

## DIVYANGA SURAKSHA, SBI GENERAL INSURANCE

### POLICY SCHEDULE

Policy No.: ..... Issue Date: .....  
 Servicing Branch Office: .....

### INTERMEDIARY DETAILS

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

### POLICY HOLDER DETAILS

Name of Policyholder		
Present Address (Current Residing Address)	Village:	Gram Panchayat:
	City:	State:
	Pin-code:	Landmark:
Permanent Address	Village:	Gram Panchayat:
	City:	State:
	Pin-code:	Landmark:
PAN No. or Form 60/ 61		
Premium Frequency		
Contact Number		
Email		
Business Type	<<New/ Renewal/ Migration/Portability>>	
Period of Insurance	Start Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	End Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Date of 1st inception of Policy	From Date and Time: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> _____ hrs	To Date and Time: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> _____ midnight
Cover Opted	Pre-existing HIV/AIDS <input type="checkbox"/>	Pre-existing Disability <input type="checkbox"/>
	Pre-existing HIV/AIDS and Disability <input type="checkbox"/>	
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						
Pre-existing Disease/s* Disability Details (if any)						
ABHA (Ayushman Bharat Health Account) number (if available)#						

## 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	Reason for additional loading

### APPLICABLE EXCLUSION, CLAUSES

1•

2•

### PREMIUM DETAILS:

Particulars	Amount (₹)
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.	

### INSTALMENT SCHEDULE

Instalment Frequency	Annual/ Quarterly / Half-Yearly /Monthly
Instalment Due Date	

Receipt no: \_\_\_\_\_ Receipt Date: DD/MM/YYYY

Consolidated Stamp Duty paid Rs. \_\_\_\_\_/- towards Insurance Policy Stamps vide Order No. \_\_\_\_\_

Dated yyyy-mm-dd of General Stamps Office Mumbai.

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

Signed at:

Date:

For SBI General Insurance Company Limited  
Authorized Signatory

## DISCLAIMERS

1. Policyholder shall pay to the Company the premium, applicable taxes & levies, charges etc. as mentioned in the Policy and so long as the Policyholder performs and observes all his obligations hereunder, the Company, as a matter of facility to the Policyholder, agrees to accept payment of premium in Instalments as mentioned in the Policy.
2. Notwithstanding the provisions of the preceding clause, upon non-payment of any Instalments by the due date thereof, this Policy shall cease to operate from the unpaid instalment due date and the Company shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy. However, the Company may at its sole discretion re-instate the Policy, subject to the available Sum Insured and underwriting at the time of such reinstatement, from the date and time of receipt of such instalment till the Policy Period End Date, provided that the Policyholder makes the payment of the due instalment not later than 15 days from the due date of last unpaid instalment and further provided that all the other Instalments payable under the Policy are realized by the Company by the respective due dates and time and without any default.
3. Company shall not be liable for any Claims which are incurred from the due date of installment till the date and time of re-instatement of the Policy.
4. Additionally, in the event of any Claim being lodged under the Policy for any cause whatsoever, all the subsequent premium Instalments shall immediately become due and payable notwithstanding anything to the contrary herein above contained. The Company shall have the right to recover and deduct any or all the pending instalments from the Claim amount due under the Policy.

## 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 Policy Holder in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Policy Holder 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 CLAIMS

Email:	sbig.health@sbigeneral.in
Toll Free Number:	1800 102 1111 (Available 24/7) For Agents and Intermediaries – 1800 22 1111 (Available 24/7)
Website:	www.sbigeneral.in
Fax No:	1800227244, 18001027244
TPA Details	SBI General Insurance Company Limited 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045

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 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@sbigenral.in](mailto:head.customer@sbigenral.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@sbigenral.in](mailto:gro@sbigenral.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>

## COVERAGE DETAILS

Benefits	Plan
Sum Insured (SI)	4 Lacs, 5 Lacs
Family Definition	Individual
Inpatient Care	i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day. ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of to 2% of Sum Insured per day.

<b>AYUSH Treatment</b>	The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.
<b>Pre/Post Hospitalization Medical Expenses</b>	30 days & 60 days respectively
<b>Emergency Ground Ambulance</b>	Maximum of Rs.2000/- per hospitalisation
<b>Cataract Treatment</b>	A limit of Rs.40,000/-, per each eye in one policy year.
<b>Modern Treatment</b>	Up to 50% of Sum Insured
<b>Co-pay</b>	20% on all claims unless waiver for Co-pay is opted and premium is paid for the same

Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy.

## WAITING PERIOD

<b>Initial Waiting Period</b>	30 days (Except for Accident)
<b>Pre-Existing Diseases</b>	36 months (excluding Disability/HIV)
<b>Specific Illnesses</b>	24 months
<b>Disability</b>	24 months
<b>HIV</b>	30 days for Indemnity

Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy

## PREMIUM CERTIFICATE

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

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

Transaction Id:

This is to certify that Mr./Ms./Mrs. \_\_\_\_\_ has paid INR  
(In Words \_\_\_\_\_)

towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the  
period from \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ To \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ Midnight for Policy No.  
xxxxxxxxxx

Date: DD/MM/YYYY

SBI General Insurance Company Limited

Place:

Authorized Signatory

This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of  
the policy or any alteration in the insurance affecting premium.