

## GROUP DOMESTIC TRAVEL POLICY

### 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	<b>Group Domestic Travel Policy</b>																															
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																															
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit																															
4.	Sum Insured (Basis)	<p><b>Group Individual Sum Insured</b></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><b>Family Floater Sum Insured</b></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><b>Note:</b> 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													
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5.	Policy Coverage (What the Policy Covers)	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p><b>Section 1. Accident: Medical Treatment, Assistance and Evacuation</b></p> <ol style="list-style-type: none"> <li><b>Medical Treatment</b> - Medical Expenses incurred for Hospitalisation or Outpatient Treatment.</li> <li><b>Medical Evacuation</b> - Expense for transportation of the Insured Person and an attending Medical Practitioner and/or Immediate Family Members (maximum two</li> </ol>	Benefits																														

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		<p>members).</p> <p>3. <b>Transportation of mortal remains</b> - Reimbursement for transporting the mortal remains.</p> <p>4. <b>Accidental Dental Injury</b> - Coverage for natural sound teeth that requires immediate medical attention.</p> <p><b>Section 2. Personal Accident- Death, permanent impairment covered.</b></p> <p><b>Section 3. Hospital Daily Cash- Coverage for Daily Cash amount for each continuous and completed period of 24 hours</b></p> <p><b>Section 4. Travel Support (Air Travel)</b></p> <ol style="list-style-type: none"> <li>1. Loss of Checked-in Baggage- Coverage for Checked-in Baggage if permanently lost by a Carrier.</li> <li>2. Delay of Checked-in Baggage- Coverage for Checked-in Baggage if delayed by a Carrier.</li> <li>3. Flight Delay- Coverage for delay of flight for more than 6 hrs.</li> </ol> <p><b>Section 5. Travel Support (Rail Travel)</b></p> <ol style="list-style-type: none"> <li>1. Loss of accompanying baggage- Accidental loss of, destruction of or damage caused to personal Baggage.</li> <li>2. Train Delay- Coverage for delay of rail for more than 12 hrs.</li> </ol> <p><b>Section 6. Travel Inconvenience</b></p> <ol style="list-style-type: none"> <li>1. Trip Cancellation- If the carrier is unavoidably cancelled due to the reasons mentioned, this cover triggers.</li> <li>2. Trip Curtailment- Coverage for a trip on a Carrier if unavoidably curtailed before completion.</li> <li>3. Missed Departure- Coverage for the cost of actual Ticket (Common Carrier – Air/ Rail), if the insured cannot reach the original departure point because of stated reasons.</li> <li>4. Loss of Tickets- Coverage for cost of actual ticket (Common Carrier – Air/ Rail), which has been lost, and due to which insured could not continue intended Trip</li> <li>5. Emergency Travel- Coverage for actual cost of an economy return airfare or one way first class railway ticket in a Common Carrier, whichever is less, for one Immediate Family Member.</li> <li>6. Emergency Hotel- Reimbursement of reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member for stated conditions.</li> </ol>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p><b>Section 7.</b> Domestic Replacement and Rearrangement (cover available for Business Trips Only)- Payment up to the maximum amount stated for reasonable additional travel and accommodation expenses deputing a substitute employee from the same organization as a replacement.</p> <p><b>Section 8.</b> Personal Liability- Payment by way of Compensation for, personal injury or property damage of third party</p> <p><b>Section 9.</b> Home Burglary- Coverage for actual or attempted burglary and/ or robbery.</p> <p><b>Note:</b> 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.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Any Pre-existing Condition declared or not declared or any complication arising from it.</li> <li>2. Any person who has obtained cover and is under Age 90 days or above Age 80 years</li> <li>3. If the Insured Person is travelling against the advice of a Medical Practitioner, or is receiving or on a waiting list for specified medical treatment, or is travelling for the purpose of obtaining medical treatment, or has received a terminal prognosis for a medical condition</li> <li>4. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy</li> <li>5. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies</li> <li>6. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent, or intentional self-injury, suicide or attempted suicide while sane or insane</li> <li>7. Experimental, investigational or unproven treatment</li> <li>8. Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus)</li> <li>9. War or any act of war, invasion</li> <li>10. Participation in Adventure Sports or Professional Sports</li> </ol>	General exclusions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
7.	Waiting period	Not Applicable	
8.	Financial Limits of the Coverage	<p><b>In case of a claim, this policy requires you to share the following costs:</b></p> <ol style="list-style-type: none"> <li>1. Hospital Daily Cash - First 24 Hours</li> <li>2. Travel Support (Air Travel) <ul style="list-style-type: none"> <li>- Loss of Checked Baggage - INR 250</li> <li>- Delay of Checked Baggage - First 6 hours</li> <li>- Flight Delay - First 6 hours</li> </ul> </li> <li>3. Travel Support (Rail Travel) <ul style="list-style-type: none"> <li>- Loss of accompanying baggage - INR 250</li> <li>- Train Delay - First 12 hours</li> </ul> </li> <li>4. Travel Inconvenience <ul style="list-style-type: none"> <li>- Trip Cancellation - INR 250</li> <li>- Trip Curtailment - INR 250</li> <li>- Missed Departure - NIL</li> <li>- Loss of Tickets - INR 250</li> <li>- Emergency Hotel - 10% of claim amount</li> </ul> </li> <li>5. Home Burglary - INR 5000</li> </ol>	Benefits
9.	Claims/ Claims Procedure	<ol style="list-style-type: none"> <li>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 <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>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.</li> </ol> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</li> </ol> <ul style="list-style-type: none"> <li>• Hospital Network details can be obtained from link: <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>• Toll Free number: <b>1800 210 3366, 1800 210 6366</b></li> <li>• List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li> <li>• Claim forms can be downloaded from below link: <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul>	General conditions

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		<p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p><b>Website:</b> 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><b>Stage 1: Bima Bharosa</b> You can register your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head – Customer Care</b> 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 Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels:</p> <p>Email: Seniorcitizengrievances@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b> 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 Phone: 022-45138021</p> <p>Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b> 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: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p>	Grievance

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12.	Things to remember	<b>Policy renewal:</b> The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.	General conditions
13.	Your Obligations	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.	General conditions

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