

KUTUMB SWASTHYA BIMA MICRO INSURANCE PRODUCT

POLICY SCHEDULE

Policy No.: _____ Issue Date: _____
 Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____
 Intermediary Code: _____
 Intermediary Contact Details: _____
 Mobile No.: _____
 Landline No.: _____
 Email ID: _____
 Address.: _____

PROPOSER DETAILS:

Proposers Name: _____

Present Address (Current Residing Address)	Village:	Gram Panchayat:
	City:	State:
	Pincode:	Landmark:
Permanent Address	Village:	Gram Panchayat:
	City:	State:
	Pincode:	Landmark:

Date of Birth: _____ Gender: _____
 Date of First Policy: _____
 Previous policy number if any: _____
 PAN no./Form 60/61: _____
 AADHAAR No./Passport/ Voter Id / Driving License: _____
 Email ID: _____
 Mobile Number: _____

Period of Insurance: From DD/MM/YYYY to DD/MM/YYYY

Business Type: New/ Renewal/ Migration/ Portability

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.

INSURED PERSON'S DETAILS:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name:						
Date of Birth:						
Age:						
Gender:						
Marital Status:						
Height (in cms):						
Weight (in Kgs):						
Occupation and Nature of Business/ Work:						
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)						
Relationship with Proposer:						
Basic Sum Insured						
Is any insured suffering from any Pre-existing diseases/disability?						
ABHA (Ayushman Bharat Health Account) number (if available)						

NOMINEE DETAILS:

Insured Name	Insured 1			Insured 2			Insured 3		
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									

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						

SUMMARY PARTICULARS OF SCOPE OF COVER

Sr. No.	Cover Name	Cover Description	Base
1	Tele- consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum
3	Personal Accident (For Primary Insured Only)	a) Accidental Death	₹1,00,000
		b) Permanent Total Disablement	

ADDITIONAL CONDITIONS, EXCLUSIONS, WARRANTIES:

Coverage subject to the following additional Conditions and Clauses / Endorsements / Warranties with reference to the Section that it is applicable to

INSURED PERSON NAME	PRE-EXISTING CONDITIONS

CONTACT DETAILS IN CASE OF HOSPITALIZATION AND PERSONAL ACCIDENT CLAIMS

Email	sbig.health@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)
Toll Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

CONTACT DETAILS IN CASE OF TELECONSULTATION BENEFIT CLAIMS

Name of Teleconsultation provider.	
Toll Free number	
Timings	

PREMIUM DETAILS

Particulars	Amount (Rs)
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.	

INSTALMENT SCHEDULE

Instalment Frequency:	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Annually <input type="checkbox"/>	<input type="checkbox"/>
Instalment Due Date:	DD/MM/YYYY			

For and on behalf of

SBI General Insurance Company

Authorized Signatory

Date: _____ Place: _____

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

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: 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: Seniorcitizengrивences@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>

IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, 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 from the inception of the Policy irrespective of whether a separate communication is sent or not.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. Policy documents sent electronically is as valid as physical policy contract document.

However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

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

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

PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

This is to certify that Mr/Ms/Mrs _____ has
paid INR _____ (In Words _____)
towards the premium for Health Insurance for the period from _____ (DD/mm/yy)
_____ To _____ (DD/mm/yy) _____

Policy Number: _____

Date: _____

Place: _____

Authorised Signatory
SBI General Insurance Company Ltd