

MICRO INSURANCE POLICY

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY - HEALTH

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number												
1.	Name of Insurance Product/ Policy	Micro Insurance Policy													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit													
4.	Sum Insured (Basis)	<div>Individual Sum Insured<table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise Sum Insured</p></div>	Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured													
5.	Policy Coverage (What the Policy Covers)	<div>Covers expenses with respect of: Section I - Personal Accident Cover - Covers Personal Accident with maximum sum insured up to INR 10,000/20,000/30,000/40,000/50,000/- per person with coverage for Accidental Death and Permanent Total Disability. Optional Covers: Section II.A – Critical Illness Insurance – A lump sum amount of INR 10,000/ 20,000/ 30,000 per person is payable against the 13 listed Critical Illnesses. Section II.B – Hospital Daily Cash Cover – Covers for hospitalisation due to disease/ illness/ injury/ accident with a fixed per day limit of INR 250/day for a maximum period of 60 or 90 days per year. Section II.C - Asset Insurance – Covers dwelling (including kutchha construction),</div>	<div>Section I</div> <div>Section II.A</div> <div>Section II.B</div> <div>Section II.C</div>												

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		<p>contents/agricultural tools or implements and stocks of farm produce (grain and / or seeds of all kinds) which are contained in proposer's dwelling against loss or damage as specified in the Policy Schedule against respective loss or damage.</p> <p>Section II.D - Burglary and Housebreaking -</p> <p>Covers the respective loss or damage to the contents, tools or implements or other named assets and stock of farm produce whilst contained in the Insured premises by Burglary and Housebreaking as specified in the Policy Schedule.</p>	Section II.D
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ul style="list-style-type: none"> a) Benefits will not be available for any Pre- Existing Diseases or related condition(s). b) The insurer shall not be liable to make any payment for any Insured Event during the Waiting Period as defined under the Policy. c) Any diseases causing the death of the Insured within the stipulated Survival Period, measured from the date of incidence of the illness. d) Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner. e) Any congenital Illness/Conditions. f) Serving in any branch of the Military or Armed Forces of any country, whether in peace or War g) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof. h) Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect. i) Venereal disease or any sexually transmitted disease or sickness. j) War perils k) Nuclear related perils 	Benefits covered under the policy and Exclusions

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7.	Waiting Period	<ul style="list-style-type: none"> • Initial Waiting Period: 30 days for all illnesses (not applicable on renewal or for accidents) • Critical Illness Waiting Period: 90 Days • Specific waiting periods: <ul style="list-style-type: none"> - 12 months (Please refer Hospital Daily Cash exclusions) - 24 months for (Please refer Hospital Daily Cash exclusions) • Pre-existing Diseases: Covered after 36 month 	Benefits covered under the policy and Exclusions
8.	Financial Limits of the Coverage	Deductible: <ul style="list-style-type: none"> • Hospital Daily Cash: Time deductible of 24 hours for each and every claim is applicable. 	Section II.B.
9.	Claims/ Claims Procedure	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</p> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital • Toll Free number: 1800 210 3366, 1800 210 6366 • Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	General Conditions applicable to all coverages under the Policy:
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care Alternatively, if you wish to register your grievances directly with</p>	General Conditions applicable to all coverages under the Policy: 10

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		<p>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.</p> <p>Email:head.customercare@sbigeneral.in Phone: 1800 102 1111</p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels:</p> <p>Email:Seniorcitizengrивences@sbigeneral.in</p> <p>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO)</p> <p>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</p> <p>Email: gro@sbigeneral.in Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman</p> <p>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.</p> <p>Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	
12.	Things to remember	<ol style="list-style-type: none"> 1. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person. 2. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. 	General Conditions applicable to all coverages under the Policy: 2,1
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	General Conditions applicable to all coverages under the Policy

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place:

Date:/...../.....

Signature of the Policyholder

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>