

CRITICAL ILLNESS INSURANCE POLICY

POLICY SCHEDULE

Policy No.: Issue Date:
Servicing Branch Office:

INTERMEDIARY DETAILS

Intermediary Name:
Intermediary Code:
Intermediary Contact Details:
Mobile No.:
Landline No.:
Address:

POLICY HOLDER DETAILS

Name of Insured:
Present Address
(Current Residing Address):

City: State:
Village: Gram Panchayat:
Pin Code: Landmark

Permanent Address:
City: State:
Village: Gram Panchayat:
Pin Code: Landmark

Period of Insurance: From Date and Time: / / hrs
To Date and Time: / / midnight

Plan Duration Opted: 1 Year / 3 Year

Contact Number:

Email:

Date of inception first insurance policy:

Cover Opted:

Renewal Policy Number, If Any:

Details of other policies declared in the proposal:

Business Type: New/ Renewal/ Migration/ Portability

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 DETAILS

Member ID: _____

Name: _____

Gender: _____ Marital Status: _____

Date of Birth: _____ Age: _____

Relationship with Proposer: _____

Occupation and Nature of Business/ Work: _____

Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other): _____

Other Insurance: _____

ABHA (Ayushman Bharat Health Account) number (if available): _____

Sum Insured (in INR): _____

Pre-Existing Disease/Disability/Hospitalisation/ Medical Treatment/ Surgery History declared: _____

Special Terms of Acceptance: _____

Special Exclusions if any: _____

NOMINEE DETAILS:

Insured Name			
Nominee details	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
% Share of Claim Amount			
Date of Birth (DD/MM/YYYY)			
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
Name of Appointee	
Date Of Birth (DD/MM/YYYY)	
Gender (M/F/O)	
Relationship with Nominee	
Address of the Appointee	
Appointee Mobile no	

SPECIAL UNDERWRITING CONDITION

Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties:

- 1•
- 2•

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 & Place:

Authorized Signatory

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No _____

Dated _____ of General Stamp Office, Mumbai .

GSTIN: _____

IMPORTANT NOTE

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 dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled irrespective of whether a separate communication is sent or not.

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.

To verify your Policy details click/ visit www.sbigeneral.in

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

CONTACT DETAILS:

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	sbig.health@sbigeneral.in
Toll-Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

GRIEVANCE REDRESSAL PROCEDURE:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

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

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 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

Email: 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.ciains.co.in/Ombudsman>

PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

This is to certify that Mr/Ms/Mrs _____ has paid Rs.
_____ (In Words _____) towards the
premium for Health Insurance for the period from _____ (DD/mm/yy) _____

To _____ (DD/mm/yy) _____ Policy Number:

Date: _____

Place: _____

Authorised Signatory
SBI General Insurance Company Ltd