SURAKSHA AUR BHAROSA DONO

HOSPITAL DAILY CASH INSURANCE POLICY

POLICY WORDING

A. PREAMBLE

This Policy is issued to the Insured based on the Proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein as made by the Insured to Insurer and upon full payment of the Premium and realization thereof by the Insured. This Policy records the agreement between Insurer and Insured and sets out the terms of Insurance and the obligations of each party.

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. **Injury** means any accidental physical bodily harm solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
4. **Age** means completed years of the Insured Person as at the Commencement Date of the Policy Period.
5. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/ installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or Grace Period.
6. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** - Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly
   b. **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
8. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
9. **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and/or distribution channel.
10. **Day care Treatments** Day care treatment refers to medical treatment, and/or surgical procedure which is:
    a. undertaken under General or Local Anaesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
    b. which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under
    a. has qualified nursing staff under its employment
    b. has qualified medical practitioner (s) in charge
    c. has a fully equipped operation theatre of its own where surgical procedures are carried out
    d. maintains daily records of patients and will make these accessible to Insurer's authorized personnel.
12. **Deductible** means cost sharing requirement under this policy that provides that insurer will not be liable for a period of 24 hours hospitalization which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured. Deductible will be applicable for each claim of Hospitalization.
13. **Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
14. **Dependent Child/Children** means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer and Aged between three (3) months and twenty three (23) years and who are unmarried.
14. **Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
16. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment by a medical practitioner.
    a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
    b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more o f the following characteristics
    i. it needs ongoing or long-term monitoring through consultations, examinations, check- ups, and / or tests
    ii. it needs ongoing or long-term control or relief of symptoms
    iii. it requires Insured's rehabilitation or for Insured to be specially trained to cope with it
    iv. it continues indefinitely
    v. it comes back or is likely to come back.
17. **Epidemic Disease** means a disease which occurs when new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

18. **Family** means and includes Insured, Insured's legal Spouse & Insured's dependent children.
19. **Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases.

    Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

    For the purpose of this definition, the Insured Person will get the accrued continuity benefit in respect of the Sum Insured, Cumulative Bonus, No Claim Discount, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period.
20. **Hospital** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR comply with all minimum criteria as under:

    a. has qualified nursing staff under its employment round the clock;

    b. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

    c. has qualified medical practitioner (s) in charge round the clock;

    d. has a fully equipped operation theatre of its own where surgical procedures are carried out

    e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
21. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive hours in in-patient care except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
22. **Inpatient Care** means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.
23. **Insured** means You/Yourself/the person named in the Schedule, who is a citizen & resident of India and for whom the Insurance is proposed and appropriate premium paid.
24. **Insurer** means Us/Our/We SBI General Insurance Company Limited.
25. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
26. **Medical Advise** - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
27. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

    - is required for the medical management of the illness or injury suffered by the insured;
    - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - must have been prescribed by a medical practitioner,
    - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured or any one of the close family members of the Insured.
29. **Mental Illness/Disease** means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.
30. **Migration** means a facility provided to Policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
31. **Notification of claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
32. **Other Insurer** means any of the registered Insurers in India other than Us/Our/We SBI General Insurance Company Limited.
33. **Policy** means the complete documents consisting of the terms and conditions, Schedule and Endorsements and attachments if any.
34. **Proposer** means the person furnishing complete details and information in writing to the Insurer for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.
35. **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

    Explanation:

    (i) "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form.

(ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.

36. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
37. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
38. **Schedule** means that portion of the Policy which sets out Insured details, the type of Insurance cover in force, the Policy Period and the Sum Insured. Any Annexure and/or Endorsement to the Schedule shall also be a part of the Schedule.
39. **Senior Citizen** means any person, who has attained the Age of sixty years or above.
40. **Solicitation** means the act of approaching a prospect or a Policyholder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policyholder to purchase or to renew an insurance Policy.
41. **Specific Waiting Period** means a period up to 36/24/12 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
42. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of a Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
43. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
44. **Waiting Period** No benefit shall be payable during the term of the Policy for the claim which occurs or where the hospitalisation for the claim has occurred within 30 days of first Policy issue Date. Waiting period is not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

C. SCOPE OF COVER & BENEFITS

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation, a hospitalization benefit will be payable as per the conditions below and subject to the Deductible as defined

1. Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization;
2. Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury. This is applicable for a maximum of 5 days per Hospitalisation subject to maximum of 10 days per Policy Period;
3. Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation within the Intensive Care Unit. This is applicable for a maximum of 7 days per Hospitalisation subject to 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.
5. The maximum benefit payable will be as stated in Policy Schedule within any Policy Period.

   An excess equivalent to the first 24 hours Hospitalization benefit will be levied on each and every Hospitalisation during the Policy Period.

D. EXCLUSIONS

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this Policy. This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of

1. Pre-existing Disease Exclusion: Benefits will not be available for any Pre- Existing conditions or related condition(s) or any complications arising thereof for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's Policy, unless such a condition is stated in the Proposal form and specifically accepted by the Insurer and endorsed thereon.
2. Insurer shall not be liable to make any payment under this Policy in connection with or in respect of Insured hospitalisation due to sickness / illness, as stated in this Section, occurred before the commencement of Period of Insurance or arising within the first 30 days of the commencement of the Period of Insurance.

   However this exclusion would not applicable

   a. For hospitalisation due to Accidental Bodily Injury within first 30 days of Commencement of cover.

   b. Up to the limit of benefit specified in existing policy, if policy is renewed within grace period.
3. Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   a. Any types of gastric or duodenal ulcers,

   b. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty

   c. All internal or external tumor /cysts/nodules/polyps of any kind including breast lumps

   d. All types of Hernia and Hydrocele

   e. Anal Fissures, Fistula and Piles

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 1 year.
4. Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases/ Illness and its related complications:

   a. Cataract

   b. Benign Prostatic Hypertrophy

   c. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus

d. Hypertension, Heart Disease and related complications

e. Diabetes and related complications

f. Non infective Arthritis, Treatment of Spondylosis / Spondilytis, Gout & Rheumatism

g. Surgery of Genitourinary tract

h. Calculus Diseases

i. Sinusitis, nasal disorders and related disorders

j. Surgery for prolapsed intervertebral disc unless arising from accident

k. Vertebro-spinal disorders (including disc) and knee conditions;

l. Surgery of varicose veins and varicose ulcers

m. Chronic Renal failure

This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 2 years.

5. Exclusions applicable to first three years of cover from commencement of the Policy, from the following Diseases/ Illness and its related complications:

   a. Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 3 years.

6. Any medical treatment outside India.
7. Epidemics recognized by WHO or/and Indian state / central government/state govt.
8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment, or similar type of corrective procedures for refractive error. Any form of plastic surgery (unless necessary for the treatment of an Illness or Accidental Bodily Injury).
12. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
14. "Day care Treatments" as defined under the policy are excluded from the scope of the Policy
15. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and/or external illness/disease/ defect.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for deaddiction.
18. Venereal disease or any sexually transmitted disease or sickness.
19. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening
20. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
21. Vaccination or inoculation except as post bite treatment for animal bite
22. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
23. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
24. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing, etc. unless specifically agreed by the Insurer.
25. Genetic disorders and stem cell implantation / surgery/storage.
26. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

    a. any nuclear fuel or from any nuclear waste; or

    b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);

    c. nuclear weapons material;

    d. nuclear equipment or any part of that equipment;

27. Treatments in health hydro, spas, nature care clinics and the like.
28. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or even if the institution has been registered as a hospital with the Appropriate Authorities
29. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
30. Hospitalization primarily for investigation purposes, diagnosis, x-ray examination, general or routine physical or medical examinations, not incidental to treatment or diagnosis of a covered Disease or Illness or any treatment or

any preventive treatments, or examinations carried out by a Medical Practitioner which are not medically necessary and which would necessarily not warrant hospitalization and the line of treatment is such that could be carried out on an outpatient basis.

33. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
34. Treatment for obesity, weight reduction or weight management.
35. Experimental, unproven or any other treatment that is not scientifically recognized.

E. GENERAL CONDITIONS

1. Due Care - Where this Policy requires Insured to do or not to do something, then the complete satisfaction of that requirement by Insured or someone claiming on Insured's behalf is a precondition to any obligation under this Policy. If Insured or someone claiming on Insured's behalf fails to completely satisfy that requirement, then Insurer may refuse to consider Insured's claim. Insured will cooperate with Insurer at all times.
2. Free Look Period -
   i. Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
   ii. In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any Claim, he shall have the option to return the Policy to the Insurer for cancellation, stating the reasons for the same.
   iii. Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the Insurer on medical examination of the proposer and stamp duty charges.
   iv. A request received by Insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.
3. Mis-description - This Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any materials facts pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy by the Insured. Nondisclosure shall include non-intimation of any circumstances which may affect the insurance cover granted. The Misrepresentation, mis-description and non-disclosure is related to the information provided by the proposer/insured to the Insurer at any point of time starting from seeking the insurance cover in the form of submitting the filled in proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy and ends only after all the Contractual obligations under the policy are exhausted for both the parties under the contract.
4. Communications
   a. Any communication meant for Insurer must be in writing and be delivered to Insurer's address shown in the Schedule. Any communication meant for Insured will be sent by Insurer to Insured address shown in the Schedule/Endorsement.
   b. All notifications and declarations for Insurer must be in writing and sent to the address specified in the Schedule. Agents are not authorized to receive notices and declarations on Insurer's behalf.
   c. Insured must notify Insurer of any change in address.
5. Claims Procedures - In the event of Accidental Bodily Injury or Disease / Illness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation, a hospitalization benefit will be payable as per the Policy conditions, that may result in a claim as per Policy terms and condition, then as a condition precedent to Insurer's liability,

   Insured must provide intimation to Insurer immediately and in any event within 48 hours upon discharge from hospital. However the Insurer at his sole discretion may relax this condition subject to satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 48 hours upto a maximum period of 7 days.

   Insured will need to submit the below mentioned documents for the processing of Hospital Daily Cash Claims within 7 days from the date of discharge from the hospital, However the Insurer at his sole discretion may relax this condition subject to a satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 7 days upto a maximum period of 14 days.:

   a. Claim form duly signed
   b. Copy of attested Hospital summary / Discharge Summary
   c. Copy of Medical reports / records
   d. Doctor's certificate
   e. Valid Photo identity Card
   f. Any other relevant document as required by the company

   On receipt of claim documents from Insured, Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of clam, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.
6. Basis of claims payment
   a. If Insured suffers a relapse within 45 days of the discharge from Hospital when Insured last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim, as long as the relapse occurs within the Policy Period.
   b. Insurer shall make payment in India in Indian Rupees only.
   c. The payment of claim will be based on the plan selected by Insured as stated in the Schedule.
   d. A continuous and completed period of less than 24 hours of Hospitalisation consequent upon an Insured event shall be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours and less than 24 hrs, subject to the Deductible as mentioned under the policy.

7. Nomination and Assignment - This Policy is not assignable and no person(s) other than Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this policy.

   The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.

8. Penal Interest Provision - Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

   Explaination: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due)

9. Fraudulent Claims - If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured / Insured Person or anyone acting on his or her behalf to obtain any benefits under the Policy, all benefits under this Policy shall be forfeited. The Insurer will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under General Condition No c of this Policy.

10. **Renewal**

    i. 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.

    ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

    iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

    iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

    v. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

    vi. No loading shall apply on Renewals based on individual Claims experience.

11. **Withdrawal of Product** – In case of withdrawal of this product insurer will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to insurer's Hospital Daily Cash Insurance products available at that time with continuity benefit. This continuity ocoverage will be applicable only if the migration from this policy to other Hospital Daily Cash Insurance Policy takes place within 30 days of coverage being discontinued under this policy.

12. **Cancellation:**

    In case of any fraud, misrepresentation, or suppression of any material fact either at the time taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired period of Insurance subject to no claim has occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy by giving a written notice to the insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

13. Termination of Policy - This Policy terminates on earliest of the following events-

a. Cancellation of policy by as per the cancellation provision.

b. On the policy expiry date.

14. Territorial Limits and Law

    a. Insurer will cover Accidental Bodily Injury sustained by the Insured during the Policy Period anywhere in India.

    b. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

15. Observance of terms and conditions: The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Insurer to make any payment under this Policy.

16. Section 80 D Income-Tax Act: The premium paid is exempted from Income Tax under Sec 80 D of Income Tax act.

17. Examination of Medical Records - Insurer may examine Insured medical reports/records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiry, or until final adjustment (if any) and resolution of all claims under this Policy

18. **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:

    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

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

Annexure A

Names of Ombudsman and Addresses of Ombudsmen centers

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odhisa	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in

Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website www.sbigeneral.in	

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