

## GROUP PERSONAL ACCIDENT POLICY

### POLICY SCHEDULE

Master Policy No:		Policy Issue Date:	
Policy Servicing Office: SBI General Insurance Company Ltd, 9thFloor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai, 400099.			

### INTERMEDIARY DETAILS

Intermediary Name:		Intermediary Code:	
Intermediary Contact Number	Mobile No.:	Landline No.:	
Address:			
Name & contact no of salesperson / RM			

### POLICY DETAILS\*

Policy Type	<<Individual/ Family Floater>>	Type of Enrolment	<<Named/Unnamed>>
Policy Tenure	<<Days/ Months/ Years>>	Sum Insured (in ₹)	
Period of Insurance	Policy Start Date: DD/MM/YYYY	Policy End Date: DD/MM/YYYY	

### POLICYHOLDER/ PROPOSER DETAILS

Name of the Policyholder/ Proposer*	(First Name)	(Middle Name)	(Last Name)
Present Address* (Current Residing Address)	City: _____	Village: _____	
	Gram: _____	State: _____	
	Pin-code: _____	Landmark: _____	
Permanent Address*	City: _____	Village: _____	
	Gram: _____	State: _____	
	Pin-code: _____	Landmark: _____	
Contact No.*		Alternative Contact No.	
Email Address*			
Nationality*		CKYC No.	
PAN No.*		Form 60/61 (If PAN not available)	
Aadhaar No.*			

Group type*	<<Employer-Employee/ Non-Employer-Employee>>		
Business Type:	<<New/Rollover/Renewal/Migration/Portability>>		
Occupation and Nature of Business/ Work*			
Total No. of Employees/ Applicants Covered*		GSTN/ISDN:	
Date of 1st inception of Policy:	<<DD/MM/YYYY>>	Previous Policy No.	
Previous Insurer Name			

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.

## COVERAGE DETAILS

Section Name	Cover Name	Sum Insured / Sub-limits
<b>Base Covers</b>		
Accidental Death	Accidental Death (AD)/ Accidental Death (AD) -common carrier including a. Disappearance b. Drowning	100% of Sum Insured (Base Sum Insured)
Accidental Disablement	Permanent Total Disablement (PTD)	100% of Sum Insured
	Permanent Partial Disablement (PPD)	100% of Sum Insured
	Temporary Total Disablement (TTD)	Sum Insured (Per Week): <<As per limit chosen>> No. of <<Weeks/ Months/ Year>>: Elimination Period: Other options: <<As per limit chosen>>
<b>Optional Covers [Please Tick (✓)] *</b>		
Accidental Hospitalization Benefit	In-Patient Hospitalization	1. <<Domestic: As per limit chosen>> or 2. <<Worldwide: As per limit chosen>>
	Day Care Treatment	<< As per limit chosen for In-Patient Hospitalization>>
	Pre-Hospitalization	<<30/60/90>> days
	Post-Hospitalization	<<60/90/180>> days
	Road Ambulance	Sum Insured (Per Hospitalization): <<As per limit chosen>>
	Radio Cab	Sum Insured (Per Hospitalization): <<As per limit chosen>>

	Convalescence	<<As per limit chosen>> Hospitalization Days:
	Consumables	<<As per limit chosen for In-Patient Hospitalization>>
<b>Accidental Benefit</b>	OPD Treatment	<<As per limit chosen>> Deductible:
	Reconstructive Surgery	<<As per limit chosen>>
	Coma Benefit	Sum Insured (Per Week): <<As per limit chosen>> Number of <<Weeks/ Months/ Year>>: Elimination Period: Other options: <<As per limit chosen>>
	Funeral Expenses	<<As per limit chosen>>
	Burns	<<Up to Base Sum Insured>>
	Broken Bones/ Fracture	<<As per limit chosen>>
	Personal Belongings	<<As per limit chosen>>
	Reinstatement of Base Sum Insured	Up to 100% of Base Sum Insured
<b>Transportation Benefit</b>	Compassionate Visit	1. <<Indemnity: As per limit chosen>> or 2. <<Benefit: As per limit chosen (Per day)>> Hospitalization Days: Deductible:
	Transportation of Mortal Remains	<<As per limit chosen>>
	Emergency Evacuation (Air Ambulance)	Sum Insured (Per Hospitalization): <<As per limit chosen>>
	Transportation of Imported Medicines	<<As per limit chosen>>
	Catastrophe Evacuation	<<As per limit chosen>>
<b>Dependent Care (Child and Parent)</b>	Child Education	<<As per limit chosen>>
	Marriage Expense	<<As per limit chosen>>
	Loss or Damage to School Bag/ Books/ Spectacles/ Bicycles	<<As per limit chosen>>
	Orphan Benefit	<<As per limit chosen>>
	Parental Care	<<As per limit chosen>>
	Widowhood Cover	Up to 50% of Base Sum Insured
<b>Loan and Employment Benefits</b>	Loan Protector	<<As per limit chosen>>
	Loss of Income	Sum Insured (Per Month): <<As per limit chosen>> No. of Month(s):
<b>Modification &amp; Support Benefit</b>	Modification (Home/ Vehicle)	<<As per limit chosen>>
	Mobility Extension	<<As per limit chosen>>

<b>Special Benefit</b>	Adventure Sports Benefit	Up to Base Sum Insured <<Benefit: AD,PTD>> <<Indemnity: In-patient Hospitalization>>
	More Benefit (Common Carrier)	Up to 5X of Base Sum Insured
	Multiple Member Disability	<<As per limit chosen>>
	Enhanced Permanent Total Disablement (PTD)	<<As per limit chosen>>
	S.I Escalation	<<As per limit chosen>>
	Legal Expenses	<<As per limit chosen>>
	Fraud/ Loss of card Liability	<<As per limit chosen>>
	Purchase Of Blood	<<As per limit chosen>>
	Blood Transfusion (Accident Care)	<<As per limit chosen>>
	PA Cumulative Bonus	5% of SI, Max up to 50%
<b>Specific Covers</b>	Critical Illness (C.I)	1. <<Indemnity: As per limit chosen>> 2. <<Benefit: As per limit chosen>> No. of C.I.s: Survival Period: Waiting Period:
	Vector Borne Diseases	1. <<Indemnity: As per limit chosen>> 2. <<Benefit: As per limit chosen>> Vector Borne Disease: <<As per Disease opted>> Deductible: Waiting Period:
	Hospi Cash	Sum Insured (Per Day): <<As per limit chosen>> No of Days: <<Time Deductible or Franchise>>:
<b>Assistance Services</b>	Nursing at Home	<<As per limit chosen>> No. of Days:
	ICU at Home	<<As per limit chosen>>
	Physiotherapy	<<As per limit chosen>>
	Domestic Help	Sum Insured (Per Week): <<As per limit chosen>>
	Trauma Counselling	Sum Insured (Per Session): <<As per limit chosen>> No. of Month(s):
	Financial Guidance	<<As per limit chosen>>
	Wellness	Available

## ADDITIONAL CONDITIONS:

SUBJECT TO THE FOLLOWING ADDITIONAL CONDITIONS AND ATTACHED CLAUSES / ENDORSEMENTS:

## SPECIAL CONDITIONS (If Any):

## PREMIUM DETAILS (All values in INR)

Particulars	Amount (₹) (All values in INR)
Premium (in INR)	
Add Taxes as applicable (in INR)	
Final Premium including Tax (in INR)	

## CO-INSURANCE DETAILS

Sr No.	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1.					
2.					
3.					
4.					
Total					

## PREMIUM INSTALMENT CLAUSE

## INSTALMENT DETAILS

Sr No.	Instalment Date	Net Premium	Taxes (As Applicable)	Total Premium
1.				
2.				

**ARTICLE 1:** Notwithstanding the provisions of Articles of General Conditions of Group Personal Accident, the Company agrees that the Insured shall pay the <>Final Premium<> in INR and <>No. of Instalments<> instalments as detailed below:

**ARTICLE 2:** If the Insured fails to pay the premium instalments by the due date provided in Article 1, the Company shall not be liable for any loss or damage caused between such date and the date of receipt of instalment premium.

**ARTICLE 3:** In the event of additional premium due under the contract of this Special Clause, the Insured shall pay such additional premium due on the date of instalment and in the event of return premium due, the Company shall return it on the due date of last instalment.

## CONTACT DETAILS (In case of any claim)

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizencomplaints@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

## GRIEVANCE REDRESSAL PROCESS

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

Toll-Free Number: 1800 102 1111 (Available 24/7)

### For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcomplaints@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 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

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 is 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 canceled from the inception of the Policy irrespective of whether a separate communication is sent or not.

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

To verify your Policy details click/ visit [www.sbigeneral.in](http://www.sbigeneral.in)