SURAKSHA AUR BHAROSA DONO

Saral Suraksha Bima, SBI General Insurance Company Limited

PROSPECTUS

Life is uncertain. Your future doesn't have to be. The accidental death or injury of a bread winner can create serious financial problems for the family. Our Saral Suraksha Bima Policy ensures total security and peace of mind.

Key Features of the Policy:

- Saral Suraksha Bima Policy covers Accidental Death, Permanent Total Disablement, Permanent Partial Disablement.
- Saral Suraksha Bima Policy also offers optional covers like :
  i. Temporary Total Disablement
  ii. Hospitalization Expenses due to Accident
  iii. Education Grant

Age Criteria & Eligibility:

	Minimum	Maximum
Adult	18 yrs.	70 yrs.
Child	91 days	25yrs.

- Family includes Self, Spouse, Dependent Children, Dependent Parents and/or Dependent Parents-in-Law.
- Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

Sum Insured

- Minimum sum insured shall be Rs.2.5 lakhs and maximum sum insured shall be Rs.1 Crore. Sum insured offered shall be in multiples of Rs.50,000/-

Period Of Insurance

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

Installment Options

- Monthly / Quarterly / Half Yearly / Annually

Type Of Policy

- Individual basis
- Individual Family basis

Scope Of Cover

I. Base Cover

a) **Death** – We will pay benefit equal to 100% of Sum Insured on Your death, due to an Injury sustained in an Accident during the Policy Period, provided that the death occurs within 12 months from the date of an Accident.

b) **Permanent Total Disablement** – We will pay benefit equal to 100% of Sum Insured, if You suffers from Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident.

i. Total and irrecoverable loss of sight of both eyes or
ii. Physical separation or loss of use of both hands or feet or
iii. Physical separation or loss of use of one hand and one foot or
iv. loss of sight of one eye and Physical separation or loss of use of hand or foot
v. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

c) **Permanent Partial Disablement**: We will pay following percentage of Sum Insured, specified in the policy schedule, if the You suffers from Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

S.No	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb	
	- both phalanges	25%
	- one phalanx	10%
7.	Loss of Index finger –	
	three phalanges	10%
	two phalanges	8%
	one phalanx	4%
8.	Loss of middle finger –	
	three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9.	Loss of ring finger –	
	three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10.	Loss of little finger –	
	three phalanges	4%
	two phalanges	3%
	one phalanx	2%
11.	Loss of metacarpus -	
	first or second (additional) third,	3%
	fourth or fifth (additional)	2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

a) The base sum insured chosen and cumulative bonus, if any is applicable cumulatively for all the three covers specified under Base Cover above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.

b) If the accident occurs during the policy period, benefits covered under Base cover above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

II. Optional Covers

The covers listed below are optional benefits and shall be available to You in accordance with the terms set out in the Policy if the listed cover is opted.

a. Temporary Total Disablement:

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the base sum insured per week, till the time the insured person is able to return to work, provided that:

(i) Such period of temporary total disablement exceeds 4 weeks, however, benefit shall be payable for the entire duration of disablement.

(ii) The compensation payable under this benefit mentioned under Section II (a), shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.

(iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.

(iv) The compensation payable, shall be paid by the insurer at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.

(v) During the course of payment under this benefit, the insurance company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section

b. Hospitalization Expenses due to Accident

Hospitalisation expenses arising due to accident shall be indemnified up to the limit of 10% of base sum insured.

The hospitalisation expenses shall cover the following:

i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.

ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.

iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.

v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy.

vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following expenses necessitated due to injury shall also be covered under the optional cover specified under Section II (b):

i. Dental treatment.

ii. Plastic surgery.

iii. All the day care treatments.

iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

c. Education Grant

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, a one-time Educational Grant of 10% of the Base Sum insured, per child, shall be payable, to all dependent children of the Insured provided that:

a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.

b. Age of the child or children as the case shall not be more than 25 completed years.

Note:

i. The benefits payable under each of the Optional covers II (a), II (b) and II (c) are independent and over and above the base sum insured.

ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

Cumulative Bonus

Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

Notes:

i. The cumulative bonus is applicable only in respect of base covers referred at Section I under Scope of Cover. Addition or reduction of cumulative bonus will be done only if claim made under base covers.

ii. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.

iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

Exclusions

The Company shall not be liable to make any payments under this policy in respect of:

i. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints, and detainment of all kinds.

ii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person

   a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;

   b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.

   c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]

   d. arising or resulting from the Insured Person committing any breach of law with criminal intent.

iii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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.

iv. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

   a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.

   b) Nuclear weapons material

   c) The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

   d) Nuclear, chemical, and biological terrorism

v. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

   Exclusions specific to Optional cover "B" "Hospitalisation Expenses due to Accident"

   The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

   i. Investigation & Evaluation (Code- Excl04)

      a. Expenses related to any admission primarily for diagnostics and evaluation purposes.

      b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

   ii. 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)

   iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.

   iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.

   v. Treatment taken outside the geographical limits of India.

   vi. All expenses listed in Annexure-B (List I) of the Policy.

Premium Rates

As per Rating Chart attached.

Rating Factors

- Age of the Insured Person
- Sum Insured
- Any Other

Discount And Loading

Discount Type	Discount % on Premium
Online discount	10%
Employee discount	5%
Additional Family Member Discount	2 Adults = 2.50% >=3 Adults = 5%

Loading Type	Loading % on Premium
Instalment loadings	Monthly/Quarterly = 2%
	half-yearly/yearly = 0%

Possibility of Revision of Terms of The Policy Including The Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected

How To Claim

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

Accident & Health claims team,
SBI General Insurance Company Limited,
Address: 3rd & 4th Floor, Lotus Park, Plot No 18-19, Road No. 16, Wagle Industrial Estate, Thane – 400604.
Toll Free number: 1800221111, 18001021111
Email: customer.care@sbigeneral.in
Website: www.sbigeneral.in
Fax No: 1800227244, 18001027244

Claim Process

On the occurrence of that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy OR Website
Claim Intimation timelines	i. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.
Particulars to be provided to us for Claim notification	1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission
List of Documents	As listed below

- **List of Basic documents required for All claims,**
  1. Duly filled and signed claim form
  2. Photo Identity Proof of the insured person,
  3. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station.
  4. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital.
  5. Any other relevant document required by the Company for assessment of the claim.
- **Documents required in case of Death.**
  i. Death certificate;
  ii. Post-Mortem Report (if conducted);
  iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.
- **Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD),**
  i. Original treating Medical Practitioner's certificate describing the disablement,
  ii. Original Discharge summary from the Hospital
  iii. Disability certificate issued by treating Medical Practitioner,
  iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
- **Documents required in case of Temporary Total Disablement (TTD)**
  i. Original treating Medical Practitioner's certificate confirming the disability,
  ii. Original Discharge summary from the Hospital
  iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
  iv. Leave/Absence Certificate from Employer (If Employed)
  v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days,
  vi. Fitness Certificate issued by the treating doctor.
- **Documents required for Hospitalisation Expenses due to Accident:**
  i. Discharge Summary from The Hospital
  ii. Medical & Investigation reports
  iii. Prescriptions, and consultation papers of the treatment
  iv. Any other medical, investigation reports, as applicable
- **Documents required for Education Grant:**
  i. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
  ii. Photo Identity Proof of Child
  iii. Age proof of Child
  iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

  Note:
  - Case specific additional documents may be requested if required for justified claim decision & processing.
  - Certified copies of document meaning documents attested by any vested authority (e.g. Notarized Documents, attested from Gazetted officer, SBI Branch Manager, Special Executive officer, any officer who is having authority of attestation of documents).
- **Claim Document Submission Address**
  All claim related documents needs to be sent to below address.
  Please do mention appropriate claim number on claim documents dispatched.
  Accident & Health claims team
  SBI General Insurance Co Ltd,
  3rd & 4th Floor, Lotus Park, Plot No 18-19, Road No. 16, Wagle Industrial Estate, Thane – 400604
- **Claim documents submission:**

  In case of any Claim, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.

- **Claim Assessment**

  We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

- **Condonation of delay:**

  If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Claim Settlement

i. The Company shall settle or reject a claim within 15 days from the date of receipt of claim submission.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of claim submission to the date of payment of claim at a rate 2% above the bank rate.

(Explaination: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

Fraud

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy, but which are found fraudulent later shall be repaid by all Insured Person who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.

Complete Discharge

Any payment to the Policyholder / Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Payment Of Claim

All claims under the Policy shall be payable in Indian currency only.

Can I Cancel This Policy ?

i. The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	% of Annual Premium Refundable
Not exceeding 1 month	75%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 month but not exceeding 6 months	25%
Exceeding 6 months	Nil

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

1. For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months into the policy year. For instalment after 6 months, no refund will be payable.
2. In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

ii. The Company may cancel the Policy at any time on grounds of misrepresentation, nondisclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

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.

What Is The Renewal Process?

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.

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.

Alterations In The Policy

The Proposal Form, Certificate, and Policy Schedule 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.

Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.

Revision And Modification Of The Policy Product

i. 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.

ii. 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

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Redressal of Grievances

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-redressalNote: 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	**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

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

THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. PROSPECTS ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO BEFORE CONCLUDE THE SALE.

Benefit Illustartion:

	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)		
Age of the members insured	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any Family member discount)	Premium after Discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount if any	Premium after discount (₹)	Sum Insured (₹)
35 yrs	₹ 242/-	₹ 2,50,000	₹ 242/-	5%	₹ 229.9/-	₹ 2,50,000	NA	NA	NA	NA
30 yrs	₹ 242/-	₹ 2,50,000	₹ 242/-	5%	₹ 229.9/-	₹ 2,50,000				
60 yrs	₹ 242/-	₹ 2,50,000	₹ 242/-	5%	₹ 229.9/-	₹ 2,50,000				
55 yrs	₹ 242/-	₹ 2,50,000	₹ 242/-	5%	₹ 229.9/-	₹ 2,50,000				
Total Premium for all members of the Family is ₹ 968/- when each member is covered separately. Sum Insured available for each individual is ₹ 2,50,000/-			Total Premium for all members of the Family is ₹ 919.6/- when they are covered under a single policy. Sum Insured available for each family member is ₹ 2,50,000/-				NA			

Note:

- Premium rates are specified in the above illustration is standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
- The above illustration is for Saral Suraksha Bima (Accidental Death (AD) + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD))
- Family size is considered 4 members
- Illustration is given for Sun Insured 2.5 lac and Risk Category 2.
- Please note above rates are exclusive GST.

Premium Rates

Risk Category 2	Base Covers - Premium (Excl. of GST)	Optional Covers - Premium (Excl. of GST)		
AD SI	Premium - AD + PTD + PPD	Premium - TTD	Premium - AH	Premium - Education grant
2,50,000	242	21	215	41
3,00,000	291	25	230	49
3,50,000	339	29	246	57
4,00,000	388	33	262	66
4,50,000	436	37	280	74
5,00,000	485	41	299	82
5,50,000	533	45	304	90
6,00,000	582	50	309	98
6,50,000	630	54	315	107
7,00,000	679	58	320	115
7,50,000	727	62	325	123
8,00,000	776	66	331	131
8,50,000	824	70	336	139
9,00,000	873	74	342	147
9,50,000	921	79	348	156
10,00,000	970	83	354	164
10,50,000	1,018	87	359	172
11,00,000	1,067	91	364	180
11,50,000	1,115	95	369	188
12,00,000	1,164	99	375	197
12,50,000	1,212	103	380	205
13,00,000	1,261	108	386	213
13,50,000	1,309	112	391	221
14,00,000	1,358	116	397	229
14,50,000	1,406	120	403	238
15,00,000	1,455	124	408	246
15,50,000	1,503	128	414	254
16,00,000	1,552	132	420	262
16,50,000	1,600	136	426	270
17,00,000	1,649	141	432	279
17,50,000	1,697	145	438	287
18,00,000	1,746	149	445	295
18,50,000	1,794	153	451	303
19,00,000	1,843	157	457	311
19,50,000	1,891	161	464	320
20,00,000	1,940	165	470	328
20,50,000	1,988	170	477	336
21,00,000	2,037	174	483	344
21,50,000	2,085	178	490	352
22,00,000	2,134	182	496	361
22,50,000	2,182	186	503	369
23,00,000	2,231	190	509	377
23,50,000	2,279	194	516	385
24,00,000	2,328	198	523	393
24,50,000	2,376	203	530	402
25,00,000	2,425	207	537	410
25,50,000	2,473	211	544	418
26,00,000	2,522	215	551	426

Risk Category 2	Base Covers - Premium (Excl. of GST)	Optional Covers - Premium (Excl. of GST)		
AD SI	Premium - AD + PTD + PPD	Premium - TTD	Premium - AH	Premium - Education grant
26,50,000	2,570	219	559	434
27,00,000	2,619	223	566	442
27,50,000	2,667	227	574	451
28,00,000	2,716	232	581	459
28,50,000	2,764	236	589	467
29,00,000	2,813	240	597	475
29,50,000	2,861	244	605	483
30,00,000	2,910	248	612	492
30,50,000	2,958	252	619	500
31,00,000	3,007	256	626	508
31,50,000	3,055	261	633	516
32,00,000	3,104	265	641	524
32,50,000	3,152	269	648	533
33,00,000	3,200	273	655	541
33,50,000	3,249	277	662	549
34,00,000	3,297	281	670	557
34,50,000	3,346	285	677	565
35,00,000	3,394	289	685	574
35,50,000	3,443	294	693	582
36,00,000	3,491	298	700	590
36,50,000	3,540	302	708	598
37,00,000	3,588	306	716	606
37,50,000	3,637	310	724	615
38,00,000	3,685	314	732	623
38,50,000	3,734	318	741	631
39,00,000	3,782	323	749	639
39,50,000	3,831	327	757	647
40,00,000	3,879	331	766	656
40,50,000	3,928	335	773	664
41,00,000	3,976	339	780	672
41,50,000	4,025	343	787	680
42,00,000	4,073	347	794	688
42,50,000	4,122	351	801	696
43,00,000	4,170	356	809	705
43,50,000	4,219	360	816	713
44,00,000	4,267	364	824	721
44,50,000	4,316	368	831	729
45,00,000	4,364	372	839	737
45,50,000	4,413	376	847	746
46,00,000	4,461	380	854	754
46,50,000	4,510	385	862	762
47,00,000	4,558	389	870	770
47,50,000	4,607	393	878	778
48,00,000	4,655	397	886	787
48,50,000	4,704	401	894	795
49,00,000	4,752	405	902	803
49,50,000	4,801	409	910	811
50,00,000	4,849	413	919	819
50,50,000	4,898	418	925	828
51,00,000	4,946	422	932	836

Risk Category 2	Base Covers - Premium (Excl. of GST)	Optional Covers - Premium (Excl. of GST)		
AD SI	Premium - AD + PTD + PPD	Premium - TTD	Premium - AH	Premium - Education grant
51,50,000	4,995	426	939	844
52,00,000	5,043	430	946	852
52,50,000	5,092	434	953	860
53,00,000	5,140	438	960	869
53,50,000	5,189	442	967	877
54,00,000	5,237	447	974	885
54,50,000	5,286	451	982	893
55,00,000	5,334	455	989	901
55,50,000	5,383	459	996	910
56,00,000	5,431	463	1,004	918
56,50,000	5,480	467	1,011	926
57,00,000	5,528	471	1,018	934
57,50,000	5,577	476	1,026	942
58,00,000	5,625	480	1,034	951
58,50,000	5,674	484	1,041	959
59,00,000	5,722	488	1,049	967
59,50,000	5,771	492	1,057	975
60,00,000	5,819	496	1,057	983
60,50,000	5,868	500	1,063	991
61,00,000	5,916	504	1,068	1,000
61,50,000	5,965	509	1,073	1,008
62,00,000	6,013	513	1,078	1,016
62,50,000	6,062	517	1,084	1,024
63,00,000	6,110	521	1,089	1,032
63,50,000	6,159	525	1,094	1,041
64,00,000	6,207	529	1,100	1,049
64,50,000	6,256	533	1,105	1,057
65,00,000	6,304	538	1,110	1,065
65,50,000	6,352	542	1,116	1,073
66,00,000	6,401	546	1,121	1,082
66,50,000	6,449	550	1,127	1,090
67,00,000	6,498	554	1,132	1,098
67,50,000	6,546	558	1,138	1,106
68,00,000	6,595	562	1,143	1,114
68,50,000	6,643	566	1,149	1,123
69,00,000	6,692	571	1,154	1,131
69,50,000	6,740	575	1,160	1,139
70,00,000	6,789	579	1,166	1,147
70,50,000	6,837	583	1,170	1,155
71,00,000	6,886	587	1,174	1,164
71,50,000	6,934	591	1,179	1,172
72,00,000	6,983	595	1,183	1,180
72,50,000	7,031	600	1,188	1,188
73,00,000	7,080	604	1,192	1,196
73,50,000	7,128	608	1,197	1,205
74,00,000	7,177	612	1,201	1,213
74,50,000	7,225	616	1,206	1,221
75,00,000	7,274	620	1,210	1,229
75,50,000	7,322	624	1,215	1,237

Risk Category 2	Base Covers - Premium (Excl. of GST)	Optional Covers - Premium (Excl. of GST)		
AD SI	Premium - AD + PTD + PPD	Premium - TTD	Premium - AH	Premium - Education grant
76,00,000	7,371	629	1,219	1,245
76,50,000	7,419	633	1,224	1,254
77,00,000	7,468	637	1,229	1,262
77,50,000	7,516	641	1,233	1,270
78,00,000	7,565	645	1,238	1,278
78,50,000	7,613	649	1,242	1,286
79,00,000	7,662	653	1,247	1,295
79,50,000	7,710	657	1,252	1,303
80,00,000	7,759	662	1,256	1,311
80,50,000	7,807	666	1,260	1,319
81,00,000	7,856	670	1,263	1,327
81,50,000	7,904	674	1,266	1,336
82,00,000	7,953	678	1,270	1,344
82,50,000	8,001	682	1,273	1,352
83,00,000	8,050	686	1,276	1,360
83,50,000	8,098	691	1,280	1,368
84,00,000	8,147	695	1,283	1,377
84,50,000	8,195	699	1,287	1,385
85,00,000	8,244	703	1,290	1,393
85,50,000	8,292	707	1,293	1,401
86,00,000	8,341	711	1,297	1,409
86,50,000	8,389	715	1,300	1,418
87,00,000	8,438	719	1,303	1,426
87,50,000	8,486	724	1,307	1,434
88,00,000	8,535	728	1,310	1,442
88,50,000	8,583	732	1,314	1,450
89,00,000	8,632	736	1,317	1,459
89,50,000	8,680	740	1,321	1,467
90,00,000	8,729	744	1,324	1,475
90,50,000	8,777	748	1,326	1,483
91,00,000	8,826	753	1,328	1,491
91,50,000	8,874	757	1,330	1,500
92,00,000	8,923	761	1,332	1,508
92,50,000	8,971	765	1,334	1,516
93,00,000	9,020	769	1,336	1,524
93,50,000	9,068	773	1,338	1,532
94,00,000	9,117	777	1,340	1,540
94,50,000	9,165	782	1,342	1,549
95,00,000	9,214	786	1,344	1,557
95,50,000	9,262	790	1,346	1,565
96,00,000	9,311	794	1,348	1,573
96,50,000	9,359	798	1,350	1,581
97,00,000	9,408	802	1,352	1,590
97,50,000	9,456	806	1,354	1,598
98,00,000	9,505	810	1,356	1,606
98,50,000	9,553	815	1,358	1,614
99,00,000	9,601	819	1,360	1,622
99,50,000	9,650	823	1,361	1,631
1,00,00,000	9,698	827	1,363	1,639