

LOAN INSURANCE POLICY

POLICY SCHEDULE

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

INTERMEDIARY DETAILS

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

PROPOSER DETAILS

Name of Proposer: _____
 Present Address
 (Current Residing Address): _____
 City: _____ Village: _____
 Gram Panchayat: _____ State: _____
 Pin Code: _____ Landmark: _____
 Permanent Address: _____
 City: _____ Village: _____
 Gram Panchayat: _____ State: _____
 Pin Code: _____ Landmark: _____
 Contact number: _____
 Email: _____
 Aadhar Card no.: _____
 Pan No./Form 60/61: _____
 Policy Period: From Date and Time: DD / MM / YYYY hrs To Date and Time: DD / MM / YYYY midnight
 Cover Opted: _____
 Renewal policy number: _____
 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.

DETAILS OF INDIVIDUAL(S) INSURED UNDER THE POLICY

Name of the Insured	
Address of the Insured	
Landmark:	
Contact Details	
Date of Birth	
Gender	
Age	
Marital Status	
Occupation and Nature of Business/ Work	
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)	
Relationship with Proposer	
Basic Sum Insured	
ABHA (Ayushman Bharat Health Account) number (if available)	
Details of previous CI/PA policy(ies)	
Name and Address of the Financial Institution	
Type of Loan	
Plan Type	
Equated Monthly Instalment Amount (EMI)	

Period of Insurance

Summary Particulars of Scope of Cover

NOMINEE DETAILS:

Insured Name	Insured 1		
Nominee details	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
Name of Appointee	
Date Of Birth (DD/MM/YYYY)	
Age	
Gender (M/F/O)	
Relationship with Nominee	
Address of the Appointee	
Appointee Mobile no	

DETAILS OF THE INSURED ALONG WITH THE BENEFITS (AS PER TABLE BELOW)

No.	Coverage	Sum Insured
Section I	Insured Event Applicable (Subject to Terms and Conditions of the policy) a) First Diagnosis of the below-mentioned Illnesses more specifically described below: 1. Cancer of Specified Severity 2. Kidney Failure Requiring Regular Dialysis 3. Primary Pulmonary Arterial Hypertension 4. Multiple Sclerosis With Persisting Symptoms	
Major Medical	b) Undergoing for the first time of the following surgical procedures, more specifically described below: 5. Major Organ/ Bone Marrow Transplant 6. Open Chest Bag 7. Aorta Graft Surgery 8. Open Heart Replacement or Repair of Heart Valves	
Illnesses & Procedures	c) Occurrence for the first time of the following medical events more specifically described below: 9. Stroke Resulting in Permanent Symptoms 10. First Heart Attack of Specified Severity 11. Coma of Specified Severity 12. Total blindness 13. Permanent Paralysis of Limbs	
Section II Personal Accident	a) Death of the Insured Person on account of an Accident b) Permanent Total Disablement of the Insured Person on account of Accident;	
Section III Loss of Job	Loss of employment of the Insured Person.	Rs per month for 3 months

DETAILS OF CO-APPLICANT*

Name	Date of Birth	Gender	Age	Relationship with Applicant	Occupation	Marital Status	Name of the Nominee	% of SI

BASIS OF SUM INSURED

Reducing Balance/Fixed Benefit

ADDITIONAL CLAUSE (S) APPLICABLE

AC1: Reducing Sum Insured Basis (Applicable only if Reducing cover is opted for)

AC2: Premium Refunds

AC3: Survival Period

SPECIAL CONDITIONS:

- a) Any Physical, Medical or mental condition, illness, injury or treatment or service which is specifically excluded in the under Policy for the Insured

Name of the condition/treatment/illness/procedure	Name of Insured

- b) Any other additional conditions/clauses/endorsements/warranties

1.	
2.	
3.	

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.	

Collection Details : _____ Receipt No. _____ Receipt Date : _____

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

For SBI General Insurance Company Limited

Signed at : Mumbai

Date : _____

Signatory
Designation

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

GSTN No. _____

IMPORTANT NOTE

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy please contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

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

Please refer the Claims Settlement & Grievance Redressal procedure document attached herein for ready references.

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 Rs.----- (In Words-----) towards critical illness coverage

premium for Loan Insurance for the period from --- (DD/mm/yy) ----- To ----- (DD/mm/yy) -----

Policy Number: _____

Date: _____

Place: _____

Authorised Signatory
SBI General Insurance Company Ltd.

CONTACT DETAILS IN CASE OF ANY CLAIM

Email	sbig.health@sbigeneral.in
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

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 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>