Group Loan Insurance Policy

PROSPECTUS

Group Loan Insurance Policy is a benefit-based health insurance product designed to reduce financial burden of borrowers. This Product pays off the loan in case the borrowers face any unfortunate events or accidents. Critical illness and Personal Accident are the two events covered in this Product.

Eligibility

Anyone between the age of 18-65 years who is availing the loan from any financial Institution recognized by RBI

A. Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

A. 1. Personal Accident

Section A.1.1 - Accidental Death

For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of Death

Section A.1.2 - Permanent Total Disablement

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement

Table of Benefits

Permanent Total Disablement (PTD)	% of Sum Insured
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

Specific Condition

1. If an Insured person dies as a result of bodily Injury any amount claimed and paid to an Insured person under this section will be deducted from any payment under Accidental Death.

Section A.1.3 - Funeral Expenses

If we have accepted a claim under Accidental Death (A.1.1) benefit of this Policy, then we will in addition pay benefit amount towards funeral expenses including transporting the mortal remains of the Insured person from the place of the Accident or the Hospital to his residence.

The benefit amount payable is the admissible claim amount under Accidental Death (A.1.1) or Rs. 20,000, whichever is lower.

This benefit is over and above the base Sum Insured.

Specific Exclusions Applicable to SECTION A.1- PERSONAL ACCIDENT:

1. Payment of Compensation in respect of death arising from or resulting directly or indirectly from any Illness to any Insured.

Special conditions applicable to SECTION A.1- PERSONAL ACCIDENT:

The cover under this section in case of Accidental death for the specific Insured Person shall terminate in the event of claim in respect of that Insured person becoming admissible and accepted by us, under this Section.

Except if claim is paid under Section A.1.2- Permanent Total Disablement, the amount payable for the subsequent claims/s under such benefits shall be reduced by the amount/s already paid.

However, Section A.2. Critical Illness and Section A.3: Admission Benefit-Accident Hospitalization shall remain in force during the remaining Policy Period.

Optional Covers

A.2: Critical Illness Covers

Section A.2.1 – Critical Illness

Insured event: For the purposes of this Section and the determination of Our liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Policy Period and provided that the Insured Person survives for a minimum of 28 days from the date of diagnosis.

The list of diseases covered is as follows -

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 Specific 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

Section A.2.2 - Incidental Benefit

If we have accepted a claim under Critical Illness (II) benefit of this policy, then we will in addition pay benefit amount towards incidental expenses as lumpsum payment.

The benefit amount payable is the admissible claim amount under Critical Illness (II) or Rs. 100,000, whichever is lower.

This benefit is over and above the base Sum Insured.

Specific Exclusions Applicable to SECTION A.2:

1. Any Critical Illness or covered Disease/Illness/Sickness of which, the signs or symptoms first occurred within ninety (90) days following the first risk inception date. This 90 days period shall not be applicable on renewals to the extent of sum insured under the previous policy.
2. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed,
3. Any claim under for any Insured if the Insured does not survive a period of at least 28 days after the date of occurrence Insured Event.

Specific conditions applicable to SECTION A.2:

The cover(s) under this Section, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured person becoming admissible and accepted by Us under this Section.

However, Section A.1. Personal Accident and Section A.3. Admission Benefit-Accident Hospitalization shall remain in force during the remaining Policy Period.

A.3 Admission Benefit - Accidental Hospitalization

If the Insured Person is hospitalized during the Policy Period for Medically Necessary treatment due to Injury resulting from an Accident that occurred during the Policy Period for a minimum period of continuous 48 Hours then we will pay admission benefit of the 3 EMI Amount(s) falling due in respect of the Loan as a fixed benefit.

Specific Exclusion applicable to SECTION A.3:

1. Any stay in Hospital for an Illness or Injury due to Accident without undertaking any treatment.
2. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
3. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
4. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
5. Any treatment taken for Domiciliary Hospitalization.

Specific conditions applicable to section A.3:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under this section for the purpose of calculation of claim shall be the least of the following:

- If the Sum Inured as appearing in Personal Accident (Section A.1) is equal to the Loan Amount disbursed, then actual 3 EMIs as on date of Insured Event will be paid.
- In the event the Sum Insured as appearing against Personal Accident (Section A.1) of the Schedule of the Policy is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the Amortization Schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured;

A.4 Waiver of Survival Period

Under this option, we shall waive off the 28 days Survival Period condition. Such waiver, if allowed, shall be expressly mentioned in the Policy Schedule /Certificate of Insurance.

B. Exclusions

B.1 Standard Exclusions

B.1.1 Hazardous or Adventure sports (Code: Excl 09):

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

B.1.2 Breach of law (Code: Excl 10):

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

B.1.3 Substance Abuse and Alcohol (Code: Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof

B.1.4 Sterility and Infertility (Code: Excl17)

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

B.1.5 Maternity Expenses (Code - Excl 18)

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

B.2 SPECIFIC EXCLUSIONS

We shall not be liable for any loss under this Policy if:

1. Any Pre-existing condition or its related conditions arising from it.
2. Arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation.
6. External congenital anomalies/defects (known or unknown) or any complications or conditions arising there from
7. Loss due to Terrorism arising in connection with Nuclear and /or chemical and /or biological events.
8. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion

C. General Terms And Clauses

C.1 Standard General Terms And Clauses

C.1.1 Disclosure of Information

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.

C.1.2 Condition Precedent to Admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of The Company to make any payment for claim(s) arising under the Policy.

C.1.3 Complete Discharge

Any payment to the Policy holder, Insured person or his/ her Nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by The Company to the extent of that amount for the particular claim.

C.1.4 Multiple policies

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured Event in accordance with the terms and conditions, and limit of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.

C.1.5 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy: —

(a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

(b) the active concealment of a fact by the Insured person having knowledge or belief of the fact;

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the Policy on the ground of fraud, if the Insured person beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policy holder, if alive, or beneficiaries.

C.1.6 Cancellation and Termination Terms of Policy

Cancellation by you

i) You can choose to cancel the Policy, giving us a 15-day notice period by recorded delivery. This, provided there is no claim under the Policy. The insured shall be entitled for premium refund at the company's Short Period Scale provided in table below.

For policies upto one year :

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 Months	0%

Refund grid for policies with term longer than 1 year – Fixed Sum Insured:

Loan Period	2	3	4	5+
Policy Period	2	3	4	5
Return Premium Factors				
Year of cancellation	**% return premium**			
1	25%	45%	57%	65%
2	Nil	11%	26%	37%
3	-	Nil	6%	17%
4	-	-	Nil	4%
5	-	-	-	Nil

Refund grid for policies with term longer than 1 year – Reducing Sum Insured:

Policy Period	**2**	**3**	**4**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
Loan Period	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%

5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

Cancellation by Us

Policy may be cancelled by us on the grounds of misrepresentation, fraud or non-disclosure of material facts by sending to you 15 days' notice by recorded delivery at last known address/e-mail ID without refund of premium.

C.1.7 Free Look Period

The Free Look Period shall be applicable on new Group Loan Insurance policies and not on renewals or at the time of porting/migrating the Policy.

(1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.

(2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.

(3) Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

(4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

C.1.8 Withdrawal of the Policy

(i) In the likelihood of this product being withdrawn in future, The Company will intimate the Insured person about the same 90 days prior to expiry of the Policy.

(ii) Insured Person will have the option to migrate to similar product available with The Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break.

C.1.9 Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured person shall be notified three months before the changes are affected.

C.1.10 Nomination

The Policy holder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of Your death. Any change of nomination shall be communicated to The Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Insured Person, The Company will pay the Nominee (as named in the Policy Schedule) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Insured person whose discharge shall be treated as full and final discharge of its liability under the Policy.

Claims Procedure

Claim Intimation:

- Upon the discovery or occurrence of an event or Hospitalisation that may give rise to a claim under this Policy, Insured person or the Nominee as the case may shall undertake the following:
- In case of Hospitalisation, notify Us either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital.
- In case of diagnosis or actual undergoing of procedure, notify Us either at the call centre or in writing, within 10 days from the date of occurrence of such event. The following details are to be provided to Us at the time of intimation of Claim:
  - Policy Number
  - Name of the Policy holder
  - Date and Time of Loss Location of Accident
  - Name of the Insured person in whose relation the claim is being lodged
  - Nature of claims, Accidental death, Accidental Hospitalisation, Critical Illness
  - Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
  - Date of admission if applicable
  - Any other information, documentation as requested by Us

Intimation about an event or occurrence that may give rise to a claim under this Policy must be given within 30 days of its happening. We will examine and relax this time limit mentioned herein depending upon the merits of the case.

Claim Notification:

It is a condition precedent to Our liability hereunder that written notice of claim must be given by the Insured person to us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and, in any event, no later than (30) Days after an actual or potential loss begins. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.

We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

Claim Documents –

1. **Section 3.1: Personal Accident**

   a) **Accidental Death & Funeral Expenses**

   The following documents are required to be submitted to Us within 15 days from the date of loss • Duly completed and signed claim form with annexure of Bank certificate duly certified

   - Loan account statement and amortization schedule
   - Death Certificate issued by municipal/equivalent authority
   - Certified copies of MLC Report, FIR report, Spot Panchnama, Inquest Panchnama, Postmortem Report, Final Police Report
   - NEFT details of Nominee (required in case of pay out to be made in favour of)
   - Duly filled KYC form & KYC Documents (if payment to be made to Nominee)
   - Any other documents as may be required by Us

   The above list is indicative and We may call for any additional documents/ information/ subject the Insured person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

   b) **Permanent Total Disablement:**

   - Duly completed claim form with duly certified bank annexure.
   - Certificate issued by Competent medical authority confirming nature & extent of disability with period and prognosis for (Permanent Total Disability, Permanent Partial Disability
   - Photograph of the injured with reflecting disablement.
   - Certified copy of hospital admission/ discharge card with complete medical records including relevant Investigation/ Lab reports (X-Ray, MRI etc.)
   - Certified copies of MLC Report, FIR report, Spot Panchnama, Inquest Panchnama, Final Police Report
   - NEFT details of insured / Nominee (required in case of payout applicable to be made in favour of)
   - Duly filled KYC form & KYC Documents (if payment to be made to insured/Nominee)
   - Loan account statement, & Certificate from bank confirming Loan account details including Loan outstanding as on date of loss (Principal amount & Interest) excluding overdues/penalties
   - Any other documents as may be required by Us

2. **Section 3.2: Critical Illness**

   The Insured person may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense within ninety (90) days of date of first diagnosis of the Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be

   - Duly completed and signed claim form in original as prescribed by Us.
   - First diagnostic report confirming diagnosis of critical Illness claimed
   - Medical Certificate confirming details of first consultation, medical history, symptoms and date of 1st diagnosis of critical illness
   - All consultation papers including first consultation and subsequent follow up, medical records and prescriptions related to illness.
   - Certified copy of Hospital Discharge Certificate/ Card from the hospital, if any
   - Indoor case papers
   - Duly filled KYC form & KYC Documents of insured/ Nominee, if payout applicable to be made in favour of insured/ Nominee
   - Loan account statement, & Certificate from bank confirming Loan account details including Loan outstanding as on date of loss (Principal amount & Interest) excluding overdues/penalties
   - In the cases where Critical Illness claimed arises due to an Accident, certified copy FIR, medico legal certificate and other relevant police documents will be required wherever applicable.
   - Copy of cancelled cheque with Insured printed name or passbook first page or bank statement for NEFT payment.

   The above list is indicative and We may call for any additional documents/ information/ subject the Insured person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

3. **Section 3.3: Admission Benefit -Accidental Hospitalization**

   Following documents need to be submitted

   - Duly filled claim form by the Insured Person/claimant.
   - Certified copy of Hospital discharge summary
   - Certified copy of In-patient detailed bill
   - Certified copies of all investigation/diagnostic test reports – Blood, Pathology, Radiology etc.
   - Certified copies of all consultation papers related to diagnosis
   - Duly filled KYC form & KYC Documents of insured (if payout to be made in favour of insured).
   - NEFT details of insured (Copy of Bank passbook/ cancelled cheque/letter from bank confirming account details, IFSC & MICR codes) for household expense benefit payout to be made to insured

   In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policy holder or Insured person or the claimant, as the case may be.

Scrutiny of Claim Documents:

We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person, within 15 days of their receipt. If the deficiency in the necessary claim documents is not met or are partially met in 15 working days of the first intimation, We shall remind the Insured person of the same and every 15 days thereafter. We will send a maximum of 3 (three) reminders following which We will send a closure letter.

Claim Assessment:

We will pay fixed amounts as specified in the applicable Sections for Basic or Optional Benefits in accordance with the terms of this Policy.

We are not liable to make any payments that are not specified in the Policy.

Re-opening of Claim:

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim post receipt of documents sufficient to decide the claim.

Settlement & Repudiation of a Claim

We shall settle a claim including its rejection within 15 days of the receipt of the Claim submission

In case of suspected frauds, the Claim submission shall mean the receipt of verification/ investigation report to determine the validity of the claim.

In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

(Explaination: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due)

Representation against Rejection:

Where a rejection is communicated by Us, the claimant may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision.

Payment Terms:

All claims will be payable in India and in Indian rupees.

Limitation of Liability:

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty six months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

Any claim for which the notification of claim is received 12 calendar months after the event or occurrence giving rise to the claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the claim was for reasons beyond Your or the Insured Persons control.

Turn Around Time (TAT) for claim settlement:

1. Acceptance of cashless claims by TPA /Company to Hospital and communicate to them – 1 hour
2. TPA's offer of settlement to the Company/ Hospital after 3 hours submission of document – 3 hours
3. Settlement of claims (other than cashless) – 15 days

Grievances Redressal Procedure

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:Seniorcitizengrivences@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 accessed at (https://www.cioins.co.in/Ombudsman)

Contact us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, **Address**:9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. **Email:** customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) **Toll Free number:** 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) **Website:** www.sbigeneral.in	**Accident & Health claims team,** **SBI General Insurance Company Limited,** **Address:** 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. **Email:** sbig.health@sbigeneral.in **Toll Free number:** 1800 210 3366, 1800 210 6366 **Website:** www.sbigeneral.in

Premium Rates

As per Rating Chart attached

Section 41 of the Insurance Act 1938 prohibition of Rebates

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

Coverage Summary

Policy type	Group
Policy Period	6 months to 5 years
Waiting Period (For Critical Illness and Incidental Expenses)	90 Days
Survival Period (For Critical Illness and Incidental Expenses)	28 Days (Survival period can be waived off)

Base Cover	Sum Insured	Policy Tenure	Claim Payout
Accidental Death (AD)	Maximum Sum Insured of Rs. 1,00,00,000	6 months to maximum 5 years	Within base sum insured
Permanent Total Disablement (PTD)	Maximum Sum Insured of Rs. 1,00,00,000		
Funeral Expenses	Rs. 20,000 or Outstanding Loan Amount, whichever is less in case of accidental death		Over and above Sum Insured
Optional Covers			
Critical Illness (15 CIs)	Maximum Sum Insured of Rs. 15,00,000 (whichever is less)	12 months to maximum 5 years	Over and above Sum Insured
Incidental Expenses	Rs. 1,00,000 or Outstanding Loan Amount, whichever is less	12 months to maximum 5 years	Over and above Sum Insured
Admission Benefit - Accidental Hospitalization	Actual EMI * 3	6 months to maximum 5 years	Over and above Sum Insured
Waiver of Survival Period	Not Applicable	Not Applicable	Not Applicable