

INDIVIDUAL PERSONAL ACCIDENT INSURANCE

POLICY SCHEDULE

Policy No:	Servicing Branch Office:	Issue Date:
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INTERMEDIARY DETAILS

Intermediary Name	xxxxxxxxxx	Intermediary Code	xxxxxxxxxx
Intermediary Contact details	Mobile No. - xxxxxxxxx	Email Id:	xxxxxxxxxx
Address			

PROPOSER DETAILS

Proposer Name			
Present Address (Current Residing Address)	Village:	Gram Panchayat:	
	City:	State:	
	Pincode:	Landmark:	
Permanent Address	Village:	Gram Panchayat:	
	City:	State:	
	Pincode:	Landmark:	
Contact number			
Email			
Period of Insurance	From Date and Time: <<DD / MM / YYYY hrs >>	To Date and Time: <<DD / MM / YYYY midnight>>	
Renewal Policy Number, If Any			
Details of other policies declared in the Proposal			
Business Type:	New/ Renewal/ Migration/ Portability		
First Policy Inception Date:			

INSURED PERSON'S DETAILS

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured						
Date of Birth						
Age						
Gender						
Marital Status						
Date of member entry						

Occupation & Nature of Business/Work						
Annual Income						
Nationality						
Relationship with Proposer						
Basic Sum Insured						
Weekly Benefit						
Is any insured suffering from any Pre-existing diseases/ Disability?						

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

NOMINEE DETAILS:

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

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

APPOINTEE DETAILS

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

ADDITIONAL COVERS

Member ID	Name of the Insured Member	Benefit***	Sum Insured

*** Fill in any of the add on opted

- Hospital Confinement
- Ambulance cover

ADDITIONAL CONDITIONS

Subject to the following attached Clauses

- 1.
- 2.

PREMIUM DETAILS:

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

COLLECTION DETAILS:

Receipt no:		Receipt Date: DD / MM/ YYYY
Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date		Authorised Signatory

Consolidated Stamp duties paid towards Insurance Policy vide Order No..... Dated of General Stamp Office, Mumbai

GSTIN.....

IMPORTANT NOTE

Please examine this Policy including its attached Schedules/ Annexure if any. Please contact the office of the Insurer immediately in the event of any discrepancy. It being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing disability/injuries are excluded from the scope of Policy cover unless the insurer specifically accepts the Pre-existing disability/injuries declared and coverage terms specifically mentioned in the schedule.

The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

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

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

CONTACT DETAILS

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	sbig.health@sbigeneral.in
Toll-Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

GRIEVANCE REDRESSAL PROCESS

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>