

KUTUMB SWASTHYA BIMA

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:

Proposer 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 | Medium | Top |
|---------|--|--|--|--|---|
| 1 | Tele-consultation Benefit | Tele Consultation (calls per family per annum) | Upto 4 calls per month, subject to maximum of 24 calls per annum | Upto 6 calls per month, subject to maximum of 36 calls per annum | Upto 10 calls per month, subject to maximum of 60 calls per annum |
| 2 | Hospitalization Benefit (per life) Deductible – 24 hours | a) Hospital Daily Cash | Not Covered | ₹250 per day for maximum 30 days | ₹250 per day for maximum 60 days |
| | | b) Conveyance Allowance Benefit (lumpsum per claim paid) | Not Covered | ₹400 | ₹400 |
| 3 | Personal Accident (For Primary Insured Only) | a) Accidental Death | ₹1,00,000 | ₹3,00,000 | ₹5,00,000 |
| | | b) Permanent Total Disablement | | | |

Waiting Period -

No waiting period for Teleconsultation and Personal Accident Sections.

Hospitalization Benefit – a) 30 days, except for Accidental hospitalization, b) 90 Days; 1 year; 2 years & 3 Years

Waiting Period for specific diseases/illness c) 36 months for pre-existing diseases

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"/> |
| 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:

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 | Phone: 1800 102 1111

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 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