

GROUP BUSINESS TRAVEL (INTERNATIONAL) INSURANCE

POLICY SCHEDULE

Master Policy No.:		Servicing Branch Office:		Issue Date:	
Intermediary Name:	XXXXXXXXXX	Intermediary Code:	XXXXXXXXXX		
Intermediary Contact Details:	Mobile No. - XXXXXXXXXX	Landline No.	XXXXXXXXXX		
Address:					
Insured Name:	XXXXXXXXXX				
Present Address (Current Residing Address)	City:		Village:		
	Gram Panchayat:		State:		
	Pin-Code:		Landmark:		
Permanent Address	City:		Village:		
	Gram Panchayat:		State:		
	Pin-Code:		Landmark:		
Policy Period:	From: XX.XX hrs XX.XX.20XX To: mid night of XX.XX.20XX				
Business Type:	New/ Renewal/ Migration/ Portability				
Total number of Travel days					
Geography of Travel					
Renewal policy number, if any					
Claims Assistance:	This Policy is administered by:-				
Name					
Mobile number					
Mail id					
Coverage	As per Annexure 1 - Table of Cover				

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.

ADDITIONAL CONDITIONS:

Coverage subject to the following additional Conditions and Clauses/ Endorsements/ Warranties:

- 1.
- 2.

PREMIUM DETAILS:

Particulars	Amount (₹)
Premium in Rs.	
Add Taxes as applicable	
Final Premium 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 and Place		Authorized Signatory

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

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

Dated _____ of General Stamp Office, Mumbai

GSTN No. _____

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

REDRESSAL OF GRIEVANCES:

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.customercare@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrивences@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

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>

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 dishonor 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.

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

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

ANNEXURE 1- TABLE OF COVER

Cover	Required Y/N	Limits Per Trip	Deductible
Section A: Medical Expenses, Evacuation and Repatriation	Mandatory	<<US\$ 50000-US\$500000>>	
Accident and Sickness Medical Expenses	Mandatory		US\$100
Emergency Medical Evacuation	Mandatory		NIL
Repatriation of Mortal Remains	Mandatory		NIL
Dental Service		US\$500	US\$100
Section B: Personal Accident			
Accidental Death and Bodily Injury	Mandatory	10% of cover under Section A(i) subject to a maximum of US\$25000	NIL
Disappearance			NIL
Section C: Travel Support			
Loss of Checked Baggage		US\$1000	US\$ 100
Delay of Checked Baggage		US\$50 per 12 hours maximum US\$500	First 12 hours
Loss of Passport		US\$400	US\$40
Trip Cancellation		US\$750	US\$75
Trip Curtailment		US\$750	US\$75
Trip Delay		US\$50 per 12 hours maximum US\$500	First 12 hours
Missed Connection	Mandatory	US\$750	US\$75
Hospitalization Daily Allowance		US\$50 per day maximum of 30 days	First 24 Hours
Emergency Cash Advance		US\$1000	Not Applicable
Bail Bond Insurance		US\$1000	Not Applicable
Hijack Cover		US\$200 per 24 hours maximum US\$1000	First 24 Hours
Golfer's Hole in One		US\$1000	US\$50
Home Burglary Insurance		Rs 200000	Rs 5,000/-
Section D: Replacement and Rearrangement of Staff (Business Trip Only)		US\$ 1000 to US\$ 7500	NIL
Section E: Personal Liability		50% of the limit of cover under A (i) or US\$ 2,00,00 whichever is lower	NIL