

HOSPITAL DAILY CASH INSURANCE POLICY

POLICY SCHEDULE

Policy No.: _____ Issue Date: _____
 Servicing Branch Office: _____ Intermediary Name & Code: _____
 Intermediary Contact details: _____ Phone/Mobile/Email Id: _____
 Address: _____

POLICY HOLDER DETAILS

Primary Insured: _____
 Present Address
 (Current Residing Address): _____

Village: _____ Gram Panchayat: _____

City: _____ State: _____

Pincode: _____ Landmark: _____

Permanent Address: _____

Village: _____ Gram Panchayat: _____

City: _____ State: _____

Pincode: _____ Landmark: _____

Business Type: New/ Renewal/ Migration/ Portability

Insured contact No.: _____ Alternate No. _____

Email: _____

Date of inception first insurance policy: _____

Member Id: _____

Period of Insurance: From: _____ To: _____

Cover Opted: Individual / With Family

Plan Opted: 30 / 60 _____

Renewal Policy Number, If Any: _____

Details of other policies declared in the proposal: _____

INSURED PERSON'S DETAILS

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured						
Date of Birth						
Age						
Gender						
Height (in cms)						
Weight (in Kgs)						
Occupation and Nature of Business/ Work						

Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)						
Marital Status						
Relationship with Proposer						
Basic Sum Insured						
Is any insured suffering from any Pre-existing diseases/disability?						
ABHA (Ayushman Bharat Health Account) number (if available)						

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.

NOMINEE DETAILS:

Insured Name	Insured 1			Insured 2			Insured 3		
Nominee details	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)									
Age									
Gender (M/F/O)									
Relationship with Policyholder									
Mobile No. of the Nominee									
Present Address of the Nominee									
Permanent Address of the Nominee									
Nominee Email ID									

Insured Name	Insured 4			Insured 5			Insured 6		
Nominee details	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)									
Age									
Gender (M/F/O)									
Relationship with Policyholder									
Mobile No. of the Nominee									
Present Address of the Nominee									
Permanent Address of the Nominee									
Nominee Email ID									

APPOINTEE DETAILS

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee						
Date Of Birth (DD/MM/YYYY)						
Age						
Gender (M/F/O)						
Relationship with Nominee						
Address of the Appointee						
Appointee Mobile No						

ADDITIONAL CONDITIONS:

Subject to the following additional Conditions and attached

- 1.
- 2.

PREMIUM DETAILS:

Particulars	Amount (₹)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	
Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

Collection Details: _____ Receipt no: _____ Receipt Date: DD / MM / YYYY

P.S. If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.

Signed at:

(RO/BO/DO – Details)

For SBI General Insurance Company Limited

Date & Place:

Authorized Signatory

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No _____

Dated _____ of General Stamp Office, Mumbai .

GSTIN _____

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

To verify your Policy details click/ visit www.sbigeneral.in

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

CONTACT DETAILS

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizengrievances@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 PROCEDURE:

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: Seniorcitizengrievances@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>

PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

This is to certify that Mr/Ms/Mrs _____ has
paid INR _____ (In Words _____)
towards the premium for Health Insurance for the period from _____ (DD/mm/yy)
_____ To _____ (DD/mm/yy) _____

Policy Number: _____

Date: _____

Place: _____

Authorised Signatory
SBI General Insurance Company Ltd