

JAN RAKSHAK PERSONAL ACCIDENT MIRCO INSURANCE PRODUCT

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY - HEALTH

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

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number												
1.	Name of Insurance Product/ Policy	Jan Rakshak Personal Accident Micro Insurance Product													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Indemnity and Benefit													
4.	Sum Insured (Basis)	<div>Individual Sum Insured<table><tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p></div>	Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured													
5.	Policy Coverage (What the Policy Covers)	<div>Base Covers</div> <div>Accidental Death<p>Lump sum payment in the event of Accidental Death as mentioned in the Policy Schedule.</p></div> <div>Permanent Total Disability (Including Loss of Sight and Hearing) (PTD)<p>Lump sum payment for listed losses in the event of Permanent Total Disability as mentioned in the Policy Schedule.</p></div> <div>Permanent Partial Disability (PPD)<p>Lump sum payment for listed losses in the event of Permanent Partial Disability as mentioned in the Policy Schedule.</p></div> <div>Temporary Total Disability (TTD)<p>Weekly benefit amount in the event of Temporary Total Disability as mentioned in the Policy Schedule.</p></div>	Part B: Coverage												

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Optional Covers</p> <p>Accidental Medical Expenses- Inpatient Covered Medical Expenses incurred as an Inpatient in a Hospital up to the maximum amount and benefit period stated in the Policy Schedule.</p> <p>Accident Hospitalisation- Outpatient Covered Medical Expenses incurred as an Outpatient up to the maximum amount and benefit period stated in the Policy Schedule.</p> <p>Hospital Confinement Allowance Daily Benefit amount for each day of Inpatient hospitalization due to Injury or Accidents up to the maximum amount as mentioned in the Policy Schedule.</p> <p>Child Education Support 1% of Accidental Death's Sum Insured or Rs. 50,000/- whichever is lower, in case of Accidental Death or Permanent Total Disability of the insured for the education support of child and spouse.</p> <p>Loan Protector 2% of Accidental Death's Sum Insured or Rs. 1,00,000/- whichever is lower, in case of Accidental Death or Permanent Total Disability of the insured for housing/car/education loan taken from scheduled commercial banks only.</p> <p>Repatriation Benefit and Funeral Expenses 1% Accidental Death's Sum Insured up to a maximum of Rs.10,000/- for burial or cremation and transportation of mortal remains to the city of residence.</p> <p>Adaptation Allowance 1% Accidental Death's Sum Insured up to a maximum of Rs.25,000 for modification of vehicle or house, provided we have accepted claim towards Permanent Total Disability (PTD).</p> <p>Family Transportation Allowance 1% Accidental Death's Sum Insured up to a maximum of Rs.10,000/- for transportation of immediate family member in case of Accidental Death, Permanent Total or Permanent Partial Disability.</p> <p>Ambulance Cover 1% Accidental Death's Sum Insured up to a maximum of Rs.1,500/- per accident for transportation of insured to a hospital from the location of Accident or Injury.</p>	Additional Covers

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Broken Bones Lump Sum payment for fracture incurred by the insured aged 60 years or less as per the table listed.</p> <p>Loss Of Books/Spectacles/Damage To Bicycles Of School Children 1% Accidental Death's Sum Insured up to a maximum of Rs.1,500/- per accident provided we have paid the claim towards any of Accidental Death or Permanent Total Disability or Permanent Partial Disability or Accidental Medical Reimbursement (Inpatient).</p> <p>Reimbursement Of Exam Fees / School Fees If The Student Is Not Able To Attend Exam/ School And Miss A Year Because Of Accidental Death / Permanent Total Disablement/ Permanent Partial Disablement Or Due To Hospitalization As Inpatient Of The Covered Student Arising Out Of An Accident 1% Accidental Death's Sum Insured up to a maximum of Rs.2,500/- per accident provided we have paid the claim towards any of Accidental Death or Permanent Total Disability or Permanent Partial Disability or Accidental Medical Reimbursement (Inpatient).</p> <p>Purchase Of Blood 1% Accidental Death's Sum Insured with a maximum liability of Rs.1,500/- per accident to reimburse the actual expenses incurred in purchasing blood through a hospital or lawful blood bank for the purpose of the Insured Person's medical or surgical treatment.</p>	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1. Any pre-existing disability, disease or any complication arising from it 2. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions; or 3. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War; or 4. Being use/ abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or 5. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion or. 	Part C: General Exclusions

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7.	Waiting period	Not Applicable	
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Child Education Support 1% of Accidental Death's Sum Insured or ₹50,000/- whichever is lower</p> <p>Loan Protector 2% of Accidental Death's Sum Insured or ₹1,00,000/- whichever is lower</p> <p>Repatriation Benefit and Funeral Expenses 1% Accidental Death's Sum Insured up to a maximum of ₹10,000/-</p> <p>Adaptation Allowance 1% Accidental Death's Sum Insured up to a maximum of ₹25,000</p> <p>Family Transportation Allowance 1% Accidental Death's Sum Insured up to a maximum of ₹10,000/-</p> <p>Ambulance Cover 1% Accidental Death's Sum Insured up to a maximum of ₹1,500/- per accident</p> <p>Broken Bones Lump Sum payment for fracture incurred by the insured aged 60 years or less as per the table listed.</p> <p>Loss Of Books/Spectacles/Damage To Bicycles Of School Children 1% Accidental Death's Sum Insured up to a maximum of ₹1,500/- per accident</p> <p>Reimbursement Of Exam Fees / School Fees If The Student Is Not Able To Attend Exam / School And Miss A Year Because Of Accidental Death / Permanent Total Disablement / Permanent Partial Disablement Or Due To Hospitalization As Inpatient Of The Covered Student Arising Out Of An Accident 1% Accidental Death's Sum Insured up to a maximum of Rs.2,500/- per accident</p> <p>Purchase Of Blood 1% Accidental Death's Sum Insured with a maximum liability of Rs.1,500/- per accident</p>	

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		Deductible: <ul style="list-style-type: none"> Flat 1-week deductible period is applicable for temporary to tal disablement (TTD) cover. Flat 10% or Rs.500/- deductible is applicable for accidental medical expenses (AMR) cover. 1-day deductible period is applicable for hospital confinement allowance in family option. 	
9.	Claims / Claims Procedure	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link: https://www.sbigeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</p> <p>c. Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital Toll Free number: 1800 210 3366, 1800 210 6366 List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number (24*7) 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p>Website: www.sbigeneral.in</p>	

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11.	Grievances/ Complaints	<p>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:</p> <p>Stage 1: Bima Bharosa</p> <p>You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care</p> <p>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.</p> <p>Email: head.customercare@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>For Senior Citizens:</p> <p>Senior citizens can reach us through the following dedicated channels:</p> <p>Email: Seniorcitizengrивences@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO)</p> <p>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</p> <p>Email: gro@sbigeneral.in Phone: 022-45138021</p> <p>Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman</p> <p>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.</p> <p>Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	Part D: Terms and Conditions

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12.	Things to remember	<p>1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings.</p> <p>2. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.</p>	Part D: Terms and Conditions
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	

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

Place:

Date:/...../.....

Signature of the Policyholder

Note:

- a) For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail