SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

HOSPITAL DAILY CASH INSURANCE POLICY

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Hospital Daily Cash Insurance Policy</td><td></td></tr>
<tr><td>2.</td><td>Policy Number</td><td>XXXXXXXXXXXXXXXXXXXXX</td><td></td></tr>
<tr><td>3.</td><td>Type of Insurance Product/ Policy</td><td>Benefit</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>Individual Sum Insured
<table>
<tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr>
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Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Covers expenses in respect of:
1. Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization; Options available are:
• Hospitalization benefits due to sickness- Rs 500, Rs 1000, Rs 1500, Rs 2000.
• ICU hospitalization (max. 7 days)- Twice the Hospital Daily Cash benefit for a maximum of 7 days per hospitalization and maximum of 15 days per policy period.
• Hospitalization due to Accident- Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization necessitated solely by reason of the said Accidental Bodily Injury.
• Convalescence benefit for hospitalization exceeding 10 consecutive days- Fixed lump sum amount payable 3 times Hospital Daily Cash benefit or Rs 5000 whichever is lesser
2. Twice the Hospital Daily Cash benefit in case of accidental</td><td>Scope of Cover & Benefits</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		for a maximum of 5 days per Hospitalisation and maximum of 10 days per policy period. 3.Twice the Hospital Daily Cash benefit Intensive Care Unit for a maximum of 7 days per Hospitalisation and maximum of 15 days per Policy Period. 4.Thrice Hospital Daily Cash benefit or INR 5,000 whichever is less is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence. This benefit is payable only once in a policy period. The maximum benefit payable will be 30/60 days within the policy period as specified in policy schedule.	
6.	**Exclusions (What the policy does not cover)**	**Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:** a. Pre-existing Disease Exclusion b. Rest Cure, rehabilitation, and respite care (Code- Excl 05) c. Obesity / Weight Control (Code- Excl 06) d. Change of Gender Treatments (Code- Excl 07) e. Cosmetic or Plastic Surgery (Code- Excl 08) f. Hazardous or Adventure Sports (Code- Excl 09) g. Breach of Law (Code- Excl 10) h. Excluded Providers (Code-Excl 11) i. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) j. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds. k. Dietary supplements and substances that can be purchased without prescription l. Refractive Error (Code-Excl 15) m. Unproven Treatments (Code- Excl 16) n. Sterility and Infertility (Code-Excl 17)	Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 days **Specific Waiting Periods** • 12 months for any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, all internal or external tumor/cysts/nodules/polyps of any kind including breast lumps, all types of Hernia and Hydrocel etc (not applicable for claims arising due to accident). • 24 months for Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy, Non-infective Arthritis etc. (not applicable for claims arising due to accident). • 36 months for joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis (not applicable for claims arising due to accident).	Exclusions

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8.	**Financial Limits of the Coverage**	In case of a claim, this policy requires you to share the following costs: **Deductible:** Deductible of first 24 hours Hospitalization.	Scope Of Cover & Benefits
9.	**Claims/ Claims Procedure**	a. For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the policy wordings. Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. • Hospital Network details can be obtained from link: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • **Toll Free number: 1800 210 3366, 1800 210 6366** • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: **https://www.sbigeneral.in/contact-us/cashless-hospitals- networks** • Claim forms can be downloaded from below link: **https://www.sbigeneral.in/claim/claims-form-download** Note: For cover wise claims procedure, please refer to policy wordings.	General Conditions 4
10.	**Policy Servicing**	**Email:** customer.care@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	
11.	**Grievances/ Complaints**	**Stage 1:** If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance. For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email: Seniorcitizengrievances@SBIGeneral.in	General Conditions, clause 20

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		Toll-Free Number: 1800 102 1111 (Available 24/7) Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances. Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home **Stage 2: 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	
12.	**Things to remember**	1. **Free Look Cancellation:** 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. 2. **Policy Renewal:** 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.	General Conditions, clause 2, clause 10
13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **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 Policyholder.	General Conditions, clause E.3

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place: .....

Date: ...../...../..... Signature of the Policyholder

Note:

a) For product related documents including Customer Information Sheet, kindly refer to the below link: https://www.sbigeneral.in/downloads

b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail