SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

AROGYA SUPREME

POLICY SCHEDULE

Policy No:	Servicing Branch Office:	Issue Date:

INTERMEDIARY DETAILS

Intermediary Name	xxxxxxxxx	Intermediary Code	xxxxxxxxx
Contact Details	Mobile No. - xxxxxxxxx	Landline No.	xxxxxxxxx
Address			

PROPOSER DETAILS

Name of Proposer		
Present Address (Current Residing Address)		
	Village: _____ Gram Panchayat: _____	
	City: _____ State: _____	
	Pin-code: _____ Landmark: _____	
	Zone: _____	
Permanent Address		
	Village: _____ Gram Panchayat: _____	
	City: _____ State: _____	
	Pin-code: _____ Landmark: _____	
	Zone: _____	
PAN No /Form 97/98		
Email		
Contact Details		
Period of Insurance	From Date and Time: DD / MM / YYYY ....hrs	To Date and Time: DD / MM / YYYY midnight
First Policy Inception Date	DD / MM / YYYY	
Business Type	New/ Renewal/ Migration/ Portability	
Previous Policy Number	XXXXXXXXXX	
Policy Period	1 year/ 2 years/ 3 years	
Policy Type	Individual / Family Floater	
Plan Name	PRO / PLUS / PREMIUM	
Premium Frequency	Monthly / Quarterly / Half yearly /Single	
No of Members:		

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.

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INSURED PERSON'S DETAILS:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured:						
Date of Birth:						
Age:						
Gender:						
Height:						
Weight:						
Occupation:						
Nationality (Indian/Non-Indian/ Non-resident Indian/Other)						
Marital Status:						
Relationship with Proposer:						
Basic Sum Insured:						
Cumulative Bonus/Enhanced Cumulative Bonus (if opted)						
Pre-existing Disease/s* Disability Details (if any)	Yes/No, If yes provide details	Yes/No, If yes provide details	Yes/No, If yes provide details	Yes/No, If yes provide details		
ABHA (Ayushman Bharat Health Account) number (if available)#						

WAITING PERIOD

Name of Insured Person	First 30 Days	Specified Diseases and Proc edures	Pre-Existing Disea ses	Cataract	COVID -19

Note:

i. If any of the specified disease / procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

ii. First 30 days waiting period shall not be applicable for claims arising due to COVID-19.

iii. Major Illness-Benefit - Waiting Period of 90 Days & Survival Period of 30 Days.

iv. Hypertension, Diabetes and Cardiac Condition - Waiting Period of 90 Days.

NOMINEE DETAILS

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee						
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	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee						
Date Of Birth (DD/MM/YYYY)						
Age:						
Gender (M/F/O)						
Relationship with Nominee						
Address of the Appointee						
Appointee Mobile No						

SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

1.	
2.	

IMPORTANT TERMS, CONDITIONS AND EXCLUSION

1.	
2.	

Name of Insured Person	Pre-existing disease/Disability/ hospitalization/ medical treatment /surgical history	Permanent disease exclusion if any

ADDITIONAL LOADING (if applicable)

Name of Insured Person	Habit	Disease

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PREMIUM DETAILS:

Particulars	Amount (₹)
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	NA
Final Premium (EMI Amount with Taxes) in Rs.	

COLLECTION DETAILS:

Receipt no:		**Receipt Date:**
Signed at: (RO/BO/DO - Details)		**For SBI General Insurance Company Limited**
Date		**Authorized Signatory**

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.
Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No_____Dated _____of General Stamp Office, Mumbai
GSTIN: _____

CONTACT DETAILS IN CASE OF ANY CLAIM

For Intimating a Claim with us please contact us through the following channels:

Email	sbig.health@sbigeneral.in
Toll Free number	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

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

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 being 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.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Policy Holder in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Policy Holder or anyone acting on his behalf.

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

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

Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date and Place		Authorised Signatory

COVERAGE DETAILS

Name of Insured Person	SR No	Hospitalization Cover	Plan Name: Sum Insured / Sub limits
a. b. c. d. e. f.	1	In-patient Hospitalization Treatment	
	2	Mental Healthcare	
	3	HIV / AIDS Cover	
	4	Genetic Disorder	
	5	Internal Congenital Anomaly	
	6	Bariatric Surgery Cover	
	7	Advance Procedures	
	8	Cataract Treatment	

	9	Pre-Hospitalization Cover	
	10	Post-Hospitalization Cover	
	11	Domiciliary Hospitalization	
	12	Day Care Treatment	
	13	Road Ambulance (per hospitalization)	
	14	Organ Donor Expenses	
	15	Alternative Treatment / AYUSH	
	16	Recovery Benefit (per hospitalization), if hospitalization is above 10 days	
	17	Domestic Emergency Assistance Services (including Air Ambulance)	
	18	Sum Insured Refill	
	19	Compassionate Visit (air ticket charges if hospitalization is exceeding 5 days)	
	20	E-Opinion	<<Yes/No>> <<Yes>> <<4/Unlimited>>

OPTIONAL COVERS

Name of Insured Person	Hospital Cash Benefit	Major Illness Benefit[1]	Additional Sum Insured for Accidental Hospitalization	Enhanced Cumulative Bonus[3]	No Claim Bonus Protector[3]	Co-Payment	Any Room Upgrade[2]	Deductible - on per claim basis (in INR)
	Sum Insured/ Sub Limit							
a								
b								

Note:
1. Major Illness is applicable only if the Insured Person who is aged above 18 years.
2. Upgrade to any room excluding a suit and above.
3.Enhanced Cumulative Bonus & No Claim Bonus Protector can only be opted with Cumulative Bonus.

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RENEWAL BENEFIT

Preventive Health Check-Up	
*Cumulative Bonus	
*No Claim Discount	2% of Base Premium

Note:
1. Enhanced Cumulative Bonus & No Claim Bonus Protector can only be opted with Cumulative Bonus.
2. If No Claim Discount is opted, the earned Cumulative Bonus (if any) shall become Nil.
3. Upon changing the benefit from No Claim Discount to Cumulative Bonus at renewal, the Cumulative Bonus will be reset to Nil and start afresh, regardless of the Claim-free Policy Years.

PREMIUM CERTIFICATE (Applicable to all sections except Personal Accident)

Premium certificate for the purpose of deduction under Section 126 of the Income Tax Act, 2025

Transaction Id:

This is to certify that Mr./Ms./Mrs. ----------has paid INR---------- (In Words----------) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the period from ---(dd/mm/yy)-------- To ----------(dd/mm/yy) -------- Midnight for Policy No. xxxxxxxxxx

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under Section 126 of the Income Tax Act, 2025. The benefit shall be as per the provisions of the Income Tax Act, 2025 and any amendments made thereafter.

You may get tax benefits up to ₹ _____ subject to maximum permissible limits under Income tax Act, 2025 as modified from time to time. For more details kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

GSTI No.: _____

Date: DD/MM/YYYY

Place:

Authorised Signatory

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GST TAX INVOICE

GST Invoice No	XXXX	**GST Invoice Date**	DD/MM/YYYY
GSTIN/Unique No: (SBI General)	27AAMCS8857L1ZC	**SBI General State**	Maharashtra
SBI General Branch Address:	**SBI General Insurance Company Limited** Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099, India		

DETAILS OF POLICYHOLDER

Name			
Address			
Policy Holder State		**Place of Supply**	
		Whether invoice under Reverse Charge	No
GSTIN/Unique No:	XXXXXXX	**Policy Number**	XXXXXXXX

Insurance Product Name	**HSN Code**	**Premium (without Taxes)**	**CGST**		**SGST/ UTGST**		**IGST**	
			Rate	**Amount**	**Rate**	**Amount**	**Rate**	**Amount**

Total Invoice Value (In Figures)	
Taxes Applicable	**Authorised Signatory**

SBI General Receipt No:		**Receipt Date:**	DD/MM/YYYY

RECEIPT

Received with thanks from **XXXXXXXXXXXXXX**
an amount of **Rs. XXXXXX (In Word - XXXXX)**
by **EFT** No: **XXXXXXXXX**
Dated: **DD/MM/YYYY** Drawn on Bank: STATE BANK OF INDIA Branch:

Party ID	**Quote/Policy/Claim No.**	**Name of Party**	**Amount (Rs.)**
XXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXX
		TOTAL	**XXXXXXX**

Disclaimer

1. Receipt subject to realization of instrument submitted
2. Kindly refer to the policy document for the time of commencement of cover

For and on behalf of
SBI General Insurance Co. Ltd.

Authorized Signatory

SBI General Insurance Company Limited. Registered and Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099 CIN: U66000MH2009PLC190546 | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale| SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | Arogya Supreme, UIN: SBIHLIP27036V022627 | IRDAI Reg No: 144 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.