SURAKSHA AUR BHAROSA DONO

Loan Insurance Policy

PROSPECTUS

The information provided in the prospectus is only indicative in nature. For details of the complete coverage please contact our nearest office and refer to the policy document.

It is a common practice for people to depend on financial Institutions to fulfill their dreams of owning a Home, Car or any such other necessities of life. Along with the pleasure of such new acquisitions goes the liability of the loan which many times is quite burdensome but unavoidable. This Policy is designed to relieve the individuals of that stress by covering three fortuitous events that may happen in life namely, Critical Illness, Personal Accident and Loss of employment, which can cause a severe blow to the normal life of a person. Structured as a benefit policy, this policy provides for payment of the benefit amount which normally is equivalent to total amount of loan or the loan outstanding as on the date of occurrence of the covered event.

Scope of Cover

Package Policy with following compulsory sections:

Section I- Critical Illness

Section II- Personal Accident

Section III- Loss of Job

Section I – Critical Illness :

At any point of time during the term of the policy, if a covered person under the policy is diagnosed with any of the defined critical illnesses as listed below, the benefit shall be payable, only if the Insured is alive for a period of more than or equal to 28 days (or as specifically stated period of time in any of the definitions given below) from the date of the first diagnosis of the Critical illness/ Undergoing the surgical procedures for the first time.

A. First diagnosis of the below-mentioned Illnesses more specifically described below:

1. Cancer
2. Kidney Failure (End Stage Renal Failure)
3. Primary Pulmonary Arterial Hypertension
4. Multiple Sclerosis or

B. Undergoing for the first time of the following surgical procedures, more specifically described below:

1. Major Organ Transplant
2. Coronary Artery Bypass Graft
3. Aorta Graft Surgery
4. Heart Valve Surgery

C. Occurrence for the first time of the following medical events more specifically described below:

1. Stroke
2. Myocardial Infarction (First Heart Attack)
3. Coma
4. Total blindness
5. Paralysis

1. Cancer:

A malignant tumor characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma & sarcoma.

The following are excluded –

(1) Tumors showing the malignant changes of carcinoma-in-situ & tumors which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-situ of the breasts, Cervical dysplasia: CIN-1, CIN-2 and CIN-3;

(2) Any skin cancer other than invasive malignant melanoma

(3) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

(4) Papillary micro-carcinoma of the thyroid less than 1 cm in diameter

(5) Chronic lymphocytic leukaemia less than RAI stage 3

(6) Microcarcinoma of the bladder

(7) All tumors in the presence of HIV infection.

2. Kidney Failure (End Stage Renal Failure):

End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Primary Pulmonary Arterial Hypertension:

Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Insured being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

4. Multiple Sclerosis:

The definite occurrence of multiple sclerosis with the diagnosis support by all of the following:

1. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis
2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
3. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

   Other causes of neurological damage such as SLE and HIV are excluded.

5. Major Organ Transplant:

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells

  The undergoing of a transplant has to be confirmed by a specialist medical practitioner.The following are excluded from the scope:
- Other stem-cell transplants
- Where only islets of langerhans are transplanted

6. Coronary artery by-pass grafts (with surgery to divide the breastbone):

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are: (1) Angioplasty and / or any other intra-arterial procedures (2) Any Key-hole or laser surgery

7. Aorta Graft Surgery:

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

8. Heart Valve Surgery:

The actual undergoing of open-heart valve surgery to repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the vale abnormality must be supported an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9. Stroke:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)

- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Myocardial Infarction (First Heart Attack):

The first occurrence of myocardial infarction which means death of portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria: a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) b) new characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

(1) Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;

(2) Other acute Cornonary syndromes

(3) Any type of angina pectoris

11. Coma:

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following :

1. No response to external stimuli continuously for at least 96 hours;
2. Life-support measures being necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

12. Total Blindness:

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

13. Paralysis:

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than three months.

Section II – Personal Accident

Policy pays for Accidental Death & Permanent Total Disability by sudden Unforeseen Accidents.

For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

Loss of sight of both eyes; or

Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or

Loss of use of either both hands or both feet or of one hand and one foot without Physical Separation;

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

Disclaimer: The above information is only indicative in nature. For details of the complete coverage please contact our nearest office and refer to the policy document.

Section III – Loss of Job

For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority

The Company, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, shall pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule of this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule against Section III for the Insured Person and Deductible Excess mentioned in the policy.

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Age & Sum Insured Eligibility

Min Age Entry: 18 yrs.

Max Age Entry: 60 Yrs.

Max Age for Exit: 65 Yrs

Plan Duration: 3 Years Maximum. Option available to choose period from one year to three years

Waiting period : 90 days

Renewal: After 3 Years if desired by the insured a fresh Policy will be issued at the rates and terms applicable at that time.

Minimum Sum Insured: Rs.100, 000

Premium

The rate of premium shall depend upon the Loan Tenure, Period of Insurance & Age. The premium paid towards CI is exempt from Income Tax under Sec 80 D of Income Tax act.

Medical Underwriting & Pre-Acceptance Health Check Up

This cover is based on the Medical history, Sum Insured & Age of the proposer.

For proposals with following conditions, the acceptance is subject to a satisfactory medical examination of the proposer as per our company's requirements.

- Insured with adverse medical history as declared in Proposal Form or,

  Insured aged above 45 years irrespective of SI and/or SI more than Rs.1 crore irrespective of age
- Pre-acceptance medical tests at the cost of the proposer. However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer

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.

Sum Insured options

1. Reducing Sum Insured (outstanding loan amount)
2. Fixed Sum Insured (fixed at inception of policy)

Basis of Indemnity

Section I – Critical Illness

1. The Company will make payments only after being satisfied, with the documents evidencing the covered disease/condition.
2. At no point of time during the term of the policy, any benefit shall be payable for the claim which occurs or where the signs, symptoms & diagnosis for the claim has occurred within 90 days of first Policy issue Date.
3. The cover under this Policy shall terminate in the event of claim becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy

Section II – Personal Accident

1. The cover under this Policy shall terminate in the event of claim becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy

Section III – Loss of Job

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person shall not be less 30 consecutive days ("Retrenchment Period").
2. The benefit under Section III is available only for salaried employees. If the proposer is not a salaried employee, and not entitled for benefit under this section, a discount of 3% is allowed on the total premium.
3. The cover as described under this Section shall terminate in the event one or more claim(s) becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person.

Exclusions applicable to Section I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

Any Pre-Existing Illness– Any Insured Event arising on account of or in connection with any Pre-Existing Illness

If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person.

The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.

Any congenital Illness or condition;

Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.

Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy under Special Conditions.

Treatment relating to birth defects and external congenital Illnesses.

Birth control procedures and hormone replacement therapy.

Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.

Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

Exclusions applicable to Section II

The Company shall not be liable under this Section for:

Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured Person.

Payment of compensation in respect of Insured Event which occurs whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;

Payment of compensation in respect of death, injury or disablement of Insured person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy (b) directly or indirectly caused by venereal disease or insanity;

Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured Person.

No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured person suffered or which was present before the commencement of the Policy Period.

Exclusions applicable to Section III

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to any dishonesty or fraud or poor performance on the part of the Insured person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
   a) Self employed persons;
   b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
   c) Any voluntary unemployment;
   d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

General Exclusion Applicable to the Policy:

The Company shall not be liable for any loss or damage under this Policy:

1. Arising or resulting from the Insured person committing any breach of the law with criminal intent
2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism, Riots, Strike, Malicious Acts etc.

3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
7. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
11. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.

Renewal Conditions

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.

Cancellation

Insurer may cancel this insurance by giving Insured at least 15 days written notice and shall refund a pro-rata premium for the unexpired Policy Period. Insured may cancel this insurance by giving Insurer at least 15 days written notice, and if no claim has been made then the Insurer shall refund premium as per the scale of rates provided below:

For policies with period of one year

Period on risk	Rate of premium refunded
Up to one month	75% of annual premium
Up to three months	50%of annual premium
Up to six months	25% of annual premium
Exceeding six months	Nil
Exceeding twelve months	As per table of rates provided below for both methods A & B i.e fixed SI and reducing SI basis respectively

A) For Sum Insured Based on Fixed Sum Insured

Loan Period	1	2	3
Policy Period	1	2	3
Return Premium Factors			
Year Of Cancellations	% Return Premium		
1		50%	67%
2			33%

B) For Sum Insured based on Reducing Balance

Policy Period	2	3	3	3	3	3	3	3	3	3	3	3	3	3
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
% Return Premium														
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%

Additional Clauses

AC1: FOR REDUCING SUM INSURED COVERS: (Applicable only if Reducing Cover basis is opted for)

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I & II for the purpose of calculation of claim shall be the least of the following:

The Principle Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or

The Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I & II of the Schedule I of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured. ; or

The Sum Insured as appearing against Section I & II of the Schedule I

AC2 PREMIUM REFUNDS:

In the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium subject to the terms and conditions of the Policy as per the rates mentioned below:

A) For Sum Insured Based on Fixed Sum Insured

Loan Period	1	2	3
Policy Period	1	2	3
Return Premium Factors			
Year Of Cancellations	**% Return Premium**		
1		**50%**	**67%**
2			**33%**

B) For Sum Insured based on Reducing Balance

Policy Period	2	3	3	3	3	3	3	3	3	3	3	3	3	3
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
% Return Premium														
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

AC3: SURVIVAL PERIOD

Notwithstanding anything to the contrary stated herein the Company shall not be liable to make any payment arising out of any claim under Section I for any Insured if the Insured does not survive a period of at least ____ days after the date of occurrence Insured Event.

Information about our Claims Services

- The Company's dedicated and experienced claims team aim(s) to deliver a differentiated customer service of a fast, fair, convenient and transparent claims process for the management and settlement of your claim.
- The Company's philosophy is to always look for ways to pay valid claims in a fair and timely manner.

Our Claims Services will:

- Provide assistance in emergency situations

  The Company will act efficiently to ensure you get back to normal as quickly as possible.

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-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

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 **Fax No:** 1800227244, 18001027244	**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 **Fax No:** +91 20 49334525

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Benefit Illustration

Loan Insurance										
	Coverage opted on individual basis covering each member of the family separately		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 is opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
Age of the Insured	Premium (Rs)	Sum Insured (Rs)	Premium (Rs)	Discount if any (Family Member discount)	Premium after discount (Rs)	Sum Insured (Rs)	Premium or consolidated premium for all members of family (Rs)	Floater discount, if any	Premium after discount (Rs)	Sum Insured (Rs)
24 years	2900	1000000								
15 years	NA	NA								
35 years	4660	1000000								
41 years	9920	1000000								
55 years	26000	1000000								
61 years	91470	1000000	Not applicable				Not applicable			
Total premium for all the members of the family is Rs.1,34,950/- (excluding GST) when each member is covered separately			Not applicable				Not applicable			
Sum Insured available for each individual is Rs.10,00,000/-			Not applicable				Not applicable			
Premium rates specified in the illustration are for fixed basis, salaried employees, tenure one year for Loan Insurance Rates are not inclusive of any loading and taxes										