

KUTUMB SWASTHYA BIMA MICRO INSURANCE PRODUCT - GROUP

POLICY SCHEDULE

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

INTERMEDIARY DETAILS

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

POLICY HOLDER DETAILS

Name of Policyholder			
Present Address (Current Residing Address)	Village:	Gram Panchayat:	
	City:	State:	
	Pincode:	Landmark:	
Permanent Address	Village:	Gram Panchayat:	
	City:	State:	
	Pincode:	Landmark:	
Contact No.		Alternate No.	
E-mail ID			
Date Of Birth		Age:	
Period of Insurance:	From: _____ To: _____		
PAN/Form 60/61:		GSTIN:	
Type of Plan opted:	<input type="checkbox"/> Base <input type="checkbox"/> Medium <input type="checkbox"/> Top	Date of First Policy:	
Business Type:	New/ Renewal/ Migration/ Portability		
Product Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Family	Previous policy number if any:	
Premium Payment Basis:	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually		

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.

TABLE OF COVER

(Opted plan to be shown on the Policy Schedule):

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
2	Personal Accident (For Primary Insured Only)	a) Accidental Death	₹1,00,000
		b) Permanent Total Disablement	
Waiting Period - No waiting period for Teleconsultation and Personal Accident Sections.			

ENDORSEMENTS APPLICABLE IF ANY:

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

- 1.
- 2.

CONTACT DETAILS IN CASE OF HOSPITALISATION 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	

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: Seniortcitizengrивences@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.

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

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