

SBIG HEALTH SUPER TOP-UP

POLICY SCHEDULE

Policy No.: _____ Policy Issue Date: _____
 Policy Servicing Office: SBI General Insurance Company Ltd, 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai, 400099.

INTERMEDIARY DETAILS

Intermediary Name & code: _____
 Intermediary Contact Number: _____
 Address: _____
 Name & contact no of salesperson / RM: _____

INSURED DETAILS:

Name of Proposer: _____
 Present Address
 (Current Residing Address): _____
 City: _____ State: _____
 Village: _____ Gram Panchayat: _____
 Pin Code: _____ Landmark: _____
 Permanent Address: _____
 City: _____ State: _____
 Village: _____ Gram Panchayat: _____
 Pin Code: _____ Landmark: _____
 Contact number: _____ Alternate contact number: _____
 Email: _____
 Policy Servicing Branch: _____ Address Proof: _____
 Business Type: New/ Renewal/ Migration/ Portability PAN/Form 60/ 61: _____
 Nationality: _____ Occupation: _____
 Period of Insurance: From ____/____/____ hrs To ____/____/____ midnight
 First Policy Inception Date: DD / MM / YYYY Previous Policy Number
 (if applicable): _____

POLICY DETAILS

Policy Type: Individual / Family Floater Plan Name: Plus / Pro
 Policy Term: 1 year/ 2 years/ 3 years Premium Frequency: Monthly / Quarterly / Half-yearly Single

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

S No	Coverage	Sum Insured/ Limits/ Option
Base Covers		
1	Inpatient Treatment	As opted
2	Pre-Hospitalization	60 Days
3	Post-Hospitalization	90 Days/ 180 Days
4	Day Care Treatment	All day care procedures covered
5	Organ Donor	Covered up to Sum Insured
6	Modern Treatments	Covered up to Sum Insured
7	AYUSH Treatment	Covered up to Sum Insured
8	Domiciliary Hospitalization	Covered up to Sum Insured
9	Road Ambulance	Up to Rs. 5000 per hospitalization
10	Home Health Care	Covered up to Sum Insured

Optional Covers		
S No	Coverage	Sum Insured/ Limits/ Option
1	Maternity Expenses	Up to Rs. 2 Lacs for deductible 5 L and above only
2	New-born Baby Cover	Covered up to Sum Insured
3	Hospital Daily Cash	Rs. 500/ 1000 per day up to 10 days maximum ICU: 2 times of Hospital Daily Cash
4	Consumables	Covered up to Sum Insured
5	Global Cover	Covered up to Sum Insured
6	Radio Cab	Up to 3000 per hospitalization
7	Air Ambulance	Up to 5 Lacs
8	Recovery Benefit	Rs. 5000/ 10000/ 25000
9	Personal Accident Cover	Rs. 10 Lacs/ 20 Lacs
10	Unlimited Restore Benefit	Unlimited up to 100% of Base Sum Insured
11	Reduction in Room Rent	Actuals to Single Private A.C Room or Twin Sharing Room
12	Change in Pre-existing Waiting Period	3/ 1 years
13	Change in Maternity Waiting Period	1/ 2/ 4 years
14	Reduction in Specific Disease Waiting Period	1 year

Value Added Services		
1	E-Opinion	Unlimited
2	Stay Fit Health Check Up	Up to 5000(Annual). No Deductible applicable

Renewal Benefits		
1	Cumulative Bonus	Available

INSURED DETAILS

	Insured 2	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name of the Insured Person (s)								
1 st Policy Inception Date								
Member ID								
Date of Member Entry								
Age/ Date of Birth								
Gender								
Relationship of Insured with Proposer								
Marital Status								
Nationality								
Occupation								
Sum Insured (Separate only for Individual cover, in Rs.)								
Deductible (Separate only for Individual cover, in Rs.)								
Cumulative Bonus (Separate only for Individual cover, in Rs.)								
Maternity Expenses	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted	Opted/ Not Opted
Pre-Existing Disease/ Disability								
Loading (if any)								

NOMINEE DETAILS

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4
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				

Insured Name	Insured 5	Insured 6	Insured 7	Insured 8
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
Name of Appointee				
Date Of Birth (DD/MM/YYYY)				
Age				
Gender (M/F/O)				
Relationship with Nominee				
Address of the Appointee				
Appointee Mobile no				

Insured Name	Insured 5	Insured 6	Insured 7	Insured 8
Name of Appointee				
Date Of Birth (DD/MM/YYYY)				
Age				
Gender (M/F/O)				
Relationship with Nominee				
Address of the Appointee				
Appointee Mobile no				

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 ab-initio in case of dishonour of cheque. Consolidated Stamp Duty Rs _____ paid towards Insurance Policy Stamps vide Order No _____. Dated: _____ of General Stamp Office, Mumbai.

For Complete Coverage & Policy Wording, kindly visit our website - www.sbigeneral.in

Date: _____ For and on behalf of SBI General Insurance Company

Place: _____

Authorized Signatory

IMPORTANT NOTE

1. All other terms, conditions, exclusions as per attached policy wordings.
2. In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
3. Please refer the Claims Settlement & Grievance Redressal procedure document attached herein for ready references.
4. All discounts in the policy shall be capped to a maximum of 40% only, excluding Floater and Non-floater discount.
5. SBIGI does not accept Cash for Premium Payments against the Policy.
6. Receipt subject to realization of instrument submitted.
7. Kindly refer to the policy document for time of commencement of cover.
8. The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. Policy documents sent electronically is as valid as physical policy contract document. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

9. Date of delivery of the document is reckoned for the purpose of examining free look request.
10. Optional Covers will be at policy level for Individual or Floater Policies except Maternity Expenses and New-born Baby Cover
11. Maternity Expenses benefit shall be available for deductible options of Rs. 5 Lacs & above for females aged 18-45 years only. Insured female member covered as 'Spouse' will be eligible for Maternity Expenses cover under Family Floater Policy (no other relationship will be accepted under Maternity Expenses cover).
12. Personal Accident Cover is available for 'Primary Insured Person' only. Primary Insured Person shall mean the Insured Person who has paid the premium for this Policy and included as 'Self'.
13. To verify your Policy details click/ visit www.sbigeneral.in

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 Number	18001027244 / 1800-227244

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 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 Des

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>

PREMIUM RECEIPT

Branch Office Address:	Reference No:	
	Receipt No:	
	Date:	DD/MM/YYYY
	Branch Code:	
	Party/ Depositor ID:	

Received with thanks from _____ an amount of Rs. _____ (Rupees _____) by Cheque No.: _____ Dated DD / MM / YYYY Drawn on Bank: _____

Party ID	Quote/ Policy/ Claim No	Name of Party	Amount (Rs.)
		TOTAL	

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

Authorized Signatory

GST INVOICE

GST Invoice No		GST Invoice Date:	DD/MM/YYYY						
GST No. (SBI General):		SBI General State:							
SBI General Branch Address:									
Details of Policy Holder									
Name									
Address									
Policy Holder State									
GSTIN/Unique No:		Policy Number							
Insurance Product Name	HSN Code	Premium (without Taxes)	CGST	SGST/ UTGST	IGST				
			Rate	Amount	Rate	Amount	Rate	Amount	
Total Invoice Value (In Figures)				Authorized Signatory					
Taxes Applicable									