SURAKSHA AUR BHAROSA DONO

Individual Personal Accident

POLICY WORDING

Whereas the Insured has made to SBI General Insurance Company Ltd (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations and the Schedule, to indemnify the Insured as is herein provided.

The benefits covered under this policy are mentioned in the Schedule attached to this policy. The policy wording documents all the benefits that are available to the insured but covers only the benefits opted and as mentioned in the schedule of the policy

Part A: Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

Definitions:

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Accident** - means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** - means completed years as at the commencement date of the policy as specified in the schedule.
3. **Arise out of the employment** - means a relation must be established between the accident and the employment.
4. **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.
5. **Condition Precedent** - shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Congenital Anomaly** - refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   - Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
   - External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body
7. **Cumulative Bonus** - shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
8. **Day** - means a period of 24 consecutive hours.
9. **Deductible** - means cost-sharing requirement under the policy that provides that the insurer will not be liable for one week, which will apply before the Temporary Total Disability Benefits are payable by the insurer. A deductible does not reduce the sum insured. Deductible is applicable per Temporary Total Disablement.
10. **Dependent Children** - A dependent child refers to a child (natural or legally adopted who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income. The child be unmarried and be above 3 months to 23 years of age.
11. **Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure o f any material fact.
12. **Family** - Family means the Primary Insured Person, legally wed spouse, dependent children, dependent parents and dependent parents in law.
13. **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
14. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
15. **Hospital/Nursing Home** - 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, 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 complies with all minimum criteria as under:
    a. Has qualified nursing staff under its employment round the clock;
    b. Has at least 10 inpatient beds, in those 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.
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.
    - **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.
    - **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests-it needs ongoing or long-term control or relief of symptoms- it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back or is likely to come back.

17. **Injury -** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
18. **Inpatient care** - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
19. **Insurer** - means Company/Us/Our/We SBI General Insurance Company Limited.
20. **Insured Person** - means the Insured and the persons named in the schedule of the policy.
21. **In course of employment** – means any act done in compliance to allotted job.
22. **Limb** - Limb means a hand at or above the wrist or a foot above the ankle.
23. **Loss of hearing** -Loss of hearing means entire and irrecoverable loss of hearing.
24. **Loss of Sight** – loss of sight means entire and irrecoverable loss of sight.
25. **Loss of Limb** -Loss of Limb means:
    a. the physical separation of a Limb above the wrist or ankle respectively, or
    b. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
26. **Loss with regard to toe, finger, and thumb** - means actual complete severance from the foot or hand;
27. **Medical Advise** - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
28. **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.
29. **Medical Practitioner** - means a person who holds a valid registration from the Medical Council of any 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 and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Immediate Family members are excluded from the Definition of Medical Practitioner.
30. **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.
31. **Permanent Total Disability (PTD)** - means when insured is permanently totally and absolutely unable to engage in any occupation or employment of any description whatsoever.
32. **Permanent Partial Disability (PPD) - PPD** means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a Physician.
33. **Policy** - means statements made in the proposal form, this policy wording (including endorsements, if any) and the policy schedule.
34. **Policy Schedule/ Schedule** - means the Policy Schedule attached to and forming part of the Policy.
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. **Policy Period** - means the period between the Commencement Date and the Expiry Date as specified in the Schedule.
37. **Primary Insured** – means a person who proposes for insurance of a family.
38. **Qualified nurse** - is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
39. **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.
40. **Senior Citizen** means any person, who has attained the Age of sixty years or above.
41. **Sum Insured** - means the sum as specified in the Schedule against the table of benefit in this Policy against the name of Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the table of benefit. However, the benefit payable under Temporary Total disablement (TTD) shall be in addition to the benefit payable under any of the table of benefits.
42. **Spouse** - means your legal husband or wife.
43. **Temporary Total Disability (TTD) -TTD** means disability which wholly and continuously prevents Insured Person from performing each and every duty pertaining to his occupation.
44. **We/Our/Us/Company** means the SBI General Insurance Company Limited.
45. **You/Your/Yourself** means the Insured Person shown in the Schedule/ Policy Schedule.

Part B: Coverage

The Accidental death benefit is a mandatory cover under the policy and the benefits under other covers are optional and as opted by the insured. The maximum liability of the Company is limited to its Sum Insured as reflected in the schedule of the policy and if a claim is made for more than one of the covered benefits resulting from any accident, only one benefit amount which is the largest among the admissible benefits, will be paid.

Regardless of one or more claim during the policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to sum insured for the Death as reflected in the schedule of the policy.

However, the benefit payable under Temporary Total disablement (TTD) shall be in addition to the benefit payable under any of the table of benefits.

Table A Benefit: Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured shown in the table below

Table A benefits	
	% of SI
Accidental Death	100

Table B Benefit: Accidental death + Permanent Total Disability (PTD)

If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his death/ permanent total disablement in any of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table below.

Table B benefits	
	% of SI
a) Accidental Death	100
b) Loss of sight (both eyes)	100
c) Loss of two limbs	100
d) Loss of one limb and one eye	100
e) Permanent Total disablement	100

Apart from the above benefit, the following covers are provided as additional covers under this (PTD) benefit: (i.e. with b, c, d and e shown above)

1. **Adaptation Allowance** - Permanent total disability claims also include payment towards cost of modifying Insured House or vehicle to combat Disability @ 1 % or ₹25,000/- whichever is less.
2. **Education Benefit** - Death and permanent total disability claims entitle the insured's child and spouse to Education Benefit to maximum two individuals (children/spouse) on proof of enrolment at a Government approved education facility. ₹50, 000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.

Table C Benefit: Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD)

If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent Total/partial disablement in any of the ways detailed in the table below, then we will pay the percentage of the Sum Insured shown in the table below.

Sr	Disablement	% of Sum Insured
1	a) Accidental Death	100
	b) Loss of sight (both eyes)	100
	c) Loss of two limbs	100
	d) Loss of one limb and one eye	100
	e) Permanent Total disablement	100
2	a) Loss of sight of one eye	50
	b) Loss of one limb	50
3	c) i) Loss of hearing – both ears	50
	i) Loss of hearing – one ear	15
4	Loss of Speech	50
5	i) Loss of toes-all	20
	ii) Great-both phalanges	5
	iii) Great-one phalanx	2
	iv) Other than great, if more than one toe lost- each	1
6	Loss of four fingers and thumb of one hand	40
7	Loss of four fingers	35
8	Loss of thumb	
	i) Both phalanges	25
	ii) One phalanx	10
9	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	
8	iii) One phalanx	4
10	Loss of middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanx	2
11	Loss of ring finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	ii) One phalanx	2
12	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanx	2
13	Loss of Metacarpals	
	i) First or second (additional)	3
	ii) Third, fourth or fifth (additional)	2
14	Any other permanent partial disablement	% as assessed by Doctor

Apart from the above benefit, the following covers are provided as additional covers under this (PTD) benefit: (ie with 1(b),1(c),1(d),and 1(e) shown above)

1. **Education Benefit** - Death and permanent total disability claims entitle the insured's child and spouse to Education Benefit to maximum two individuals (children/spouse) on proof of enrolment at a Government approved education facility. ₹50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.
2. **Adaptation Allowance** - Permanent total disability claims also include payment towards cost of modifying Insured House or vehicle to combat Disability @ 1 % of the Sum Insured or ₹25,000/- whichever is less.

Table D Benefit: Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD) +Temporary Total Disability (TTD)

If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an **Accident** during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent Total/partial disablement in any of the ways detailed in the table below, then **We** will pay the percentage of the Sum Insured shown in the table C benefit as shown above.

In addition to it, If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an **Accident** during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then **We** will pay a weekly benefit as shown in the table below provided that The temporary total disablement is certified by a Doctor.

Table D benefits- Table C + below mentioned benefit		
Disablement	**% of SI**	**Deductible**
Temporary Total disablement benefit at the rate per week	1% of S.I or ₹ 10000 whichever is lower.	One week

1. The benefit can be payable up to a maximum period of 104 weeks from the date of the Accident and in no case shall exceed the sum insured for Accidental Death benefit stated in the schedule of the policy. If the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
2. This benefit, if opted, is payable over and above the Accidental Death Benefit

   It is also agreed and understood that the Payment of weekly compensation will not be made until the total amount payable has been ascertained and agreed.

Note:

1. The Company shall not be liable under this Policy for Compensation under more than one of the Benefits AC (Accidental Death, Permanent Total Disability, Permanent Partial Disability), in respect of the same period of disablement of the Insured person.
2. Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits (A-C) put together shall be restricted to the sum insured for Accidental Death benefit provided under the policy.
3. If a claim has already been settled for any of the benefits other than the Accidental Death, the amount payable for the subsequent claims/s under such benefits shall be reduced by the amount/s already paid.

General Exclusions:

The Company shall not be liable under this policy for -

1. Accident resulting from Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury, mental or nervous disorder.
2. Accident arising out of and in the course of employment in any branch of the Military or Armed Forces of any country, whether in peace or War.
3. Accident while being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed
4. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion
5. Accident during air travel except as a fare paying passenger on a recognized airline or charter aircraft
6. Accident while operating or learning to operate any aircraft or ship, or performing duties as a member of the crew on any aircraft or ship.
7. Any accident/loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power;
8. Any injury caused by, contributed to, by or arising from nuclear ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission) or nuclear weapons material or nuclear equipment or any part of that equipment
9. The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, or Congenital anomalies or any complications or conditions arising there from
10. Participation in winter sports, skydiving/parachuting, hand gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), all forms of skiing (including but not limited to snow or water), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained.
11. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy,
12. Committing breach of law with criminal intent.
13. Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;

Terms and Conditions:

1) 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.

2) **Change in risk:** - The Insured Person shall at the time of payment of any premium for the renewal of the Policy give notice in format attached to the Company of change in occupation or any disease, physical defect or infirmity with which any of the Insured Person have become affected, since payment of last preceding premium..

3) Upon happening of any event which may give rise to a claim under this policy, written notice with all particulars must be given by insured/nominee to the Company immediately. In case of death, written notice must be given immediately, unless reasonable cause is shown for such delay and in any case, within 30 days after death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given immediately but not later than 30 days after such loss of sight or amputation.

   Deviation from this will be accepted by the Company only upon being shown reasonable cause of the delay and to the satisfaction of the Company

4) Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any Medical or authorised representative of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company.

   Such evidence as the Company may require from time to time shall be furnished including the post-mortem report, if conducted within 14 days after demand in writing.

   Requirement of all or any of the following indicative documents will depend on the nature of claim:

   a. Claim form duly signed
   b. Policy copy
   c. Claim Intimation
   d. FIR / MLC Copy /Spot Panchnama / Inquest Panchnama
   e. Death Certificate
   f. Post Mortem Report (If conducted)
   g. Final Police Report
   h. Affidavit from the legal heirs of the deceased (in case nomination has not been filed by deceased)
   i. Investigation reports
   j. Medical certificate
   k. Disability Certificate
   l. Photograph of the injured with reflecting disablement
   m. Discharge card
   n. Education ID card
   o. Doctor certificate for person's residential accommodation and/or vehicle
   p. Receipt of ambulance usage

5) All claims under this Policy that are payable to You / Your nominee, shall be paid in Indian currency.

6) The Company shall not be liable to make any payment under this policy in respect of any claim, if such a claim be in any manner fraudulent or supported by any fraudulent statement or documents, whether by the Insured or by any person on behalf of the Insured.

7) **Cumulative bonus:** If no claim has been made under the policy with us and the policy is renewed with us and without any break, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any policy year. In case of a claim, the Cumulative Bonus if any under the policy will get reduced by 5% at the time of renewal. This cumulative bonus is applicable only to Accidental Death, Permanent Partial Disability and Permanent Total disability benefits.

   The cumulative bonus will not be lost if the policy is renewed either within the expiry date of the policy or within 30 days from the date of expiry of the policy subject to expiring policy having been issued by us.

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.

   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) **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.

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) **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. 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 Insured is not required to cite any reason for the cancellation. For such cancellation, Insurer shall allow refund of premium at short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on Risk	**% of Annual Premium Refundable**
Not exceeding 1 month	75%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 month but not exceeding 6 months	25%
Exceeding 6 months	Nil

12) **Withdrawal of Product:** In case of withdrawal of this product we 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 our Individual personal accident products available at that time.

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.

c. Event giving raise for claim under death or permanent total disablement

14) It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, the claim shall for all purposes be deemed to have been abandoned and shall not thereafter e recoverable hereunder.

15) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

16) **Multiple Policies**

a. **Indemnity Policies:**

A **Policyholder** can file for **Claim** settlement as per his/her choice under any **Policy**. The **Insurer** of that chosen **Policy** shall be treated as the primary Insurer.

In case the available coverage under the said **Policy** is less than the admissible **Claim** amount, the primary **Insurer** shall seek the details of other available policies of the **Policyholder** and shall coordinate with other Insurers to ensure settlement of the balance amount as per the **Policy** conditions, without causing any hassles to the **Policyholder**.

b. **Benefit based Policies:**

On occurrence of the Insured event, the Policyholders can Claim from all Insurers under all policies.

17) **Redressal of Grievance:**

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, Chhattisgarh	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

Areas of Jurisdiction	Office of the Insurance Ombudsman
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

Areas of Jurisdiction	Office of the Insurance Ombudsman
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	

Source:- CIO (cioins.co.in)

ADDITONAL COVERS – INDIVIDUAL PERSONAL ACCIDENT INSURANCE

1. HOSPITAL CONFINEMENT ALLOWANCE

In lieu of premium ₹ .....paid by insured, it is hereby agreed and declared that notwithstanding anything contrary stated in the policy the company will pay a Daily Benefit ..... for each Day You are admitted in a Hospital due to Injury or Accident that occurs within the Republic of India .

The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum for 15 days for the entire policy period.

Definitions:

1. Daily Benefit - means the amount payable for each Day spent in the Hospital.
2. One Period of Confinement - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 Days.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

a. hospitalisation due to any Disease or Sickness; or pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or

b. routine physical exams; or

c. elective cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while our policy is in force; or

d. Any mental, nervous or emotional disorders or rest cures

2. AMBULANCE COVER:

In lieu of premium Rs .....paid by insured, it is hereby agreed and declared that notwithstanding anything contrary stated in the policy the company will reimburse up to 10% AD sum insured subject to maximum of ₹1,00,000/- per policy period towards expenses incurred for availing an Ambulance Service (including air ambulance) to transfer the Insured Person to a Hospital from the location of Accident or Injury or from one Hospital to other Hospital or from hospital to place of residence in case of death or PTD.

Provided

1. The person insured was admitted in the hospital and we have paid the claim towards any of Accidental Death or Permanent Total Disability or Permanent Partial Disability or Temporary Total Disability benefits.

2. The ambulance service will be for the transit within India only.

Definitions

- An ambulance here means any vehicle used for transportation of injured person to, from or between places of treatment for an injury. Ambulance expenses will also include out of hospital medical care during transportation of the patient which becomes part of ambulance charges.
- Expenses here mean reasonable fee charged by ambulance service provider or other vehicle used on hire or reward. The expenses will be the running cost (fuel and driver charges) in case the vehicle used is owned by insured or is private vehicle.