acting on behalf of you or an insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the policy shall be:

- i. cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
- ii. or the policy may be modified by us, at our sole discretion, upon 30 days' notice by sending an endorsement to your address shown in the schedule / certificate of insurance;
- iii. the claim under such policy if any, shall be rejected/repudiated forthwith.

5. Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as may be prescribed by Us from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

6. Insured Person

Only those persons named as an insured person in the policy schedule / certificate of insurance shall be covered under this policy.

7. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/Insured Person which is in Our possession or in the possession of any of Our official shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve the Policyholder /Insured Person from their duty of disclosure, notwithstanding subsequent acceptance of any premium.

8. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates by Us and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any of the Insured Persons or Claimants, shall be the condition precedent to Our liability to make payment under this Policy.

9. Premium

The premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder/Insured Person in so far as they relate to anything to be done or complied with by the Policyholder/Insured Person shall be a condition precedent to Our liability to make any payment under this Policy.

E.2) Conditions Applicable During the Contract

1. Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule / Certificate if Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

2. Cancellation and Termination Terms of Policy

A. Cancellation by you

- 1) You can choose to cancel the policy, giving us a 15-day notice period by recorded delivery. This, provided there is no claim

under the policy. The insured shall be entitled for premium refund at the company's Short Period Scale provided in table below.

For Annual Policies:

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 Months	0%

Refund grid for policies with term longer than 1 year – Fixed Sum Insured:

Loan Period	2	3	4	5+
Policy Period	2	3	4	5
Return Premium Factors				
Year of Cancellation	% return premium			
1	25%	45%	57%	65%
2	Nil	11%	26%	37%
3	-	Nil	6%	17%
4	-	-	Nil	4%
5	-	-	-	Nil

Refund grid for policies with term longer than 1 year – Reducing Sum Insured:

Policy Period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

ii). Free Look Period

We shall give You a Free Look Period at the inception of the first policy and:

- You will be allowed a period of at least 15 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.
- If you have not made any claim during the Free Look period, you shall be entitled to
 - A refund of the premium paid less any expenses incurred by us on your medical examination and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- Free Look Period is not applicable for renewals.

B. Cancellation by Us

Policy may be cancelled by us on the grounds of misrepresentation, fraud or non-disclosure of material facts by sending to you 15 days notice by recorded delivery at last known address/e-mail ID without refund of premium. Please note KYC documents (Photo ID card) shall be required at the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

3. Geography

Policy Applies to events or occurrences taking place anywhere in the world.

However, all admitted or payable claims under this Policy shall be settled in India in Indian rupees.

4. Revision and Modification of the Policy Product

Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us

5. Withdrawal of the Product

In case the Policy is found to be financially unviable or is deficient in any manner, We shall, in terms of Insurance Regulatory & Development Authority Health Insurance Regulations (2016), have the option to withdraw this Policy from the market subject to prior approval of such withdrawal from the Regulatory Authority.

Any withdrawal of the Policy would be duly intimated to the Policy Holder/Insured Person at least ninety (90) days prior to date of such revision or modification, who on expiry of the existing Policy will have an option to obtain Renewal under similar product/s available with Us. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us

E.3) Conditions applicable during renewal of the Policy:

1. Renewal conditions:

- The Policy is ordinarily renewable lifelong renewable unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.
- The Policy and Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
- Your premium will also change if you move into a higher age group, change in Sum Insured, change the term or change the plan.
- Grace Period of 30 days for renewing the Policy is provided under this Policy. If the renewal is made within the 30 days period the continuity of benefits will be allowed. However, coverage is not available for the period for which no premium is received.
- We, however, are not bound to give notice that it is due for

2. Portability and Continuity Benefits

We will grant continuity of benefits which were available to the insured members under a health insurance policy which provides

similar indemnity/benefits in the immediately preceding cover year provided that:

- We shall be liable to provide continuity of only those benefits (for e.g.: initial wait period, wait period of specific diseases pre-existing disease etc) which are applicable under this policy.
- Any other wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.
- Insured members covered under this policy shall have the right to migrate from this policy to an individual health insurance policy or a family floater policy offered by our company. The credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by our company. Application for this policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy.

E.4) Conditions when a claim arises:

➤ Claim Intimation

Upon the discovery or occurrence of an event or Hospitalisation that may give rise to a claim under this Policy, Insured Person or the Nominee as the case may be shall undertake the following:

- In case of Hospitalisation, notify Us either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital.
- In case of diagnosis or actual undergoing of procedure, notify Us either at the call centre or in writing, within 10 days from the date of occurrence of such event. The following details are to be provided to Us at the time of intimation of Claim:
 - o Policy Number
 - o Name of the Policyholder
 - o Date and Time of Loss Location of Accident
 - o Name of the Insured Person in whose relation the claim is being lodged
 - o Nature of claims, Accidental death, Accidental Hospitalisation, Critical Illness
 - o Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
 - o Date of admission if applicable
 - o Any other information, documentation as requested by Us

Intimation about an event or occurrence that may give rise to a claim under this Policy must be given within 30 days of its happening. We will examine and relax this time limit mentioned herein depending upon the merits of the case.

➤ Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss begins. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.

We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

➤ Claim Documents

1. Section I: Personal Accident

a) Accidental Death & Funeral Expenses

The following documents are required to be submitted to Us within 15 days from the date of loss

- Duly completed and signed claim form with annexure of Bank certificate duly certified
- Loan account statement and amortization schedule
- Death Certificate issued by municipal/equivalent authority
- Certified copies of MLC Report, FIR report, Spot Panchnama, Inquest Panchnama, Post Mortem Report if done, Final Police Report
- NEFT details of nominee (required in case of pay out to be made in favour of)
- Duly filled KYC form & KYC Documents (if payment to be made to nominee)
- Any other documents as may be required by Us

The above list is indicative and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

b) Permanent Total Disablement:

- Duly completed claim form with duly certified bank annexure.
- Certificate issued by Competent medical authority confirming nature & extent of disability with period and prognosis for (Permanent Total Disability, Permanent Partial Disability)
- Photograph of the injured with reflecting disablement.
- Certified copy of hospital admission/ discharge card with complete medical records including relevant Investigation/ Lab reports (X-Ray, MRI etc.)
- Certified copies of MLC Report, FIR report, Spot Panchnama, Final Police Report
- NEFT details of insured / nominee (required in case of payout applicable to be made in favour of)
- Duly filled KYC form & KYC Documents (if payment to be made to insured/nominee)
- Loan account statement, & Certificate from bank confirming loan account details including loan outstanding as on date of loss (Principal amount & Interest) excluding overdues/ penalties
- Any other documents as may be required by Us

2. Section II: Critical Illness

The Insured person may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense within ninety (90) days of date of first diagnosis of the Illness/ date of surgical procedure or date of occurrence of the medical event, as the case may be

- Duly completed and signed claim form in original as prescribed by Us.
- First diagnostic report confirming diagnosis of critical illness claimed
- Medical Certificate confirming details of first consultation, medical history, symptoms and date of 1st diagnosis of critical illness
- All consultation papers including first consultation and subsequent follow up, medical records and prescriptions related to illness.
- Certified copy of Hospital Discharge Certificate/ Card from the hospital, if any
- Indoor case papers (Optional)

- Duly filled KYC form & KYC Documents of insured/nominee, if payout applicable to be made in favour of insured/nominee
- Loan account statement, & Certificate from bank confirming loan account details including loan outstanding as on date of loss (Principal amount & Interest) excluding overdues/ penalties
- In the cases where Critical Illness claimed arises due to an accident, certified copy FIR, medico legal certificate and other relevant police documents will be required wherever applicable.
- Copy of cancelled cheque with Insured printed name or passbook first page or bank statement for NEFT payment.

The above list is indicative and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

3. Section III: Admission Benefit - Accidental Hospitalization

Following documents need to be submitted

- Duly filled claim form by the Insured Person/claimant.
- Certified copy of Hospital discharge summary
- Certified copy of In-patient detailed bill
- Certified copies of all investigation/diagnostic test reports – Blood, Pathology, Radiology etc.
- Certified copies of all consultation papers related to diagnosis
- Duly filled KYC form & KYC Documents of insured (if payout to be made in favour of insured).
- NEFT details of insured (Copy of Bank passbook/cancelled cheque/letter from bank confirming account details, IFSC & MICR codes) for household expense benefit payout to be made to insured

In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person or the claimant, as the case may be

➤ Scrutiny of Claim Documents

We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person through claim requirement letter followed by reminder letter with interval of 20 days. If documents are not received even within 20 days of reminder letter, we shall send second reminder cum rejection notice. If claim documents are not received till 60th day since date of requirement raised, claim will be rejected for non submission of requirements and reserve will be reversed.

➤ Claim Assessment

We will pay fixed amounts as specified in the applicable Sections for Basic or Optional Benefits in accordance with the terms of this Policy.

We are not liable to make any payments that are not specified in the Policy.

➤ Re-opening of Claim

A claim shall be reopened only post receipt of requirements sufficient to settle/decide the claim.

➤ Claims Investigation

We may investigate claims at our Own discretion to determine the validity of a claim. Such investigation shall be concluded within 21 days from the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/ investigation(s) and the costs for such verification/investigation shall be borne by Us.

➤ **Settlement & Repudiation of a Claim**

We shall settle a claim including its rejection within 30 days of the receipt of the last "necessary" documents.

In case of suspected frauds, the last "necessary" document shall mean the receipt of verification/ investigation report to determine the validity of the claim.

In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

➤ **Representation against Rejection**

Where a rejection is communicated by Us, the claimant may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision.

➤ **Payment Terms**

All claims will be payable in India and in Indian rupees.

➤ **Fraudulent Claims**

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy then this Policy shall be void in respect of such Insured Person and all claims in respect of such Insured Person shall be forfeited. All sums paid under this Policy shall be repaid to Us by You on behalf of such Insured Person who shall be jointly liable for such repayment.

➤ **Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty six months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

Any claim for which the notification of claim is received 12 calendar months after the event or occurrence giving rise to the claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the claim was for reasons beyond Your or the Insured Persons control.

➤ **Complete Discharge**

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy except in case of assignment of the Benefit in respect of an Insured Person where the Policyholder is a creditor of the Insured Person. The payment made by Us to the Insured Person or to their Nominee/ legal representative or to the valid assignee, as the case may be, of the compensation or Benefit under the Policy shall in all cases be complete, valid and construed as an effectual discharge in favour of Us.

➤ **Arbitration clause**

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by

the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 (as amended).

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

Grievances Redressal Procedure

If You/ Insured Person may have a grievance that requires to be redressed, You/ Insured Person may contact Us with the details of the grievance through:

Level 1

Call us on our Toll Free for any queries that you may have @ 1800221111, 18001021111

Email your queries to customer.care@sbigeneral.in

Visit our website www.sbigeneral.in to register for your queries

Please walk in to any of our branch office or corporate office during business hours

You may also fax us your queries at _1800227244, 18001027244

Level 2

If you still are not happy about the resolution provided then you may please write to our head.customer.care@sbigeneral.in

Level 3

If you are dissatisfied with the resolution provided in the Steps as indicated above on your Complaint, you may send your 'Appeal' addressed to the Chairman of the Grievance Redressal Committee. The Committee will look into the appeal and decide the same expeditiously on merits.

You can write to Head – Compliance, Legal & CS on the id - gro@sbigeneral.in

Level 4

If your issue remains unresolved you may approach IRDA by calling on the Toll Free no. 155255 or you can register an online complaint on the website <http://igms.irda.gov.in>

Senior Citizens: Senior Citizens can also write to seniorcitizengrievances@sbigeneral.in

If You/ Insured Person are not satisfied with Our redressal of grievance through one of the above methods, You/ Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices attached as Annexure I to this Policy document

LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD – Shri Kuldip Singh Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road,	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in		Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.	JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh.	ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.	KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	LUCKNOW - Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).		
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.		
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.		
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
		NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road,	State of Uttaranchal and the following Districts of Uttar

<p>Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

The updated details of Insurance Ombudsman are available on the IRDA website: www.irda.gov.in and on the website of General Insurance Council: www.gicouncil.in

Endorsement Wordings:

Reducing Sum Insured:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I, II and III for the purpose of calculation of claim shall be the least of the following:

- The Principal Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
- The Principal Outstanding as per the amortization Schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I, II & III of the Schedule of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization Schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured; or
- The Sum Insured as appearing against Section I, II & III of the Schedule

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION