

GROUP LOAN INSURANCE 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	Group Loan Insurance Policy																			
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																			
3.	Type of Insurance Product/ Policy	Benefit																			
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th><th style="width: 50%;">Insured Name</th><th style="width: 35%;">Base Sum Insured</th></tr> </thead> <tbody> <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 Sum Insured.</p>	Sr. No.	Insured Name	Base Sum Insured																
Sr. No.	Insured Name	Base Sum Insured																			
5.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule:</p> <p>Section 3.1: Personal Accident (Mandatory)</p> <p>Section 3.1.1 Accidental Death and Section 3.1.2: Permanent Total Disablement</p> <p>Lump sum payment in the event of Accidental Death or Permanent Total Disablement as mentioned in the Policy Schedule.</p> <p>Section 3.1.3 Funeral Expenses</p> <p>Funeral Expenses for maximum of Rs. 20,000 in case of Accidental death of the Insured Person.</p> <p>Section 3.2: Critical Illness (Optional Cover)</p>	Scope of cover																		

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		<p>Section 3.2.1: Critical Illness</p> <p>This section provides the coverage against the following 15 Critical Illnesses and Procedures (Refer the wordings for definitions):</p> <ol style="list-style-type: none"> 1. Cancer of specific severity 2. Myocardial Infarction (First Heart Attack of Specific Severity) 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure Requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ/ Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Multiple Sclerosis with Persisting Symptoms 11. Blindness 12. Primary (Idiopathic) Pulmonary Hypertension 13. Aorta Graft Surgery 14. Benign Brain Tumor 15. Motor Neurone Disease with Permanent Symptoms <p>Section 3.2.2: Incidental Expenses (Optional Cover)</p> <p>Lumpsum amount of Rs. 1 Lakh or admissible claim amount under Critical Illness, whichever is lower is paid on diagnosis of named critical illnesses.</p> <p>Section 3.3: Admission Benefit - Accidental Hospitalization (Optional Cover)</p> <p>3 EMI Amount(s) falling due in respect of the Loan as a fixed benefit in case of Accidental Hospitalization for a minimum period 48 Hours.</p> <p>Section 3.4: Waiver of Survival Period (Optional Cover)</p> <p>Critical Illness survival period of 28 days shall be waived off.</p>	
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> <ol style="list-style-type: none"> 1. Hazardous or Adventure sports (Code: Excl09) 2. Breach of law (Code: Excl10) 3. Substance Abuse and Alcohol (Code: Excl12) 4. Sterility and Infertility (Code: Excl17) 5. Maternity Expenses (Code: Excl18) 	Section 4

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7.	Waiting period	<p>1. First 90 days Waiting Period We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 90 days of the Inception Date of the first Policy.</p> <p>2. Survival Period The benefit payment shall be subject to survival of the Insured Person for at least 28 days following the first diagnosis of the Critical Illness/ undergoing the Surgical Procedure for the first time.</p>	Section 3.2.1 Section 3.4
8.	Financial Limits of the Coverage	Not Applicable	
9.	Claims/ Claims Procedure	<p>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: 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 in the Policy Wordings.</p> <p>Turn Around Time (TAT) for claim settlement</p> <ul 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 • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • 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>	Conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
10.	Policy Servicing	Email: customer.care@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	
11.	Grievances/ Complaints	<p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>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.</p> <p>Email:head.customerCare@sbigeneral.in</p> <p>Phone: 1800 102 1111</p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email:SeniorCitizenGrievances@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>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</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 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 accessed at (https://www.cioins.co.in/Ombudsman)</p>	Conditions
12.	Things to remember	<ol style="list-style-type: none"> 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 to return the same if not acceptable. For detailed conditions 	General terms and clauses

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		<p>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. 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. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>4. Change of Sum Insured: Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</p>	
13.	Your Obligations	<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 Insured Person.</p>	General terms and clauses

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

Place:

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

Signature of the Policyholder

Note:

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