

## AROGYA SANJEEVANI POLICY, SBI GENERAL INSURANCE COMPANY LIMITED

### POLICY SCHEDULE

Master Policy No:	Servicing Branch Office:	Issue Date:
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### INTERMEDIARY DETAILS

Intermediary Name	xxxxxxxxxx	Intermediary Code	xxxxxxxxxx
Intermediary Contact details	Mobile No.- xxxxxxxxxx	Email Id:	xxxxxxxxxx
Address			

### PROPOSER DETAILS

Proposer Name			
Present Address (Current Residing Address)	Village:	Grampanchayat:	
	City:	State:	
	Pin-code:	Landmark:	
Permanent Address	Village:	Grampanchayat:	
	City:	State:	
	Pin-code:	Landmark:	
PAN/Aadhar/Passport/Driving License/Others			
Premium Frequency			
Period of Insurance	From Date and Time: <<DD / MM / YYYY hrs >>	To Date and Time: <<DD / MM / YYYY midnight>>	
Contact number		alternate	contact number
Email			
Nationality			
Date of 1 <sup>st</sup> inception of Policy			
Cover Opted			
Business Type	New/ Renewal/ Migration/ Portability		
Previous Policy No. (if any)			

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

## INSURED PERSON'S DETAILS:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured:						
Date of Birth:						
Age:						
Gender:						
Height:						
Weight:						
Occupation:						
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)						
Marital Status:						
Relationship with Proposer:						
Basic Sum Insured:						
Cumulative Bonus (in INR)						
Pre-existing Disease/s* Disability Details (if any)	Yes/No, If yes provide details					
ABHA (Ayushman Bharat Health Account) number (if available) <sup>#</sup>						

## NOMINEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee						
Date of Birth (DD/MM/YYYY)						
Age:						
Gender (M/F/O)						

Relationship with Policyholder						
Mobile No. of the Nominee						
Present Address of the Nominee						
Permanent Address of the Nominee						
Nominee Email ID						

### APPOINTEE DETAILS

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee						
Date Of Birth (DD/MM/YYYY)						
Age:						
Gender (M/F/O)						
Relationship with Nominee						
Address of the Appointee						
Appointee Mobile No						

### ADDITIONAL LOADING DETAILS (IF ANY)

Name of the Insured Persons	Reason for additional loading (Habit & Disease)

### PREMIUM DETAILS

Particulars	Amount (Rs)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	

Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

## COLLECTION DETAILS:

Receipt no:		Receipt Date: DD / MM / YYYY
Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date		Authorised Signatory

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.

Consolidated Stamp duties paid towards Insurance Policy vide Order No..... Dated .....of General Stamp Office, Mumbai.

## IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.

To verify your Policy details click/ visit [www.sbigeneral.in](http://www.sbigeneral.in)

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

## CONTACT DETAILS IN CASE OF ANY CLAIM

Email	<a href="mailto:sbig.health@sbigeneral.in">sbig.health@sbigeneral.in</a> ; <a href="mailto:seniorcitizencomplaints@sbigeneral.in">seniorcitizencomplaints@sbigeneral.in</a> (for Senior Citizens)
Toll Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)
Website	<a href="http://www.sbigeneral.in">www.sbigeneral.in</a>
Fax No	1800227244, 18001027244

For complete details of Coverage & Policy Wording, kindly visit our website –

In the unfortunate event of a claim our Customer Care may be informed on the toll free numbers or email may be sent to [sbig.health@sbigeneral.in](mailto:sbig.health@sbigeneral.in) quoting the Policy No. of the insured which appears on the policy schedule of Insurance overleaf.

## GRIEVANCE REDRESSAL PROCESS

### Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link:

<https://bimabharosa.irdai.gov.in/Home/Home>

### Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: [head.customer care@sbigeneral.in](mailto:head.customer care@sbigeneral.in)

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: [Seniorcitizengrievances@sbigeneral.in](mailto:Seniorcitizengrievances@sbigeneral.in)

Toll-Free Number: 1800 102 1111 (Available 24/7)

### Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: [gro@sbigeneral.in](mailto:gro@sbigeneral.in)

Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

### Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>