

## GROUP PERSONAL ACCIDENT

### 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<br>(Please refer to applicable policy clause number in next column)  | Policy Clause Number |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
|---------|--|--|----------------------|--------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|---------|--------------|------------------|--|--|--|--|--|--|--|--|--|--|
| 1.      | Name of Insurance Product/ Policy        | Group Personal Accident  |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
| 2.      | Policy Number                            | XXXXXXXXXXXXXXXXXXXXXX   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
| 3.      | Type of Insurance Product/ Policy        | Both Indemnity and Benefit   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
| 4.      | Sum Insured (Basis)                      | <b>Family Individual Sum Insured</b> <table border="1" data-bbox="390 1044 1272 1264"> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </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> <tr><td> </td><td> </td><td> </td></tr> </table><br><b>Family Floater Sum Insured</b> <table border="1" data-bbox="390 1357 1272 1555"> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </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> </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 |  |  |  |  |  |  |  |  |  |  |
| Sr. No. | Insured Name                             | Base Sum Insured   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
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| Sr. No. | Insured Name                             | Base Sum Insured   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |
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| 5.      | Policy Coverage (What the Policy Covers) | <b>Following are covered as basic cover up to the limit specified in the policy schedule:</b> <ol style="list-style-type: none"> <li>1. AD Only- Accidental Death Cover only or</li> <li>2. AD + PTD- Coverage for Accidental Death and Permanent Total Disability or</li> <li>3. AD + PPD + PTD- Coverage for Accidental Death and Permanent Total Disability and Permanent Partial Disability or</li> <li>4. AD + PPD + PTD + TTD- Coverage for Accidental Death and Permanent Total Disability, Permanent Partial Disability</li> </ol>   | Coverage             |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |

| Sl.<br>No. | Title | <b>Description</b><br>(Please refer to applicable policy clause number in next column)   | Policy Clause<br>Number |
|------------|-------|--|-------------------------|
|            |       | <p>and Temporary Total Disability or</p> <p>5. PTD + PPD- Permanent Total Disability, Permanent Partial Disability.</p> <p><b>Following additional coverages can be opted by the proposer:</b></p> <ol style="list-style-type: none"> <li>1. Accidental Medical Expenses (AMR) – Inpatient- Coverage for Inpatient hospitalization for medical services which are not due to a Pre-existing Disease.</li> <li>2. Accidental Medical Expenses (AMR) – Outpatient – Coverage for accident that requires Outpatient Treatment</li> <li>3. Hospital Confinement Allowance (AHC)- Daily Benefit for each Day for an Inpatient hospitalisation due to Injury or Accidents.</li> <li>4. Child Education Support- Payment towards the education support of child and spouse.</li> <li>5. Repatriation Benefit And Funeral Expenses - Payment towards expenses incurred for preparing body for burial or cremation and transportation of body to city of residence. Expenses up to a limit of 1% Accidental Death's Sum Insured subject to a maximum of ₹10,000/-</li> <li>6. Loan Protector – Covers sum mentioned in the Schedule against this benefit per year or the actual Loan EMI liable to pay, whichever is less. Sum Insured for this benefit will be 2% of Accidental Death's Sum Insured or ₹1,00,000/- whichever is Lower</li> <li>7. Adaptation Allowance- Coverage for modification of vehicle or make some changes in house. Expenses up to a limit of 1% Accidental Death's Sum Insured subject to a maximum of ₹25, 000 per policy period.</li> <li>8. Family Transportation Allowance- Reimbursement of the expenses incurred for the Immediate Family Member for transportation by the most direct route. Limited to 1% Accidental Death's Sum Insured subject to maximum ₹10,000/-</li> <li>9. Ambulance Cover- Payment towards expenses incurred for availing an Ambulance Service up to 1% Accidental Death's Sum Insured upto a maximum of ₹1,500/- per incident/accident.</li> <li>10. Broken bones- Coverage for percentage of the Sum Insured for person who is aged 60 years or less who suffers a fracture.</li> <li>11. Loss of Books/Spectacles/Damage to Bicycles of School Children- Covers up to 1% Accidental Death's Sum Insured</li> </ol> |                         |

| Sl. No.  | Title | <b>Description</b><br>(Please refer to applicable policy clause number in next column)  | Policy Clause Number |
|--|-------|---|----------------------|
|  |       | <p>upto a maximum of ₹1,500/- per incident/accident for mentioned incidents.</p> <p>12. Exam fee reimbursement- Expenses up to 1% Accidental Death's Sum Insured up to a maximum of ₹2,500/- per incident/accident for mentioned incidents.</p> <p>13. Purchase of Blood- Reimburses the actual expenses incurred in purchasing blood up to 1% Accidental Death's Sum Insured with a maximum liability of ₹1,500/- per incident/accident.</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. Exclusions (What the policy does not cover) |       | <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 disability, disease or any complication arising from it; or</li> <li>2. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or</li> <li>3. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War; or</li> <li>4. Being use/ abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or</li> <li>5. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion or.</li> <li>6. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.</li> <li>7. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.</li> </ol> | General exclusions   |
| 7. Waiting period                              |       | Not Applicable  |                      |

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|------------|---|---|-------------------------|
| 8.         | <b>Financial<br/>Limits of<br/>the<br/>Coverage</b> | <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. Flat 1 week deductible period is applicable for temporary total disablement (TTD) cover</li> <li>2. Flat 10% or ₹500/- deductible is applicable for accidental medical expenses (AMR) cover.</li> <li>3. 1 day deductible period is applicable for hospital confinement allowance in family option.</li> <li>4. Repatriation Benefit And Funeral Expenses - Expenses up to a limit of 1% Accidental Death's Sum Insured subject to a maximum of ₹10,000/-</li> <li>5. Loan Protector – Sum Insured for this benefit will be 2% of Accidental Death's Sum Insured or ₹1,00,000/- whichever is Lower</li> <li>6. Adaptation Allowance- Expenses up to a limit of 1% Accidental Death's Sum Insured subject to a maximum of ₹25,000 per policy period.</li> <li>7. Family Transportation Allowance- Limited to 1% Accidental Death's Sum Insured subject to maximum ₹10,000/-</li> <li>8. Ambulance Cover- Up to 1% Accidental Death's Sum Insured upto a maximum of ₹1,500/- per incident/accident.</li> <li>9. Loss of Books/Spectacles/Damage to Bicycles of School Children- Covers up to 1% Accidental Death's Sum Insured upto a maximum of ₹1,500/- per incident/accident for mentioned incidents.</li> <li>10. Exam fee reimbursement- Expenses up to 1% Accidental Death's Sum Insured up to a maximum of ₹2,500/- per incident/accident for mentioned incidents.</li> <li>11. Purchase of Blood- Reimburses up to 1% Accidental Death's Sum Insured with a maximum liability of ₹1,500/- per incident/accident.</li> <li>12. Child Education Support- 1% of Accidental Death's Sum Insured or ₹50,000/-, whichever is Lower.</li> </ol> | Coverage                |
| 9.         | <b>Claims/<br/>Claims<br/>Procedure</b>             | <ol style="list-style-type: none"> <li><b>For Cashless Service:</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link<br/><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:</b> 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>  | Terms and conditions    |

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|---------|-------------------------------|---|----------------------|
|         |                               | <p>Turn Around Time (TAT) for claim settlement</p> <ul 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> </ul> <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>• <b>Toll Free number: 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> <p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>   |                      |
| 10.     | <b>Policy Servicing</b>       | <b>Email:</b> customer.care@sbigeneral.in<br><b>Toll-Free number</b> 1800 102 1111 (Available 24/7)<br>For agents and intermediaries<br>1800 22 1111 (Available 24/7)<br><b>Website:</b> www.sbigeneral.in  |                      |
| 11.     | <b>Grievances/ Complaints</b> | <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><br/>           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><br/>           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: <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a><br/>           Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>For Senior Citizens:</b><br/>           Senior citizens can reach us through the following dedicated channels:<br/>           Email: <a href="mailto:Seniorcitizengrievances@sbigeneral.in">Seniorcitizengrievances@sbigeneral.in</a><br/>           Toll-Free Number: 1800 102 1111 (Available 24/7)</p> | Terms and conditions |

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|---|--------------------|--|----------------------|
|   |                    | <p><b>Stage 3: Grievance Redressal Officer (GRO)</b><br/>           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<br/>           Email: gro@sbigeneral.in<br/>           Phone: 022-45138021<br/>           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><br/>           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.<br/>           Submit your Grievance online:<br/> <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> |                      |
| 12.   | Things to remember | <ol style="list-style-type: none"> <li><b>Free Look Cancellation:</b> 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 and refund summary, please refer to policy wordings.</li> <li><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.</li> </ol>  | Terms and conditions |
| 13.   | Your Obligations   | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b><br/>           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 Policyholder.</p>  | Conditions           |
| Declaration by the Policy Holder: I have read the above and confirm having noted the details<br>Place: .....<br>Date: ...../...../.....<br>Note:<br>a) For product related documents including Customer Information Sheet, kindly refer to the below link: <a href="https://www.sbigeneral.in/downloads">https://www.sbigeneral.in/downloads</a><br>b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail |                    |  |                      |