

SBI GENERAL COMPREHENSIVE PROTECTION POLICY

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description	Policy/Clause No																		
1.	Name of Insurance Product/ Policy	SBI General Comprehensive Protection Policy																			
2.	Policy Number																				
3.	Type of Insurance Product/ Policy	Benefit																			
4.	Sum Insured (Basis)	<table><tr><td colspan="3">Individual Sum Insured</td></tr><tr><td>S No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Individual Sum Insured			S No.	Insured Name	Base Sum Insured													
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S No.	Insured Name	Base Sum Insured																			
5.	Policy Coverage (What the Policy Covers)	<div><div>1. Personal Accident – Personal Accident offers following benefits.</div><div><div>a) Accidental Death (AD) – We shall pay lumpsum amount, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period.</div><div>b) Permanent Total Disablement (PTD) – We shall pay lumpsum amount, if an Insured Person suffers Permanent Total Disablement, solely and directly due to an Accident during the Policy Period.</div><div>c) Permanent Partial Disablement (PPD) – We shall pay the percentage of Sum Insured, if the Insured Person suffers Permanent Partial Disablement due to an Accident during the Policy Period.</div><div>d) Temporary Total Disablement (TTD) – If the Insured Person sustains an Injury in an Accident during the Policy</div></div></div>	<div>3.1</div> <div>3.1.1</div> <div>3.1.2</div> <div>3.1.3</div> <div>3.1.4</div>																		

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		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), till the time the Insured Person is able to return to work.	
		e) Broken Bones – If Insured Person sustains any Injury, resulting from an Accident and such Injury is direct cause of fracture.	3.1.5
		f) Burns – If Insured Person sustains any burn Injury, resulting from an Accident and such Injury is direct cause of burn Injury	3.1.6
		g) Mobility Extension – If Insured Person sustains any Injury, resulting from an Accident and such Injury requires prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs.	3.1.7
		2. Critical Illness - offers following benefits	3.2
		a) Major Critical Illness – We shall pay lump sum amount, if the Insured Person is diagnosed with any of the listed Critical Illness, during the Policy Period.	3.2.1
		b) Early-Stage (Minor) Critical Illness – We shall pay lump sum amount, if the Insured Person is diagnosed with any of the listed Early-Stage Critical Illness, during the Policy Period.	3.2.2
		3. Major Surgical Procedures – We shall pay the Sum Insured, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires Hospitalization for undergoing medically necessary treatment in India, during the Policy Period.	3.3
		4. Hospital Daily Cash – We shall pay an amount equal to Daily Cash amount, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.	3.4
		5. Convalescence/ EMI Protect – We shall pay lump sum amount or equal to no. of EMI's, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.	3.5
		6. Loss of Salary – We shall pay Insured Person equal to no. of EMI's or 3 months Salary which is lower as specified in	3.6

Sl. No.	Title	Description	Policy/Clause No
		<p>the Policy Schedule/ Certificate of Insurance towards his/ her Loss of Salary, during the Policy Period.</p> <p>7. Loss of Job/ Earning – We shall pay up the limit, as specified in the Policy Schedule/ Certificate of Insurance towards loss of income, if the Insured Person suffers from Permanent Total Disablement, solely and directly due to an Accident or if the Insured Person is diagnosed with covered Critical Illness, during the Policy Period.</p> <p>8. Payment Protection – We shall pay additional amount to the limit, as specified in the Policy Schedule/ Certificate of Insurance, towards the re-payment of Loan, if the Insured Person suffers Accidental Death/ Permanent Total Disablement or Critical Illness during the Policy Period.</p> <p>9. Family Protection – We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance, if an Immediate Family member (Spouse, Parent) of the Primary Insured Person is covered and is diagnosed with one of the covered Critical Illness or involved in an Accident resulting in Accidental Death or Permanent Total Disability, during the Policy Period.</p> <p>10. Education Benefit – We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance for the education of the Insured's Dependent Children, if the Insured Person suffers Accidental Death/ Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Major Critical Illness, during the Policy Period.</p> <p>11. Infectious Disease – We shall pay the lumpsum amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the listed Infectious disease which results in Hospitalization of the Insured Person, during the Policy Period.</p>	<p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p> <p>3.11</p>
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1) Investigation & Evaluation: (Code- Excl04) 2) Rest Cure, rehabilitation and respite care: (Code- Excl05) 3) Obesity/ Weight Control: Code- Excl06 4) Change-of-Gender treatments: (Code- Excl07) 5) Cosmetic or Plastic Surgery: (Code- Excl08) 6) Hazardous or Adventure sports: (Code- Excl09) 7) Breach of law: (Code- Excl10) 8) Excluded Providers: (Code-Excl 11) 	Section 5.1

Sl. No.	Title	Description	Policy/Clause No
		9) Substance Abuse and Alcohol (Code: Excl12) 10) Wellness and Rejuvenation (Code: Excl13) 11) Dietary Supplements & Substances (Code: Excl14) 12) Refractive Error (Code: Excl15) 13) Unproven Treatments-Code (Code: Excl16) 14) Sterility and Infertility (Code: Excl17)	
7.	Waiting period	<ul style="list-style-type: none"> Option to Waive of waiting period Available – 30 days for all illnesses (not applicable in case of continuous renewal or accidents) Waiting periods applicable for Major Surgical Procedures, Hospital Daily Cash, Convalescence/ EMI Protect benefit.	Section 4.3
		<ul style="list-style-type: none"> Specific Waiting Periods 1) 24 months for Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps, Benign prostate hypertrophy, Cataract and age-related eye ailments, Gastric/ Duodenal Ulcer, Gout and Rheumatism, Hernia of all types, Hydrocele, Non-Infective Arthritis, Piles, Fissures and Fistula in anus, Pilonidal sinus, Sinusitis and related disorder, Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident, Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy, Varicose Veins and Varicose Ulcers, Internal Congenital Anomalies.	Section 4.2
		2) 36 months for Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis & Osteoporosis <ul style="list-style-type: none"> Pre-Existing diseases - Covered after 36 months (Not Applicable to Personal Accident benefit) 90 days for Loss of Salary Note: Waiting Periods will be applicable only for opted coverages as specified in the Certificate of Insurance.	Section 4.1
8.	Financial Limits of the Coverage	Not Applicable	
9.	Claims / Claims Procedure	a. For Cashless Service: Insured may refer Pre-Authorization form. For the updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.	Section 6.2 10) Specific Terms and Clauses

Sl. No.	Title	Description			Policy/Clause No									
		<table><tr><th>Procedures</th><th>Cashless Hospitalization</th><th>Reimbursement Claims</th></tr><tr><td>Claim Intimation</td><td colspan="2">You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website</td></tr><tr><td>Claim Intimation timelines</td><td>Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization</td><td>Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</td></tr></table>	Procedures	Cashless Hospitalization	Reimbursement Claims	Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website		Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier			
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Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier												
		<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none">Hospital Network details can be obtained from: https://www.sbigeneral.in/portal/contact-us/hospitalList of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospitalClaim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>												
10	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number: 18001021111 (24*7).</p> <p>Website: www.sbigeneral.in</p>												
11	Grievances /Complaints	<p>Stage 1: Bima Bharosa</p> <p>You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care</p> <p>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.</p> <p>Email: head.customercare@sbigeneral.in</p>			Section 6.2 17) Specific Terms and Clauses									

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		<p>Phone: 1800 102 1111</p> <p>For Senior Citizens:</p> <p>Senior citizens can reach us through the following dedicated channels:</p> <p>Email: Seniorcitizengrивences@sbigeneral.in</p> <p>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO)</p> <p>In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk</p> <p>Email: gro@sbigeneral.in</p> <p>Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman</p> <p>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.</p> <p>Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	
12	Things to remember	<ol style="list-style-type: none"> 1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. 2. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud. 3. Migration: The insured person will have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link – https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 4. Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the 	<p>Section 6.1 15</p> <p>Section 6.1 10</p> <p>Section 6.1 8</p> <p>Section 6.1 9</p>

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		<p>entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>5. Change of Sum Insured: Sum Insured/ Deductible/ Plan can be changed (increase / decrease) only at the time of Renewal subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</p> <p>6. 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.</p>	<p>Section 6.2 1</p> <p>Section 6.1 12</p>
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	Section 6.1 1

Declaration by the Policyholder: I have read the above and confirm having noted the details.

Place:

Date:/...../.....

Signature of the Policyholder

Note:

- For product related documents including Customer Information Sheet, kindly refer to the link : <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.