

COMPREHENSIVE LOAN 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	Comprehensive Loan Insurance																
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																
3.	Type of Insurance Product/ Policy	Benefit																
4.	Sum Insured (Basis)	<p>Family Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th><th style="width: 60%;">Insured Name</th><th style="width: 25%;">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> <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																
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>1. Critical illness cover</p> <p>Section I – major critical illness benefit Covers major CI based on six plans varying by number of Major Critical Illness conditions.</p> <p>Section II – Critical Illness (CI) – Sachet Covers CI based on seven plans and combination of disease specific CI conditions.</p> <p>Section III - Early-Stage Critical Illness Conditions Cover (Optional Cover) Covers Early Stage CI whose signs or symptoms first commence more than 180 days after the commencement of Period of Insurance.</p> <p>2. Personal accident benefit</p> <p>2.1 Base Cover:</p>	C. Scope of cover and benefits															

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>2.1.1 Accidental Death - Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Death.</p> <p>2.1.2 Accidental Permanent Total Disability (PTD) - Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement.</p> <p>2.1.3 Accidental Permanent Total Disability (PTD) - Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement.</p> <p>2.2 Double Indemnity PA Cover (optional cover) - Benefit will be payable in case the accident resulting in Death or PTD happens when the insured was a fare paying passenger in any of the listed public carriers. The maximum liability will be 2 times of AD/PTD Sum Insured.</p> <p>2.3 Funeral Benefit (optional cover) - Pays benefit amount of INR 20,000 towards funeral expenses including transporting the mortal remains.</p> <p>3. Involuntary Loss of Job - Covers involuntary termination from employment of the insured or his/her permanent dismissal, temporary suspension or retrenchment or lay off from employment imposed.</p> <p>4. Loss of Earnings for Self Employed - Covers loss of Earnings due to listed conditions.</p> <p>5. Education Benefit - Benefit payable for diagnosis of Critical Illness or death / PTD. Lumpsum amount of 10% of Sum Insured subject to maximum INR 500,000 irrespective of number of dependent children.</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)	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: <ol style="list-style-type: none"> 1. Investigation & Evaluation: (Code- Excl04) 2. Rest Cure, rehabilitation and respite care: (Code- Excl05) 3. Obesity/ Weight Control: Code- Excl06 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or Plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl 11) 	D. Waiting period and exclusions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
7.	Waiting period	<ol style="list-style-type: none"> 1. Major Critical Illness Benefit- 90/60/45/30 days 2. Critical Illness Sachet- 90/60/45/30 days 3. Early-Stage CI conditions.- 180 days 4. Incidental Expenses- 90/60/45/30 days 5. Involuntary Loss of Job- As per prevailing Base cover 6. Loss of Earnings for Self Employed- As per prevailing Base cover 7. Education Benefit- As per prevailing Base cover 	Annexure II- Product Benefit Table
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limits:</p> <ol style="list-style-type: none"> 1. Double Indemnity PA Cover (Optional Cover)- The maximum liability will be 2 times of AD/PTD Sum Insured. 2. Funeral Benefit (Optional Cover)- Pays benefit amount of INR 20,000. 3. Education Benefit- Benefit payable for diagnosis of Critical Illness or death / PTD. Lumpsum amount of 10% of Sum Insured subject to maximum INR 500,000 irrespective of number of dependent children. 	C. Scope of cover and benefits
9.	Claims/ Claims Procedure	<ol style="list-style-type: none"> 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 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>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. <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>	E. General terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800 102 1111 (Available 24/7)</p> <p>For agents and intermediaries</p> <p>1800 22 1111 (Available 24/7)</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1: Bima Bharosa</p> <p>You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care</p> <p>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.</p> <p>Email: head.customerCare@sbigeneral.in</p> <p>Phone: 1800 102 1111</p> <p>For Senior Citizens:</p> <p>Senior citizens can reach us through the following dedicated channels:</p> <p>Email: SeniorCitizenGrievances@sbigeneral.in</p> <p>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO)</p> <p>In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business 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</p> <p>Email: gro@sbigeneral.in</p> <p>Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman</p> <p>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.</p> <p>Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	H.Grievance Redressal Procedure

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
12.	Things to remember	<p>1. 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.</p> <p>2. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.</p> <p>3. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.</p>	E. General terms and clauses
13.	Your Obligations	<p>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 Insured Person.</p>	E. General terms and clauses

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

Place:

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

Signature of the Policyholder

Note:

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