

PRADHAN MANTRI SURAKSHA BIMA YOJANA

POLICY SCHEDULE

Master Policy No:	Servicing Branch Office:	Issue Date: <<DD / MM / YYYY>>
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INTERMEDIARY DETAILS

Intermediary Name:		Intermediary Code:	
Contact Details:	Mobile No.:	Landline No.	
Address:			
Business Sector:	<<Urban/Rural/Social/Other>>		
Business Type:	<<New/ Renewal/ Migration/ Portability>>		

POLICY HOLDER DETAILS

Name of Policyholder:			
Present Address (Current Residing Address)	City:	Village:	
	Gram Panchayat:	State:	
	Pin-Code:	Landmark:	
Permanent Address	City:	Village:	
	Gram Panchayat:	State:	
	Pin-Code:	Landmark:	
Nationality:			
Aadhar No.	CKYC No.:		
PAN No./ Form 60/61			
GSTIN No.			
Email ID	Contact Details:		
Contact Details			

POLICY DETAILS

Date of 1st Inception of Policy:		Policy Tenure:	
Period of Insurance:	From Date and Time: <<DD/MM/YYYY, ___Hrs >>	To Date and Time: <<DD / MM / YYYY, Midnight>>	

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.

COVERAGE DETAILS

Cover Name		Sum Insured/ Limit (INR)		
A. Death		2,00,000		
B. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot.		2,00,000		
C. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot		1,00,000		
Collection Details:	Receipt no:	Receipt Date: DD / MM / YYYY		
Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited		
Date:				
Place:	Authorised Signatory			
P.S. If premium paid through cheque, the policy is void ab initio in case of dishonor of cheque.				
Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No Dated of General Stamp Office, Mumbai				
GSTN No.				

CONTACT DETAILS

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	customer.care@sbigeneral.in
Toll-Free number	1800 102 1111 (Available 24/7) For Agents and Intermediaries – 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

REDRESSAL OF GRIEVANCE

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.customer-care@sbigeneral.in | Phone: 1800 102 1111

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)

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 is noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonour 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.

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