SURAKSHA AUR BHAROSA DONO

Kutumb Swasthya Bima

PROSPECTUS

Who Can Buy This Policy?

SBI General's Kutumb Swasthya Bima can be bought by any person between the age of 18 Years to 65 Years.

Age Criteria & Eligibility

Minimum Entry Age: 18 Years Maximum Entry Age: 65 Years

Minimum Entry Age for children: 91 Days Maximum Entry Age for Children:25 Years

Family includes Self, Spouse, Dependent children, Dependent Parents & Dependent Parents in law maximum up to 6 Members.

There is no exit age applicable to the policy.

Type of Policy

Individual and Family

Scope of Cover

S. No	Cover Name	Cover Description	Base	Medium	Top
1	Teleconsultation 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)	a) Hospital Daily Cash	Not Covered	Rs. 250 per day for maximum 30 days	Rs. 250 per day for maximum 60 days
		b) Conveyance Allowance Benefit (lumpsum per paid claim)	Not Covered	Rs. 400	Rs. 400
3	Personal Accident(For Primary Insured Only)	a) Accidental Death	Rs. 1,00,000	Rs. 3,00,000	Rs. 5,00,000
		b) Permanent Total Disablement			

*Deductible of 24 hr applicable under Hospitalization Benefit.

Period of Insurance

This policy can be issued for a tenure of 1 year only.

Exclusions

I. Exclusion Specific to Hospitalization Benefit

Exclusions applicable to Ninety days of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

a) Hypertension,

b) Cardiac condition

c) Diabetes

Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

a. Any types of gastric or duodenal ulcers,

b. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty

c. All internal or external tumor /cysts/nodules/polyps of any kind including breast lumps

d. All types of Hernia and Hydrocele

e. Anal Fissures, Fistula and Piles

Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

a. Cataract
b. Benign Prostatic Hypertrophy
c. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
d. Non infective Arthritis, Treatment of Spondylosis / Spondilytis, Gout & Rheumatism
e. Surgery of Genitourinary tract
f. Calculus Diseases
g. Sinusitis, nasal disorders and related disorders
h. Surgery for prolapsed intervertebral disc unless arising from accident
i. Vertebro-spinal disorders (including disc) and knee conditions;
j. Surgery of varicose veins and varicose ulcers
k. Chronic Renal failure

Exclusions applicable to first three years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

a. Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury.

1. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
2. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
3. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
4. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
5. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
6. Hospitalization primarily for investigation purposes, diagnosis, x-ray examination, general or routine physical or medical examinations, not incidental to treatment or diagnosis of a covered Disease or Illness or any treatment or any preventive treatments, or examinations carried out by a Medical Practitioner which are not medically necessary and which would necessarily not warrant hospitalization and the line of treatment is such that could be carried out on an outpatient basis.
7. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

II. Exclusion specific to Personal Accident Section

The Company shall not be liable for any claim or claims under this Policy arising from

a) Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
b) Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.
c) Accident while being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed

General Exclusions

1. Pre-existing Disease Exclusion 001

i. Expenses related to the treatment of a Pre-existing disease and its direct complication shall be excluded until the expiry of 36 months of continuous coverage after the inception of the first policy with the insurer.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If the insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (health insurance) Regulations, then the waiting period for the same would be reduced to the extent of prior coverage.
iv. Coverage under the policy after expiry of 36 months for any PED is subject to the same being declared at the time of application and accepted by insurer.

2. 30-day waiting period exclusion 03

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Investigation & Evaluation 04

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

4. Rest Cure, rehabilitation and respite care- Code- Excl05

i. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
i. Surgery to be conducted is upon the advice of the Doctor
ii. The surgery/Procedure conducted should be supported by clinical protocols
iii. The member has to be 18 years of age or older and
iv. Body Mass Index (BMI);
   a. greater than or equal to 40 or
   b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - Obesity-related cardiomyopathy
      - Coronary heart disease
      - Severe Sleep Apnea
      - Uncontrolled Type2 Diabetes

6. Change of Gender Treatments (Code- Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

7. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

8. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

9. Excluded Providers: Code- Excl 11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

10. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**
11. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**
12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

13. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

14. Unproven Treatments. Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Sterility and Infertility: Code- Excl17

Expenses related to Sterility and infertility. This includes:
i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

16. Maternity: Code Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

17. Any medical treatment outside India.

18. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
19. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
20. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
    i. any nuclear fuel or from any nuclear waste; or
    ii. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
    iii. nuclear weapons material;
    iv. nuclear equipment or any part of that equipment;
21. Injury or Disease directly caused by or contributed to by nuclear weapons/materials.
22. Accident resulting from Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury, mental or nervous disorder.
23. Accident during air travel except as a fare paying passenger on a recognized airline or charter aircraft
24. Accident while operating or learning to operate any aircraft or ship or performing duties as a member of the crew on any aircraft or ship.
25. Accident arising out of and in the course of employment in any branch of the Military or Armed Forces of any country, whether in peace or War.
26. The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, or Congenital anomalies or any complications or conditions arising there from.
27. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

Premium Paying Term

Quarterly/Half Yearly/Annually

Premium Frequency	Annual	Half yearly	Quarterly
Loading	0%	4.5%	10.20%

Premium Rates

Variant	**Age band (Primary Policyholder)**	**Premium for Primary Insured**	**Additional premium for members covered**		
			Per Child	**Per Parent**	**Per Adult (spouse)**
Base	All	363	NA	NA	NA
Medium	18 to 20	498	48	48	48
Medium	21 to 30	498	48	71	48
Medium	31 to 40	498	48	151	48
Medium	41 to 45	498	48	271	48
Medium	46 to 50	508	48	271	57
Medium	51 to 55	522	48	271	71
Medium	56 to 60	559	48	271	108
Medium	61 to 65	602	48	271	151
Medium	66 and above	722	48	271	271
Top	18 to 20	591	52	52	52
Top	21 to 30	591	52	79	52
Top	31 to 40	591	52	166	52
Top	41 to 45	591	52	299	52
Top	46 to 50	601	52	299	63
Top	51 to 55	617	52	299	79
Top	56 to 60	657	52	299	119
Top	61 to 65	705	52	299	166
Top	66 and above	837	52	299	299

General Conditions

Renewal conditions

i. The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.

ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

v. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

vi. No loading shall apply on Renewals based on individual Claims experience.

Special Conditions applicable for policies issued with premium payment on instalment basis

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Single, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period would be given to pay the instalment premium due for the Policy. In case of monthly instalment option, a Grace Period of 15 days is applicable. Whereas, in case of Single, Half Yearly, Quarterly instalment options, a Grace Period of 30 days is applicable.

ii. During such Grace Period, coverage will be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The Insured Person will get the accrued continuity benefit in respect of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.

vi. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.

vii. The Company has the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

Portability and Continuity Benefits

The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire Policy along with all the members of the Family, if any, at least 30 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-

https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link-

https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule / Certificate if Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

Cancellation and Termination Terms of Policy

A. Cancellation by you:

For Yearly premium paying mode.

i) You can choose to cancel the policy, giving us a 15-day notice period by recorded delivery. This, provided there is no claim under the policy. The insured shall be entitled for premium refund at the company's Short Period Scale provided in table below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

For Quarterly and Half yearly premium paying mode.

a) For Quarterly and Half yearly Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.

b) No refund of any premium in case of any claim during policy year

A. Free Look Period :

(1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.

(2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.

(3) Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

(4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

B. Cancellation by Us -

Policy may be cancelled by us on the grounds of misrepresentation, fraud or non-disclosure of material facts by sending to you 15 days' notice by recorded delivery at last known address/email ID without refund of premium.

Revision and Modification of the Policy Product

Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us

Withdrawal of the Product

In case the Policy is found to be financially unviable or is deficient in any manner, We shall, in terms of Insurance Regulatory & Development Authority Health Insurance Regulations (2016), have the option to withdraw this Policy from the market subject to prior approval of such withdrawal from the Regulatory Authority.

Any withdrawal of the Policy would be duly intimated to the Policy Holder/Insured Person at least ninety (90) days prior to date of such revision or modification, who on expiry of the existing Policy will have an option to obtain Renewal under similar product/s available with Us. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

Claim Intimation

Upon the discovery or occurrence of an event or Hospitalisation that may give rise to a claim under this Policy, Insured Person or the Nominee as the case may be, shall undertake the following:

- In case of Teleconsultation, Customer can call to the Toll free numbers of SBI GI's empanelled Tele- Consultation Service Provider from his/her registered mobile number to get the limited set of health care services, basis the chosen plan.

  Service Timings- Tele Consultation will be available for 12 hrs* in a day, 8 AM to 8 PM on all seven days in week.

  * Timings and duration of tele-consultation service subject to change on the sole discretion of the company. Any such changes or technical disruption leading to unavailability of service, will be communicated to customers.

- In case of Hospitalisation, notify Us either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital. The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Date and Time of Loss Location of Accident /illness for which insured is hospitalized.
- Name of the Insured Person in whose relation the claim is being lodged
- Nature of claims, Accidental death, Permanent Total Disablement, Hospital Daily Cash
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Any other information, documentation as requested by Us.

Intimation about an event or occurrence that may give rise to a claim under this Policy must be given within 30 days of its happening. We will examine and relax this time limit mentioned herein depending upon the merits of the case.

Claim Documents

1. **In case of Teleconsultation claim:**
   - For Teleconsultation claim, Call need to be made by the primary insured from his/her registered mobile no. in the toll-free no. provided by the insurer.
   - Every call made by the customer for consultation irrespective of whether it is a follow up call or otherwise, will be treated as a new call /claim.
   - If in a single call, the Primary Insured Person seeks consultation for other Insured Persons mentioned in the Policy Schedule / Certificate of Insurance, then queries pertaining to each Insured Person will be treated as a separate call/claim
2. **In case of Hospital Daily Cash claim, following is the document list for claim submission:**
   - Duly filled and signed claim form
   - Certified copy of Hospital discharge Summary with pre & post hospitalization consultation details (if any)
   - Certified copy of Diagnostic report confirming diagnosis.
   - Certified copy of final hospital bill with detailed break up

   Nominee / Beneficiary details
   - Beneficiary (Primary Insured) bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

   Case specific additional documents may be requested if required for justified claim decision & processing.
3. **In case of Personal Accident claim, following is the document list for claim submission:**

   A. Personal Accident – Death
   - Duly filled and signed claim form
   - Certified copy of Death certificate issued by municipal authority
   - Certified copy of FIR, MLC Copy, Spot Panchnama.
   - Certified copy of Post-mortem examination report, if done.

   Nominee / Beneficiary details
   - Duly filled and signed Central KYC Registry form
   - Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form
   - Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

   B. Personal Accident – Permanent Total Disability
   - Duly filled and signed claim form
   - Certified copy of Disability certificate issued by Appropriate Govt/Medical authority
   - Certified copies of hospital treatment records and diagnostic reports
   - Certified copy of FIR, MLC Copy, Spot Panchnama.
   - Photograph of insured showing disability

   Beneficiary details
   - Duly filled and signed Central KYC Registry form (applicable for benefit of Rs 1,00,000 & above)
   - Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable for benefit of Rs 1,00,000 & above)
   - Insured bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

- On receipt of intimation from Insured regarding a claim under the Policy, Insurer i entitled to carry out examination and obtain information and may seek further clarification.

In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person or the claimant, as the case may be.

Anti Rebating Warning

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

Grievance redressal procedure

Stage 1:

If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance.

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)

Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal

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

Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home

Stage 2 : 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

Contact Us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, **Address**:9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. **Email:** customer.care@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	**Accident & Health claims team,** **SBI General Insurance Company Limited,** **Address:** 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. **Email:** sbig.health@sbigeneral.in **Toll Free number:** 1800 210 3366, 1800 210 6366 **Website:** www.sbigeneral.in **Fax No:** +91 20 49334525