

## SBI GENERAL GROUP PERSONAL ACCIDENT FLEXI

### 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 (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	<b>SBI General Group Personal Accident Flexi</b>																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Indemnity and Benefit both																									
4.	Sum Insured (Basis)	<p><b>Family Individual Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Family Floater Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Note:</b> This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured										Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured																									
Sr. No.	Insured Name	Base Sum Insured																									
5.	Policy Coverage (What the Policy Covers)	<p><b>Base Covers</b></p> <p><b>1. Accidental Death (AD)</b> - Lump sum payment to the Nominee/Legal Heir/Assignee on Death of Insured within 12 months from the date of Accident.</p> <p>Or</p> <p><b>1. Accidental Death (AD) - Common Carrier-</b> Lump sum payment to the Nominee/Legal Heir/Assignee on Death of Insured whilst travelling in Common Carrier within 12 months from the date of Accident.</p> <p><b>Extensions:</b></p>	<p>3. 3.1.</p> <p>3.1.</p>																								

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p><b>1.1. Disappearance</b> - Lump sum payment to the Nominee/Legal Heir/Assignee on Disappearance of the Insured within 12 months from the date of Accident.</p> <p><b>1.2. Drowning</b> - Lump sum payment to the Nominee/Legal Heir/Assignee on Drowning of the Insured within 12 months from the date of Accident.</p> <p><b>2. Accidental Disablement -</b></p> <p><b>2.1. Permanent Total Disablement (PTD)</b> - Lump sum payment to Insured, if PTD occurs within 12 months from the date of Accident.</p> <p><b>2.2. Permanent Partial Disablement (PPD)</b> - Lump sum payment as specified in Policy Schedule/ Certificate of Insurance, if PPD occurs within 12 months from the date of Accident.</p> <p><b>2.3. Temporary Total Disablement (TTD)</b> – Payment of weekly benefit, maximum up to 104 weeks as specified in Policy Schedule/ Certificate of Insurance.</p> <p><b>Optional Covers</b></p> <p><b>1. Accidental Hospitalization Benefit -</b></p> <p><b>1.1. In-Patient Hospitalization</b> - Covers admission in Hospital due to an Accident beyond 24 hours.</p> <p><b>1.2. Day Care Treatment</b> - Covers Medical Expenses for Day Care procedures.</p> <p><b>1.3. Pre-Hospitalization</b> - Covers Medical Expenses for 30/60/90 days prior to admission in a Hospital.</p> <p><b>1.4. Post-Hospitalization</b> - Covers Medical Expenses for 60/90/180 days after discharge from the Hospital.</p> <p><b>1.5. Road Ambulance</b> - Covers expenses on availing Road Ambulance.</p> <p><b>1.6. Radio Cab</b> - Covers expenses on availing Radio Cab.</p> <p><b>1.7. Convalescence</b> - Lump sum payment to Insured, if continuous Hospitalization for more than specified no. of days (Policy Schedule/Certificate of Insurance).</p> <p><b>1.8. Consumables</b> - Covers expenses incurred in treatment of Insured for items listed in "Annexure II".</p> <p><b>2. Accidental Benefit -</b></p> <p><b>2.1. OPD Treatment</b> - Covers expenses of OPD consultation &amp; treatment due to an Accident.</p> <p><b>2.2. Reconstructive Surgery</b> - Covers expenses of Reconstructive Surgery for cosmetic purposes due to an Accident.</p> <p><b>2.3. Coma Benefit</b> - Covers Hospitalization expenses, if</p>	<p>3.1.1.</p> <p>3.1.2.</p> <p>3.2.</p> <p>3.2.1.</p> <p>3.2.2.</p> <p>3.2.3.</p> <p>4.</p> <p>4.1.</p> <p>4.1.1.</p> <p>4.1.2.</p> <p>4.1.3.</p> <p>4.1.4.</p> <p>4.1.5.</p> <p>4.1.6.</p> <p>4.1.7.</p> <p>4.1.8.</p> <p>4.2.</p> <p>4.2.1.</p> <p>4.2.2.</p> <p>4.2.3.</p>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		Insured enters a state of Coma due to an Accident.	
		<b>2.4. Funeral Expenses</b> - Covers expenses for funeral, cremation and/or burial of Insured's deceased body.	4.2.4.
		<b>2.5. Burns</b> - Lump sum payment in case of Burn Injuries to Insured within 90 days of occurrence.	4.2.5.
		<b>2.6. Broken Bones/Fracture</b> - Lump sum payment in case of Broken Bones/ Fracture to Insured within 90 days of occurrence.	4.2.6.
		<b>2.7. Personal Belongings</b> - Covers expenses for the loss of Personal Effects due to immediate theft at the location of the Insured's Accident.	4.2.7.
		<b>2.8. Reinstatement of Base Sum Insured</b> - Restatement of Base Sum Insured for the Primary Insured after payment of a Claim.	4.2.8.
		<b>3. Transportation Benefit -</b>	4.3.
		<b>3.1. Compassionate Visit</b> – <<In case Indemnity:>> Covers expenses for round-trip air travel of Immediate Family Member to the Insured place of Hospitalization.  <<In case of Benefit>> Pays per day allowance to Immediate Family Member up to the no. of days of hospitalization as specified in Policy Schedule/ Certificate of Insurance.	4.3.1.
		<b>3.2. Transportation of Mortal Remains</b> - Covers expenses for transporting the mortal remains of the Insured from the place of Accidental Death to cremation, burial ground or to the place of residence.	4.3.2.
		<b>3.3. Emergency Evacuation (Air Ambulance)</b> - Covers expenses on availing Air Ambulance.	4.3.3.
		<b>3.4. Transportation of Imported Medicines</b> - Covers expenses on freight charges for importing medicines to India for Insured's treatment due to an Accident.	4.3.4.
		<b>3.5. Catastrophe Evacuation</b> - Covers expenses for Emergency Evacuation to prevent personal Injury during Catastrophes (fire, flood, earthquake, STFI etc.).	4.3.5.
		<b>4. Dependent Care (Child and Parent) -</b>	4.4.
		<b>4.1. Child Education</b> - Lump sum payment for the education of dependent children, if Primary Insured suffers AD/AD-Common Carrier and/or PTD.	4.4.1.
		<b>4.2. Marriage Expense</b> - Lump sum payment for the marriage expenses of dependent children, if Primary Insured suffers AD/AD-Common Carrier and/or PTD.	4.4.2.
		<b>4.3. Loss or Damage to School Bag/Books/Spectacles/ Bicycles</b> - Lump sum payment for loss or damage to	4.4.3.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		school bag, books, spectacles, bicycles etc. of dependent children, if Primary Insured suffers AD/AD-Common Carrier and/or PTD and/or PPD.	
		<b>4.4. Orphan Benefit</b> - Lump sum payment to dependent Children/Legal Heir, if Insured and spouse suffers AD/AD-Common Carrier, due to the same Accident.	4.4.4.
		<b>4.5. Parental Care</b> - Lump sum payment to dependent parents, if Insured suffers AD/AD-Common Carrier, PTD within 12 months from the date of Accident.	4.4.5.
		<b>4.6. Widowhood Cover</b> - Lump sum payment to the spouse, if the Primary Insured suffers AD/AD-Common Carrier.	4.4.6.
		<b>5. Loan and Employment Benefits -</b>	4.5.
		<b>5.1. Loan Protector</b> - Lump sum payment towards loan re-payment or opted no. of EMI's, if Insured suffers CI or AD/AD-Common Carrier, PTD, PPD, within 12 months from the date of Accident.	4.5.1.
		<b>5.2. Loss of Income</b> - Lump sum payment towards Loss of Income, if Insured suffers PTD, PPD or covered CI.	4.5.2.
		<b>6. Modification &amp; Support Benefit -</b>	4.6.
		<b>6.1. Modification (Home/Vehicle)</b> - Lump sum payment for expenses on improvements carried out to the Insured's residence and/or owned vehicle, due to an Accident.	4.6.1.
		<b>6.2. Mobility Extension</b> - Lump sum payment towards prosthetic devices, orthopaedic braces, and durable medical equipment for basic mobility of Insured, due to an Accident.	4.6.2.
		<b>7. Special Benefit -</b>	4.7.
		<b>7.1. Adventure Sports</b> - Pays expenses if Insured suffers AD/AD-Common Carrier, PTD/ In-Patient Hospitalization due to participation in Adventurous Sports.	4.7.1
		<b>7.2. More Benefit (Common Carrier)</b> - Additional percentage of Sum Insured, if Insured suffers AD/AD-Common Carrier whilst travelling as a fare paying passenger in the Common Carrier.	4.7.2
		<b>7.3. Multi Member Disability</b> - Additional percentage of Sum Insured, if two or more Insured Person's covered under the same Policy suffers PTD, due to an Accident.	4.7.3
		<b>7.4. Enhanced Permanent Total Disablement (PTD)</b> - Additional percentage of Sum Insured, if Insured suffers PTD within 12 months from the date of the Accident.	4.7.4
		<b>7.5. S.I Escalation</b> - Upon each renewal, increase in fixed percentage of Base Sum Insured, maximum up to 50% of Base Sum Insured.	4.7.5

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p><b>7.6. Legal Expenses</b> - Covers Insured's legal expenses incurred due to any legal involvement arising from an Accident.</p> <p><b>7.7. Fraud/Loss of Card Liability</b> - Covers expenses towards fraudulent use of Insured's lost/stolen Debit/Credit card.</p> <p><b>7.8. Purchase of Blood</b> - Covers expenses for blood purchase through a Hospital or lawful blood bank for Insured's treatment, due to an Accident.</p> <p><b>7.9. Blood Transfusion (Accident Care)</b> - Covers expenses towards blood transfusion at home, if Insured suffers PTD, PPD, Coma, Burns, due to an Accident.</p> <p><b>7.10. PA Cumulative Bonus</b> - Cumulative Bonus of 5% of Base Sum Insured is given on each Claim free Policy Year, maximum up to 50% of Base Sum Insured.</p> <p><b>8. Specific Covers -</b></p> <p><b>8.1. Critical Illness</b> - Covers expenses upon diagnosis of any listed critical Illness, as specified in Policy Schedule/Certificate of Insurance.</p> <p><b>8.2. Vector Borne Diseases</b> - Covers expenses upon diagnosis of specific Vector Borne Disease which results in In-Patient Hospitalization.</p> <p><b>8.3. Hospi Cash</b> - Payment of fixed amount per day if Hospitalization of Insured exceeds days as specified in the Policy Schedule/Certificate of Insurance for any Illness/Injury.</p> <p><b>9. Assistance Services - (Upon advice of Medical Practitioner)</b></p> <p><b>9.1. Nursing at Home</b> - Covers nursing expenses, if Insured suffers PTD/ PPD/Burns.</p> <p><b>9.2. ICU at Home</b> - Covers home ICU expense, if Insured suffers PTD/ PPD/Burns.</p> <p><b>9.3. Physiotherapy</b> - Covers Physiotherapy at home expenses, If Insured suffers PTD/PPD/Burns/Broken Bones/Fracture.</p> <p><b>9.4. Domestic Help</b> - Covers expenses for Domestic Help, If Insured suffers PTD/PPD/Burns.</p> <p><b>9.5. Trauma Counselling</b> - Covers expenses for Professional Counselling for psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, if Insured suffers disablement due to an Accident.</p> <p><b>9.6. Financial Guidance</b> - Covers expenses for sessions on financial expert assistance required by family members,</p>	<p>4.7.6</p> <p>4.7.7</p> <p>4.7.8</p> <p>4.7.9</p> <p>4.7.10</p> <p>4.8.</p> <p>4.8.1.</p> <p>4.8.2.</p> <p>4.8.3.</p> <p>4.9.</p> <p>4.9.1.</p> <p>4.9.2.</p> <p>4.9.3.</p> <p>4.9.4.</p> <p>4.9.5.</p> <p>4.9.6.</p>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		if Insured suffers AD/AD-Common Carrier. <b>9.7. Wellness</b> - Insured may avail wellness services as specified in Policy Schedule/ Certificate of Insurance, provided by Our Network Providers.	4.9.7.
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the Policy Wording for complete list of exclusions.</p> <ol style="list-style-type: none"> <li>Any Pre-Existing Injury or physical condition.</li> <li>Claims for death, disablement, or injury of the Insured Person caused directly or indirectly by war, invasion, civil war, rebellion, or related acts.</li> <li>Claims for death, disablement, or hospitalization are not valid if caused by self-injury (except in self-defense or to save a life), intoxication of liquor or drugs, flying or traveling in aircraft other than as a passenger on scheduled airlines, or criminal acts.</li> <li>Any Claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.</li> <li>Nuclear damage resulting from ionising radiation or radioactivity related to nuclear fuel, waste, weapons, or equipment is excluded.</li> <li>Persons serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.</li> <li>An Insured Person flying in an aircraft other than as a fare paying passenger in any scheduled airlines in the world.</li> <li>Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.</li> </ol>	<p>5.1.1.</p> <p>5.1.2.</p> <p>5.1.3.</p> <p>5.1.4.</p> <p>5.1.5.</p> <p>5.1.6.</p> <p>5.1.7.</p> <p>5.1.8.</p>
7.	Waiting Period	<ol style="list-style-type: none"> <li><b>Critical Illness</b> - &lt;&lt;0,15,30,45,60,90,120,150&gt;&gt; days</li> <li><b>Vector Borne Disease</b> - &lt;&lt;0,15,30&gt;&gt; days</li> </ol>	
8.	Financial Limits of the Coverage	<p>In case of a Claim, this Policy requires you to share the following costs:</p> <p><b>Sub-Limits</b></p> <ol style="list-style-type: none"> <li>Broken Bones/ Fracture - <ol style="list-style-type: none"> <li>Max 10% of BSI or Rs.50000, whichever is less</li> <li>Max 20% of BSI</li> <li>Max 25% of BSI</li> </ol> </li> </ol>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number									
9.	Claims / Claims Procedure	<p><b>a. For Cashless Service (If Applicable):</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p> <p><b>b. For Reimbursement of Claim:</b> For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <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> <p><b>Turn Around Time (TAT) for claims settlement:</b></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"><li>Hospital Network details can be obtained from: <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li><li>List of Hospitals which are blacklisted or from where no Claims will be accepted by the insurer is available in below link: <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li><li>Claim forms can be downloaded from below link: <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li></ul> <p>Note: For cover wise Claims procedure, please refer to Policy Wordings.</p>	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	6.3.
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										
10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800221111, 18001021111 (24/7).</p> <p><b>Website:</b> www.sbigeneral.in</p>										

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
11.	Grievances/ Complaints	<p><b>Stage 1: Bima Bharosa</b> You can register Your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head - Customer Care</b> 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: <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a> Phone: 1800 102 1111</p> <p><b>For Senior Citizens:</b> Senior citizens can reach Us through the following dedicated channels: Email: <a href="mailto:Seniorcitizengrивences@sbigeneral.in">Seniorcitizengrивences@sbigeneral.in</a> Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b> In case, You are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 7 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: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> Designation: Grievance Redressal Officer Phone: 022-45138021 Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving Your Grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b> 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: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p>	6.7.1.
12.	Things to remember	<p><b>1. Free Look Period:</b> 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.</p> <p><b>2. Policy Renewal:</b> The policy shall ordinarily be renewable except on misrepresentation by the insured person on grounds of fraud.</p> <p><b>3. Migration:</b> 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</p>	<p>6.1.1.</p> <p>6.5.1.</p> <p>6.5.5.</p>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link - <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>4. Portability:</b> The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 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:</p> <p><a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p>	6.5.4.
13.	Your Obligation	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b></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>	6.1.3.
<p>Declaration by the Policy Holder: I have read the above and confirm having noted the details.</p> <p>Place:</p> <p>Date:</p> <p style="text-align: right;">Signature of the Policyholder</p> <p>Note:</p> <p>a) For product related documents including Customer Information Sheet, kindly refer to the below link: <a href="https://www.sbigeneral.in/downloads">https://www.sbigeneral.in/downloads</a></p> <p>b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.</p>			