

HOSPITAL DAILY CASH-GROUP-MICRO INSURANCE PRODUCT

POLICY SCHEDULE

Master Policy No.: _____ Issue Date: _____
 Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____
 Intermediary Code: _____
 Intermediary Contact Details: _____
 Mobile No.: _____
 Landline No.: _____
 Address.: _____

POLICY HOLDER DETAILS

Name of Policyholder: _____	Contact Details: _____
Present Address (Current Residing Address): _____	Email: _____
_____	PAN no./Form 60/61: _____
City: _____ State: _____	GSTN No: _____
Village: _____ Gram Panchayat: _____	Period of Insurance
Landmark: _____ Pin-code: _____	From Date and Time: ____/____/____ ____hrs
Permanent Address: _____	To Date and Time: ____/____/____ midnight
_____	Policy Type: Individual/Family
City: _____ State: _____	No of Employees / Members Covered: _____
Village: _____ Gram Panchayat: _____	_____
Landmark: _____ Pin-code: _____	Business Type – New/ Renewal/ Migration/ Portability

SCHEDULE OF COVERAGE

Sr No	Coverage Name	Inbuilt / Optional
1	Accident and Sickness Hospital Cash Benefit	Inbuilt
2	Accident Hospital Cash Benefit	<<Opted/Not Opted>>
3	ICU Cash Benefit	<<Opted/Not Opted>>

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.

SCHEDULE OF COVERAGE

Sr No	Coverage Name	Inbuilt / Optional
4	Convalescence Benefit	<<Opted/Not Opted>>
5	Compassionate Benefit	<<Opted/Not Opted>>
6	Day Care Treatment Benefit	<<Opted/Not Opted>>
7	Maternity Hospital Cash Benefit Opted waiting period: <<1 Year/2 Years/9months/Zero>>	<<Opted/Not Opted>>
8	Other Waiting Periods Opted waiting period: <<Option 1: 30 days waiver Option 2: 2 Years Specific illness waiting period Option 3: Specific illness waiting period waiver Option 4: 1 Year waiting period for PED Option 5: 2 Years waiting period for PED Option 6: 3 Years waiting period for PED Option 7: No waiting period for PED>>	<<Opted/Not Opted>>
9	Increased Deductible/Franchise	<<Opted/Not Opted>>

Waiting Period	
Initial Waiting Period*	30 days (excl Accident)
PED*	3 Years (unless lesser duration opted)
Specific Illness*	1Year /2 Years (unless waiver opted/increased duration opted)
Maternity*	3 Years (unless lesser Waiting period opted – Refer below table)

<<Franchise/Deductible>> - <<1 day/2 days>> (Does not apply to Day Care Treatment Benefit)

SPECIAL CONDITION

Coverage Subject to additional condition, time deductible, co-pay as below

- 1.
- 2.

CONTACT DETAILS IN CASE OF CLAIMS

Email:	sbig.health@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
Fax No:	1800227244, 18001027244

GRIEVANCE REDRESSAL PROCESS

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: Seniorcitizengrивences@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>

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