

DIVYANGA SURAKSHA, SBI GENERAL 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	Divyanga Suraksha, SBI General Insurance																
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																
3.	Type of Insurance Product/ Policy	Indemnity																
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Insured Name</th><th>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													
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5.	Policy Coverage (What the Policy Covers)	<p>Covers Expenses in respect of:</p> <ul style="list-style-type: none"> • Inpatient Care: Admission in hospital beyond 24 hours. • AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment. • Pre-Hospitalization Medical Expenses: Covered prior to 30 days of hospitalization. • Post-Hospitalization Medical Expenses: Covered post 60 days of hospitalization. • Emergency Ground Ambulance: We will pay for expenses incurred up to Rs. 2000 per hospitalization. • Cataract Treatment: Expenses incurred for treatment of cataract. • Modern Treatment: We will pay Expenses up to 50% of Sum Insured on listed Modern Treatments. 	Section 4															

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6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ul style="list-style-type: none"> a) Investigation and Evaluation (Code-Excl 04) b) Rest Cure, rehabilitation, and respite care (Code- Excl 05) c) Obesity / Weight Control (Code- Excl 06) d) Change of Gender Treatments (Code- Excl 07) e) Cosmetic or Plastic Surgery (Code- Excl 08) f) Hazardous or Adventure Sports (Code- Excl 09) g) Breach of Law (Code- Excl 10) h) Excluded Providers (Code-Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) j) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds (Code- Excl13). k) Dietary supplements and substances that can be purchased without prescription (Code- Excl14) l) Refractive Error (Code-Excl 15) m) Unproven Treatments (Code- Excl 16) n) Sterility and Infertility (Code-Excl 17) o) Maternity (Code-Excl 18) 	Section 8
7.	Waiting period	<p>Initial waiting period: 30 Days</p> <p>Specific Waiting Periods</p> <ul style="list-style-type: none"> • 24 months for Benign ENT disorders, Tonsillectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, Adenoidectomy, all internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps, Benign prostate hypertrophy etc (not applicable for claims arising due to accident). <p>Pre-Existing Diseases:</p> <ul style="list-style-type: none"> • 24 months for expenses related to the treatment of pre-existing Disability. • 36 months for all pre-existing conditions other than HIV/AIDS and Disability. 	Section 5
8.	Financial Limits of the Coverage	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> 1. Cataract – up to Rs. 40,000/- per each eye in one policy year. 2. Modern treatment methods and advancements in technology: Up to 50% of the Sum Insured. 3. AYUSH Treatment Expenses - Covered up to 50% of Sum Insured 	Section 4

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		<p>4. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p> <p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sum Limit: Expenses exceeding the following Sub-limits:</p> <ol style="list-style-type: none"> 1. Room Charges – Up to maximum of 1% of SI, per day 2. ICU charges – Up to maximum of 2 % of SI per day <p>II. Co-Pay: 5% on all claims</p> <ol style="list-style-type: none"> 1. 20% Co-payment applicable on each and every claim. This co-payment can be waived off by paying an additional premium. 										
9.	Claims/ Claims Procedure	<p>a. For Cashless Service: a. 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</p> <p>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 hereunder</p> <table border="1" data-bbox="350 1035 1235 1356"> <thead> <tr> <th data-bbox="350 1035 441 1080">Sr. No.</th><th data-bbox="441 1035 827 1080">Type of Claim</th><th data-bbox="827 1035 1235 1080">Prescribed Time limit</th></tr> </thead> <tbody> <tr> <td data-bbox="350 1080 441 1237">1.</td><td data-bbox="441 1080 827 1237">Reimbursement of hospitalization, day care and pre-hospitalization expenses</td><td data-bbox="827 1080 1235 1237">Within thirty days from completion of hospitalization</td></tr> <tr> <td data-bbox="350 1237 441 1356">2.</td><td data-bbox="441 1237 827 1356">Reimbursement of post expenses post-hospitalization treatment</td><td data-bbox="827 1237 1235 1356">Within fifteen days from completion of post-hospitalization</td></tr> </tbody> </table> <p>For details on claim procedure please refer the policy document 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>	Sr. No.	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days from completion of hospitalization	2.	Reimbursement of post expenses post-hospitalization treatment	Within fifteen days from completion of post-hospitalization	Section 10
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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>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:</p> <p>Stage 1: Bima Bharosa</p> <p>You can register your grievances with the regulator using the following link:</p> <p>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.customer care@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>	9. General Terms And Conditions
12.	Things to remember	<ol style="list-style-type: none"> 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 	Section 9

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		<p>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. Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.</p> <p>For Detailed Guidelines on Migration, kindly refer the link- https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>4. Portability: The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire Policy along with all the members of the Family, if any, at least 30 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.</p> <p>For Detailed Guidelines on Portability, kindly refer the link- https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>5. Change of Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.</p>	

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		<p>6. 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>	
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <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 Policyholder.</p>	9. General Terms And Conditions, Clause 1

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

Place:

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

Signature of the Policyholder

Note:

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