

SBI GENERAL COMPREHENSIVE PROTECTION POLICY

POLICY SCHEDULE

Master Policy No:	Servicing Branch Office:	Issue Date: <<DD / MM / YYYY>>
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INTERMEDIARY DETAILS

Intermediary Name:		Intermediary Code:	
Contact Details:	Mobile No.:	Landline No.	
Address:			
Business Sector:	<<Urban/Rural/Social/Other>>		

POLICY HOLDER DETAILS

Name of Policyholder:			
Present Address (Current Residing Address)	City:		Village:
	Gram Panchayat:		State:
	Pin-Code:		Landmark:
Permanent Address	City:		Village:
	Gram Panchayat:		State:
	Pin-Code:		Landmark:
Nationality:			
PAN No.:		Form 60/61.	
Aadhar Number:		CKYC No.:	
GSTN No.:			
Email:		Contact Details:	
Nature Of Business:			
Group type:	<<Employer-Employee/ Non-Employer-Employee>>		
Date of 1 st inception of Policy:			
Current Policy Start Date:		Current Policy End Date:	
Previous Policy No:		Previous Insurer Name:	
No of Employees / Applicants Covered:			

POLICY DETAILS

Policy Type:	<<Single Applicant/ Multi Applicants>>	Business Type:	<<New/ Renewal/ Migration/ Portability>>
Policy Sub-Type:	<<Loan Linked/ Non-Loan Linked>>		
Sum Insured (In Rupees):		Policy Tenure (In months)	

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.

Plan Name:

COVERAGE DETAILS

Coverage Details (Tick if opted)

Cover Section	Cover Name	Sum Insured/ Limit
Section 3.1. Personal Accident^ <input type="checkbox"/>	Accidental Death <input type="checkbox"/>	
	Permanent Total Disablement (PTD) <input type="checkbox"/>	
	Permanent Partial Disablement (PPD) <input type="checkbox"/>	
	Temporary Total Disablement (TTD) <input type="checkbox"/>	
	Broken Bones <input type="checkbox"/>	
	Burns <input type="checkbox"/>	
	Mobility Extension^ <input type="checkbox"/>	
Section 3.2. Critical Illness^	Major Critical Illness <input type="checkbox"/> <<Option 1: No. of Major Critical Illness>> <<Option 2: Group of Diseases>> <input type="checkbox"/>	Sum Insured: Waiting Period: Survival Period:
	Early-Stage (Minor) Critical Illness <input type="checkbox"/>	Waiting Period: Survival Period:
Section 3.3. Major Surgical Procedures <input type="checkbox"/>		Sum Insured: Waiting Period:
Section 3.4. Hospital Daily Cash ^ <input type="checkbox"/>		For ICU: Number of days: Day Deductible: Payout: Waiting Period: Initial Waiting Period: PED Waiting Period: Specific Waiting Period: Waiver of Maternity Cover
Section 3.5. Convalescence/ EMI Protect ^ <input type="checkbox"/>		Sum Insured: Min Hospitalization Days: Waiting Period: Initial Waiting Period: PED Waiting Period: Specific Waiting Period: Waiver of Maternity Cover:
Section 3.6. Loss of Salary <input type="checkbox"/>		Number of EMIs opted:
Section 3.7. Loss of Job/Earning <input type="checkbox"/>		Number of EMIs/ Months opted:
Section 3.8. Payment Protection <input type="checkbox"/>		Sum Insured:

Section 3.9. Family Protection^	<input type="checkbox"/>	Sum Insured:
Section 3.10. Education Benefit^	<input type="checkbox"/>	
Section 3.11. Infectious Disease	<input type="checkbox"/>	Sum Insured: Min Hospitalization: Waiting Period:

^Note:

1. If Personal Accident benefit is opted then it is mandatory to opt Accidental Death and/or Permanent Total Disablement.
2. Early-Stage (Minor) Critical Illness can be opted only with Major Critical Illness.
3. Education Benefit and Family Protection covers can be only opted with Critical Illness and/or Personal Accidental Covers.
4. Mobility Extension can be purchased with Permanent Total Disablement.
5. Either Hospital Daily Cash or Convalescence/ EMI Protect, any one cover can be opted.
6. Family protection cover is only applicable for main borrower (proposer).
7. In Family protection cover only spouse or parents below 65 years of age are eligible for this cover.

SPECIAL CONDITIONS (If Any)

WAITING PERIOD

SR No.	Waiting Period	
1.	Pre-existing Diseases (PED)	<<As per cover opted>>
2.	Specific Waiting Period	<<As per cover opted>>
3.	Initial Waiting Period	<<As per cover opted>>

ADDITIONAL CONDITIONS, EXCLUSIONS, WARRANTIES:

Coverage subject to the following additional Conditions and Clauses / Endorsements / Warranties with reference to the Section that it is applicable to:

CONTACT DETAILS

Contact Details	Policy Servicing	Claims Servicing
Email	sbig.health@sbigeneral.in; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	sbig.health@sbigeneral.in
Toll-Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

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 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

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>

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 is noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands canceled from the inception of the Policy irrespective of whether a separate communication is sent or not.

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.

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

All terms, conditions, and exclusions are as per standard Policy wordings attached with this Schedule