

SBI General Group Personal Accident Flexi

PROSPECTUS

Unexpected accidents can change lives in a moment – therefore SBI General Group Personal Accident provides powerful financial security to your team and its members when they need it the most.

This affordable, Group based comprehensive Policy is designed to provide protection and cover against Loss of Life, Disabilities, and loss of Income due to an Accident. Product offers flexible sum insured options and low premiums, It's a smart, cost-effective way to secure peace of mind.

1. KEY FEATURES OF THE POLICY

- i. Start with a solid foundation of core Personal Accident coverage by opting a mandatory base cover from 14 flexible options.
- ii. After choosing a Base cover you also get to choose from a variety of optional covers under Accidental Hospitalization benefits, Accidental Benefits, Transportation Benefits, Dependent Child (Child & Parent) Benefits, Loan & Employment Benefits, Modification & Support Benefits and Special Benefits.
- iii. Apart from these you also get to choose following Specific Covers –
 - Critical Illness covering 60 listed diseases
 - Vector Borne Diseases covering 6 diseases
 - Hospi Cash Benefit
- iv. A wide range of Sum Insured options to choose from.

2. AGE CRITERIA AND ELIGIBILITY

Minimum Entry Age	Adult: 18 years Dependent Child: 3 Months
Maximum Entry Age	Adult: 100 years Dependent Child: 25 years
Renewability	Lifelong
Policy Term	Up to 5 years (Flexi Months Available) [Policy can also be issued for less than 1 year, for providing coverage to specific events]
Premium Payment Options	Single Premium, Annual, Half-yearly, Quarterly and Monthly
Policy Type	Individual & Family Floater
Group Type	Employee Employer and Non-Employee Employer

2.A. Sum Insured [Per Life]

Minimum: Rs.10,000/-

Maximum: Rs. 50 Cr.

2.B. Scope of Cover

This Policy provides Master Policyholder the flexibility to select any one of the below options as mandatory Base Cover under this product.

Options	Benefit Name
1	Accidental Death (AD) or Accidental Death (AD) - Common Carrier
2	Permanent Total Disablement (PTD)
3	Permanent Partial Disablement (PPD)
4	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD)
5	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD)
6	Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD)

7	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Partial Disablement (PPD)
8	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Temporary Total Disablement (TTD)
9	Permanent Total Disablement (PTD) + Temporary Total Disablement (TTD)
10	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Temporary Total Disablement (TTD)
11	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
12	Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
13	Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
14	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)

3. BASE COVERS

3.1 Accidental Death (AD)

We shall pay equal to 100% of Base Sum Insured to the Nominee/Legal Heir/Assignee on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

OR

3.1 Accidental Death (AD)-Common Carrier

We shall pay equal to 100% of Base Sum Insured to the Nominee/Legal Heir/Assignee, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, whilst travelling as an authorized fare paying passenger in any of the listed Common Carrier.

Note: The Master Policyholder can opt either Accident Death (AD) or Accidental Death (AD)-Common Carrier under the Policy.

Extensions:

3.1.1 Disappearance

In the event of the disappearance of the Insured Person and full body cannot be located within a period of 12 months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which Insured Person was travelling during the Policy Period, then We shall pay the Sum Insured to the Nominee/Legal Heir/Assignee.

3.1.2 Drowning

In the event of the disappearance of the Insured Person and full body cannot be located within a period of 12 months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of drowning. We shall pay the Sum Insured to the Nominee/Legal Heir/Assignee.

3.2 Accidental Disablement

3.2.1 Permanent Total Disablement (PTD)

We shall pay equal to 100% of Base Sum Insured to the Insured Person, if the Insured Person suffers Permanent Total Disablement of the nature specified in Policy Wordings during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident.

3.2.2 Permanent Partial Disablement (PPD)

We shall pay the percentage of Base Sum Insured, if the Insured Person suffers Permanent Partial Disablement of the nature specified in Policy Wordings during the Policy Period, provided that the Permanent Partial Disablement shall occurs within 12 months of the date of the Accident.

3.2.3 Temporary Total Disablement (TTD)

If the Insured Person sustains an Injury in an Accident during the Policy Period, which completely incapacitates the Insured Person from engaging in any employment or occupation which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), We shall pay weekly/monthly benefit, post completion of Elimination Period, till the time the Insured Person is able to return to work, provided that:

- The compensation under this benefit shall not be payable for more than 104 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Base Sum Insured.
- On exhaustion of opted limit under TTD, this benefit shall terminate and cease to operate in relation to such Insured Person.

- iii. No compensation shall be payable under this benefit in respect of any Injury to Dependent Children and Dependent Parents/Parents-in law.
- iv. This benefit is payable only if the Insured Person is employed in India.
- v. Our maximum liability to pay the claim under this benefit will be above the Elimination Period, up to the number of weeks/months specified in the Policy Schedule/ Certificate of Insurance or the number of days/weeks through which the Insured Person is disabled, whichever is earlier.

Specific Conditions Applicable to Section 3 Base Covers

- i. The Policy terminates upon an admissible Claim under Benefits 3.1 Accidental Death and/or Accidental Death - Common Carrier and/or 3.2.1 Permanent Total Disablement, with subsequent claims reduced if paid under 3.2.2 Permanent Partial Disablement.
- ii. For Permanent Total Disablement, the Insured Person must undergo medical examinations, cooperate with information requests, and claims must occur within 12 months of the Accident.
- iii. For unlisted Permanent Partial Disablement, we will assess disablement percentage via independent Medical Practitioner and determine the disablement percentage.
- iv. If a Claim is paid due to disappearance or drowning, and the Insured Person survives later, Insured must refund the claim amount.
- v. For multiple losses from one Accident-causing Permanent Partial Disablement, only the highest amount is payable.
- vi. The maximum payout for Benefits 3.1 Accidental Death and/or Accidental Death - Common Carrier and/or 3.2.1 Permanent Total Disablement and 3.2.2 Permanent Partial Disablement is limited to the Base Sum Insured, except for Temporary Total Disablement, which is over and above, as per policy terms and conditions.

SECTION 4. OPTIONAL COVERS

The covers listed below are Optional Covers that can be made available under the Policy, for appropriate premium, subject to below mentioned terms, conditions, and exclusions.

4.1 Accidental Hospitalization Benefit

4.1.1 In-Patient Hospitalization

Covers admission in Hospital beyond 24 hours occurred due to an Accident. Room Rent limit will be as specified in the Policy Schedule/ Certificate of Insurance.

4.1.2 Day Care Treatment

All Day Care Procedures incurred due to an Accident will be covered.

4.1.3 Pre-Hospitalization

Covers Medical Expenses incurred immediately before the Insured Person was Hospitalized for the same condition, during the Policy Period, for the period specified in the Policy Schedule/ Certificate of Insurance.

4.1.4 Post-Hospitalization

Covers Medical Expenses incurred immediately after the Insured Person was for the same condition, during the Policy Period, for the period specified in the Policy Schedule/ Certificate of Insurance.

4.1.5 Road Ambulance

Covers expenses on availing Road Ambulance services for transportation of Insured Person to the nearest Hospital or from one Hospital to another Hospital in case of an emergency Life Threatening Medical Condition.

4.1.6 Radio Cab

Covers expenses on availing Radio Cab services for transportation of the Insured Person to the nearest Hospital and/or from Hospital to home due to an emergency arising out of an Accident.

4.1.7 Convalescence

Lump sum payment to the Insured Person, if the Insured Person is Hospitalized due to an Accidental Injury for a minimum period of continuous and consecutive days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period. This benefit is payable only once in a Policy Year.

4.1.8 Consumables

Covers medically necessary expenses incurred in treatment of Insured Person for items listed in "Annexure II" of Policy Wordings.

Specific Exclusions applicable to Benefit -4.1 Accidental Hospitalization Benefit

1. Investigation & Evaluation (Code: Excl04)

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.

Covers medically necessary expenses incurred in treatment of Insured Person for items listed in "Annexure II" of Policy Wordings.

2. Rest Cure, Rehabilitation and Respite Care (Code: Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with Activities of Daily Living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code: Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor.
- ii. The Surgery/Procedure conducted should be supported by clinical protocols.
- iii. The member has to be 18 years of Age or older and;
- iv. Body Mass Index (BMI):
 - Greater than or equal to 40 or
 - Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity-Related Cardiomyopathy
 - Coronary Heart Disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes

4. Change-of-Gender Treatments (Code: Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or Plastic Surgery (Code: Excl08)

Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure Sports (Code: Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of Law (Code: Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code: Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete Claim. (For updated and detailed list of excluded providers refer website www.sbigeneral.in).

9. Substance Abuse and Alcohol (Code: Excl12):

Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

10. Wellness and Rejuvenation (Code: Excl13):

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

11. Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization Claim or Day Care procedure.

12. Refractive Error (Code: Excl15):

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments (Code: Excl16):

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code: Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization.

15. Maternity Expenses (Code: Excl18)

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

16. Any expenses incurred on Domiciliary Hospitalization and OPD Treatment.

17. Treatment taken outside the geographical limits opted, unless otherwise agreed by Us and as specified in the Policy Schedule/ Certificate of Insurance.

18. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathy.

19. All expenses incurred towards non-payable items listed in Annexure-A of the Policy unless benefit 4.1.8 Consumables is opted under the Policy.

20. Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

21. Any Medical Expenses which are not Reasonable and Customary Charges.

4.2 Accidental Benefit

4.2.1 OPD Treatment

Covers Medical Expenses incurred in an Accident which requires OPD Treatment including consultation, diagnostic, vaccinations for animal bites, pharmacy, surgical treatment. Claim is payable only for OPD Allopathy treatments within the specified OPD limit in the Policy Schedule/ Certificate of Insurance.

4.2.2 Reconstructive Surgery

Covers Medical Expenses incurred for treatment, if the Insured Person sustains bodily Injury/ Accident, which requires reconstructive surgery (for cosmetic purpose) within 6 months from the date of Accident/Injury.

4.2.3 Coma Benefit

Covers expenses incurred for treatment, if the Insured Person is hospitalized due to an Accident and enters a state of Coma within 30 days from the date of the Accident, with benefits payable for every completed continuous week of coma beyond the Elimination Period.

4.2.4 Funeral Expenses

Lump sum payment on Death of the Insured Person, towards the cost of funeral, cremation and/or burial of the body of the deceased Insured Person.

4.2.5 Burns

Covers expenses incurred for any burn Injury caused by an Accident, within 90 days of occurrence, is the sole and direct cause of the burn injuries.

4.2.6 Broken Bones/ Fracture

Covers expenses as specified in the Policy Wordings, incurred for Injury caused by an Accident, provided that such Injury, within 90 days of occurrence, is the sole and direct cause of the Broken Bones/ Fracture.

4.2.7 Personal Belongings

Covers expenses incurred by the Insured Person, if any of the below listed Personal Effects is lost due to theft immediately following and at the location of the Accident, with theft reported to the police within 24 hours.

List of Personal Effects

- Clothes
- Laptop
- Mobile Phone
- Tablet

- Wallet
- Watch

4.2.8 Reinstatement of Base Sum Insured

Reinstate the benefit limit up to the Base Sum Insured for the Primary Insured during the Policy Period, after claim settlement. This applies only to Family Floater policies and is reinstated once per Policy Period, Only in case claim is paid for other Insured members. No reinstatement occurs in case of Primary Insured's Accidental Death/ Accidental Death – Common Carrier/ Permanent Total Disablement/ Permanent Partial Disablement. The reinstated amount is available after the Base Sum Insured, Cumulative Bonus (if applicable), and S.I Escalation (if applicable) are exhausted, and can be utilized for Section-3 (Base Covers) except Temporary Total Disablement benefit.

4.3 Transportation Benefit

4.3.1 Compassionate Visit

Covers expenses for a round-trip ticket for an Immediate Family Member to the place of Accident, if Insured Person suffers Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, or In-Patient Hospitalization, and no adult is present at the place of Accident (if opted on Indemnity Basis).

Provides a per day benefit amount for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance for the Immediate Family Member's expenses during the Hospital stay (if opted on Benefit Basis). The accident must occur outside the Insured Person's usual place of residence. The daily cash benefit is payable for up to 10 days per policy year as specified in the Policy Schedule/ Certificate of Insurance.

4.3.2. Transportation of Mortal Remains

Covers expenses for transporting the mortal remains of Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

4.3.3. Emergency Evacuation (Air Ambulance)

Covers expenses on availing Air Ambulance services for transportation of Insured Person to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital. The service must be licensed by the relevant authorities of India or the country where the accident occurred.

4.3.4. Transportation of Imported Medicines

Covers expenses incurred on freight charges for importing medicines, if Insured Person is Hospitalized due to an Accident for medical or surgical treatment. When such medicines or alternatives are unavailable in India.

4.3.5. Catastrophe Evacuation

Covers expenses incurred on emergency evacuation to prevent injury during catastrophes such as fire, flood, earthquake, storm, lightning, explosion, or hurricane. The service must be authorized and licensed by the relevant authorities of India or the country where the accident occurred. We will consider the nature of emergencies, Insured's medical condition, travel capability and relevant factors like airport availability, weather conditions and distance to be covered.

4.4. Dependent Care (Child and Parent)

4.4.1. Child Education

Lump sum payment towards the education of Insured's Dependent Children, if Primary Insured Person suffers Accidental Death, Accidental Death - Common Carrier and/or Permanent Total Disablement. The Dependent child(ren) is under the Age of 25 years and unmarried as on date of Accident, irrespective of number of Dependent child/ children.

4.4.2. Marriage Expense

Lump sum payment towards the marriage expenses of the Insured's Dependent Children, if Insured Person suffers Accidental Death, Accidental Death- Common Carrier and/or Permanent Total Disablement. The Dependent child(ren) is under the Age of 25 years and unmarried as on date of Accident, irrespective of number of Dependent child/ children. This benefit is payable once in a Lifetime of Policy.

4.4.3. Loss or Damage to School Bag/ Books/Spectacles /Bicycles

Lump sum payment towards the loss or damage to school bag, books, spectacles, bicycles etc. belonging to students or members of an Educational Institution, if Primary Insured Person suffers Accidental Death, Accidental Death- Common Carrier, Permanent Total Disablement and/or Permanent Partial Disablement. The Dependent child(ren) is under the Age of 25 years and unmarried as on date of Accident, irrespective of number of Dependent child/ children.

4.4.4. Orphan Benefit

Lump sum payment for the Insured Person and Spouse (whether or not an Insured Person), who are the parents of the Dependent

Child(ren), if they suffer Accidental Death, Accidental Death - Common Carrier due to same Accident. The Dependent child(ren) is under the Age of 25 years and unmarried as on date of Accident, irrespective of number of Dependent child/ children. This benefit is payable once in a Lifetime of Policy.

4.4.5. Parental Care

Lump sum payment for surviving Dependent Parent (single or both parents, whether or not an Insured Person), if Insured Person suffers Accidental Death, Accidental Death - Common Carrier, Permanent Total Disablement within 12 months from the date of Accident. The benefit is available separately to each Dependent Parent and/ or Dependent Parent-in-law.

4.4.6. Widowhood Cover

Lump sum payment to the Spouse, if Primary Insured Person suffers Accidental Death, Accidental Death - Common Carrier within 12 months from the date of Accident.

4.5. Loan and Employment Benefits

4.5.1. Loan Protector

Lump sum payment towards the loan re-payment or opted number of EMI's as specified in the Policy Schedule/ Certificate of Insurance, if Insured Person suffers Accidental Death, Accidental Death - Common Carrier, Permanent Total Disablement, Permanent Partial Disablement or listed Critical Illness due to an Accident/covered Critical Illness within 12 months from the date of Accident. We will not process the payment if Insured is diagnosed with Critical Illness during the Waiting Period from the Policy inception. The Insured must survive the specified Survival Period after diagnosis; otherwise, no benefit is payable. Claims must not be related to pre-existing conditions, and the loan amount excludes arrears, penalties, or interest.

4.5.2. Loss of Income

Lump sum payment towards the loss of income, if Primary Insured Person suffers from Permanent Total Disablement, Permanent Partial Disablement and/or listed Critical Illness due to an Accident/ covered Critical Illness. Provided,

- i. Primary Insured must be disabled from their main occupation, losing income.
- ii. Net monthly salary is payable after deductions like tax, PF, bonuses, and reimbursements.
- iii. For salaried individuals, last three months' salary slips will be considered.
- iv. For self-employed or where income data is unavailable, certified annual income documents to be considered.
- v. No benefits if termination or dismissal is due to dishonesty, fraud, poor performance, or rule violations.
- vi. No payment for:
 - a. Casual, seasonal, or contract workers;
 - b. Voluntary unemployment;
 - c. Unemployment at policy start or within 3 months;
 - d. Unemployment without salary;
 - e. Resignation or retirement;
 - f. Non-confirmation after probation;
 - g. Criminal law breaches.

4.6. Modification & Support Benefit

4.6.1. Modification (Home/Vehicle)

Covers expenses incurred towards necessary improvements carried out in the residence and/ or owned vehicle due to Permanent Total Disablement or Permanent Partial Disablement, in an Accident. Modifications must be carried out within three months from the Insured Person's discharge from Hospital.

4.6.2. Mobility Extension

Covers expenses incurred for installation of prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs due to an Injury in an Accident. This benefit can be claimed once in lifetime of the Insured Person.

4.7. Special Benefit

4.7.1. Adventure Sports

Covers expenses incurred for treatment of Injuries due to participation in below listed Adventure Sports in a non-professional capacity and under professional supervision on Indemnity or Benefit Basis (as opted), if Insured Person suffers Accidental Death, Accidental Death - Common Carrier, Permanent Total Disablement, In-Patient Hospitalization due to an Accident, payable once per Policy Year. Exclusion 5.1.2 Hazardous or Adventure Sports: Code- Excl09 is waived for this benefit.

List of Adventure Sports Activities Covered

Abseiling	Surf Boat Rowing
Aerial Safari	Surfing
Ballooning	Tubing
Black Water Rafting	Wake Skating
Bouldering	Wakeboarding
Bushwalking up to 3000 Metres	Windsurfing (Coastal Waters within 3 Nautical Miles Only)
Canoeing	Yachting (Coastal Waters Only)
Go Karting	Bungee Jumping
Hiking/Trekking up to 3000 Metres	Motor Biking
Ice Skating (Indoor Only)	Sandboarding
Jet Boating	Sand Skiing
Jet Skiing	Skidoos
Kayaking	Skiing / Snowboarding
Mountain Biking (Cross Country)	Snow Mobi ling
Mountain Biking on Tracks and Trails	Snow Rafting
Parasailing	Zip Lining
Parascending (Over Water Only)	Zorbing
Rafting	Triathlon
River Boarding	Gliding
Rock Climbing up to 3000 Metres	Hang Gliding
Rowing / Sculling	Parachuting
Sea Canoeing	Paragliding
Sea Kayaking (Coastal Waters Only)	Parapenting
Snorkelling	Skydiving with a Professional Trainer
Speed Boating	Scuba Diving to 50 Metres

4.7.2. More Benefit (Common Carrier)

Additional percentage of Base Sum Insured to the Nominee/Legal Heir/Assignee, if Insured Person suffers Accidental Death, whilst travelling as a fare paying passenger on a listed Common Carrier as specified in the Policy Wording.

4.7.3. Multiple Member Disability

Additional percentage of Base Sum Insured to the Insured Person, if two or more Insured Person covered under the same Policy suffers Permanent Total Disablement due to an Accident. Injuries leading to disability are sustained in a single Accident.

4.7.4. Enhanced Permanent Total Disablement (PTD)

Additional percentage of Base Sum Insured to the Insured Person, if Insured Person suffers Permanent Total Disablement within 12 months from the date of Accident

4.7.5. S.I Escalation

Increase the percentage of Base Sum Insured as specified in the Policy Schedule/ Certificate of Insurance), on each completed and continuous Renewal of the Policy without a break and can be utilize for Section-3 Base Covers, except Temporary Total Disablement benefit.

4.7.6. Legal Expenses

Covers expenses incurred towards the legal/ court expenses borne by the Insured against any legal litigations resulting due to any involvement in an Accident of the Insured.

4.7.7. Fraud/ Loss of Card Liability

Covers expenses incurred towards fraudulent use of a lost/ stolen use of authorised Debit/ Credit card (International/ Domestic) of the Insured Person, reported to police within 24 hours and the card must be chip & PIN based.

4.7.8. Purchase of Blood

Covers expenses incurred for purchasing blood through a Hospital or lawful blood bank for the Insured Person's medical or surgical treatment due to an Accident.

4.7.9. Blood Transfusion (Accident Care)

Covers expenses incurred for blood transfusion at home, if Insured Person suffers Permanent Total Disablement and/or Permanent Partial Disablement and/or Coma and/or Burns due to an Accident.

4.7.10. PA Cumulative Bonus

Additional 5% of Base Sum Insured shall be provided as Cumulative Bonus for Section-3 Base Covers except Temporary Total Disablement benefit, in respect of each claim free Policy Year, provided the Policy is renewed without a break, subject to maximum of 50% of Base Sum Insured and Cumulative Bonus is only utilized after the Base Sum Insured is fully exhausted.

4.8. Specific Covers

4.8.1. Critical Illness (C.I.)

Covers expenses upon diagnoses of any below listed Critical Illness to the Insured Person/Nominee/Legal Heir/Assignee on Indemnity or Benefit Basis (As opted). A Waiting Period (as opted) is applicable at the commencement of the Policy, and the Insured must survive from the date of Diagnosis of such Critical Illness as specified in the Policy Schedule/ Certificate of Insurance. This benefit shall terminate once a claim is paid. Written notice of a claim must be given within 30 days of Diagnosis unless otherwise agreed.

11 plans varying by number of Critical Illness Conditions as follows:

Sr No.	Name of CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
1.	Cancer of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Coma of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Major Organ /Bone Marrow Transplant*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Permanent Paralysis of Limbs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Motor Neuron Disease with Permanent Symptoms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Multiple Sclerosis with Persisting Symptoms			✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Benign Brain Tumor			✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Blindness				✓	✓	✓	✓	✓	✓	✓	✓
14.	Deafness					✓	✓	✓	✓	✓	✓	✓
15.	End Stage Lung Failure					✓	✓	✓	✓	✓	✓	✓
16.	End Stage Liver Failure						✓	✓	✓	✓	✓	✓
17.	Loss of Speech						✓	✓	✓	✓	✓	✓
18.	Loss of Limbs						✓	✓	✓	✓	✓	✓
19.	Major Head Trauma							✓	✓	✓	✓	✓
20.	Third Degree Burns							✓	✓	✓	✓	✓
21.	Primary (Idiopathic) Pulmonary Hypertension								✓	✓	✓	✓
22.	Alzheimer's Disease								✓	✓	✓	✓
23.	Parkinson's Disease								✓	✓	✓	✓
24.	Aorta Graft Surgery								✓	✓	✓	✓
25.	Amputation of Feet Due to Complications from Diabetes								✓	✓	✓	✓
26.	Myasthenia Gravis									✓	✓	✓
27.	Elephantiasis									✓	✓	✓
28.	Aplastic Anaemia									✓	✓	✓
29.	Loss of Independent Existence (Cover up to Age 74)									✓	✓	✓
30.	Dissecting Aortic Aneurysm									✓	✓	✓
31.	Progressive Scleroderma										✓	✓
32.	Chronic Adrenal Insufficiency (Addison's Disease)										✓	✓
33.	Other Serious Coronary Artery Disease										✓	✓
34.	Severe Rheumatoid Arthritis										✓	✓
35.	Cardiomyopathy										✓	✓
36.	Infective Endocarditis										✓	✓
37.	Medullary Cystic Disease										✓	✓

38.	Apallic Syndrome							✓	✓	✓
39.	Creutzfeldt-Jacob Disease (CJD)							✓	✓	✓
40.	Ebola							✓	✓	✓
41.	Pneumonectomy							✓	✓	
42.	Brain Surgery							✓	✓	
43.	Severe Ulcerative Colitis							✓	✓	
44.	Chronic Relapsing Pancreatitis							✓	✓	
45.	Progressive Supranuclear Palsy							✓	✓	
46.	Terminal Illness							✓	✓	
47.	Fulminant Hepatitis							✓	✓	
48.	Crohn's Disease							✓	✓	
49.	Bacterial Meningitis							✓	✓	
50.	Loss of One Limb and One Eye							✓	✓	
51.	Necrotising Fasciitis									✓
52.	Muscular Dystrophy									✓
53.	Hemiplegia									✓
54.	Poliomylitis									✓
55.	Tuberculosis Meningitis									✓
56.	Encephalitis									✓
57.	Myelofibrosis									✓
58.	Pheochromocytoma									✓
59.	Systemic Lupus Erythematosus with Lupus Nephritis									✓
60.	Eisenmenger's Syndrome									✓

4.8.2. Vector Borne Diseases

Covers expenses upon diagnosis of a specific Vector Borne Disease resulting in In-Patient Hospitalization on Indemnity or Benefit Basis (as opted). Minimum 24/48 hours (as opted) of Hospitalization is required, with a 30-day Initial Waiting Period applicable at the commencement of the Policy. Benefit is payable once during the Policy Year after the deductible period per Hospitalization as specified in the Policy Schedule/ Certificate of Insurance.

For the purposes of this benefit, Vector-Borne Disease shall mean

- Dengue
- Malaria
- Chikungunya
- Kala Azar
- Zika Virus
- Plague
- Japanese encephalitis
- Filariasis

4.8.3. Hospi Cash

Payment of an amount equal to the specified daily cash amount for each day of continuous In-Patient Hospitalization, subject to deductible hours (as opted) and minimum number of days as specified in the Policy Schedule/ Certificate of Insurance. For ICU, up to no. times (as opted) the daily cash limit is payable. A Waiting Period (as opted) is applicable for claims relating to sickness. Benefits are payable for up to the maximum days per Policy Year and a total of 300 days over the Policy lifetime.

4.9. Assistance Services

4.9.1. Nursing at Home

Covers expenses incurred towards nursing services like General Nurse or Nursing Attendant, if Insured Person suffers Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns due to an Accident, for the number of Hours per day/ number of days, up to the limit specified in the Policy Schedule/ Certificate of Insurance.

4.9.2. ICU at Home

Covers expenses incurred towards ICU at home, if Insured Person suffers Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns due to an Accident, up to the limit specified in the Policy Schedule/ Certificate of Insurance.

This includes services at home like Nursing Attendant, Physiotherapy, e-monitoring, Medical Equipment like syringe pumps, Oxygen concentrator, IV stand, DVT pump.

4.9.3. Physiotherapy

Covers expenses incurred towards Physiotherapy at home, if Insured Person suffers Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns and/or Broken Bones/ Fracture due to an Accident, up to the limit specified in the Policy Schedule/ Certificate of Insurance.

4.9.4. Domestic Help

Lump sum payment for necessitating the domestic help services, if Insured Person is unable to perform household duties due to Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns from an Accident, for the number of weeks, up to the limit specified in the Policy Schedule/ Certificate of Insurance.

4.9.5. Trauma Counselling

Covers expenses incurred for Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, if Insured Person suffers disablement due to an Injury/ Accident, for the number of sessions per month, up to the limit specified in the Policy Schedule/ Certificate of Insurance. Such Counselling must be availed within 6 months from the date of Injury/ Accident and applies to:

- Insured Person: In case of Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns.
- Spouse and Children(s): In case of Insured Person's Accidental Death.

4.9.6. Financial Guidance

Covers expenses incurred towards availing a session with a financial expert to provide the Insured Person's family member an investment guidance or assistance in availing or paying off the loan, if Insured Person suffers Accidental Death due to an Accident, up to the limit specified in the Policy Schedule/ Certificate of Insurance. This benefit can be claimed once in a lifetime of the Insured Person.

4.9.7. Wellness

Covers expenses for wellness services aimed at maintaining and improving health and fitness intended to maintain, improve, promote health and fitness of the Insured Person. Services include A.I. personal coaching, diet and nutrition e-consultations, weight loss programs, second opinions, and more through our network providers. The Insured can access these benefits as specified in the Policy Schedule/ Certificate of Insurance. The wellness services offered under this policy shall adhere to the guidelines issued by IRDAI and its amendments. Services are provided by empanelled providers, and the Insured has full discretion to avail these services. We are not responsible for any disputes between the Insured and the Service Provider.

5. EXCLUSIONS

We shall not be liable for payment of any Claim under this Policy directly or indirectly arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule/Certificate of Insurance:

5.1. Specific Exclusions (Applicable to all the Benefits)

- Any Pre-Existing Injury or physical condition.
- Any Claim for death or disablement (whether of a permanent nature or of a temporary nature), or Injury of the Insured Person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- Any Claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person.
 - From intentional self-Injury unless in self-defence or to save life, suicide or attempted suicide;
 - Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the Insured is not directly responsible for the Injury/Accident through influence of intoxication;
 - Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine];
 - Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- Any Claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.
- Nuclear damage caused by, 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 (including any self-sustaining process of nuclear fission);
 - nuclear weapons material;

- d. nuclear equipment or any part of that equipment;
- 6. 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.
- 7. An Insured Person flying in an aircraft other than as a fare paying passenger in any scheduled airlines in the world.
- 8. 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.
- 9. Any Claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, unless agreed by Us.
- 10. Any Claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material.
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism.
- 11. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
- 12. Any loss resulting from pregnancy or Child-birth unless agreed by Us.
- 13. Expenses incurred in connection with Illness or Injury resulting due to participation in one's occupation.
- 14. Insured Person is not covered while visiting countries or areas which, prior to the time of travel, are against the recommendation or advice of the appropriate governmental authority of India or of the country of travel.
- 15. Expenses related to any treatment necessitated due to participation as a professional in Hazardous Activities or Adventure Sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
 However, Insured Person would be covered if You participate in a non-professional capacity for any recreational sport which may be under the supervision of a trained professional.
 This exclusion shall not be applicable to the extent of limit covered under the benefit 4.7.1 Adventure Sports (if opted) under the Policy.
- 16. Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 This exclusion shall not be applicable to the extent of limit covered under the benefit 4.2.2 Reconstructive Surgery (if opted) under the Policy.
- 17. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach.
- 18. Treatment/Loss due to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- 19. Any claim arising out of or in connection with any Injury, loss, or damage which is caused or contributed to by the Insured Person's own negligence or wilful act, including but not limited to any act of contributory negligence on the part of the Insured Person or any third party. We shall be entitled to recover from the Insured Person any amount paid under this Policy in respect of such claim.

6. GENERAL TERMS AND CLAUSES

6.1 Conditions Precedent to the Contract

6.1.1. Free Look Period

The Free Look Period will be applicable on the new Policy and not on Renewals or at the time of porting/ migrating the Policy.

- a. Every Policyholder of new individual health insurance policies, except for those policies 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.
- b. We shall inform clearly and explicitly to the Policyholder about the availability of the free look period.
- c. In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any Claim, he/she shall have the option to return the Policy to Us for cancellation, stating the reasons for the same.
- d. 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 Us on medical examination of the proposer and stamp duty charges.
- e. A request received by Us 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 regulations (d) above.

6.1.2. Nomination

The Policyholder is required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an Endorsement on the Policy is made. In the event of death of the Policyholder, We will pay the Nominee (as named in the Policy Schedule/ Policy Certificate/ Endorsement (if any)) and in case there is no subsisting Nominee/ Legal Heir or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

6.1.3. Disclosure of Information.

The Policy shall be void and all premiums paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder.

"Material Facts" for the purpose of this Policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

6.1.4. Electronic Transactions

The Policyholder agrees to adhere to and comply with all such terms and conditions as We shall prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall maintained and such consent will be subsequently validated/ confirmed by the Policyholder.

6.1.5. Geographical Coverage

Geographical Coverage for each Section is as per the below table and Claims under the Policy will be paid in accordance with the same. We will make payment within India and in Indian Rupees. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

Cover Number	Category	Cover Name	Geographical Coverage
Section 3. Base Covers			
3.1	Accidental Death or Accidental Death (AD) -Common Carrier	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier including 3.1.1 Disappearance 3.1.2 Drowning	India/ Worldwide
3.2.1	Accidental Disablement	Permanent Total Disablement (PTD)	India/ Worldwide
3.2.2		Permanent Partial Disablement (PPD)	India/ Worldwide
3.2.3		Temporary Total Disablement (TTD)	India
Section 4. Optional Covers			
4.1.1	Accidental Hospitalization Benefit	In-Patient Hospitalization	India/ Worldwide
4.1.2		Day Care Treatment	India/ Worldwide
4.1.3		Pre-Hospitalization	India/ Worldwide
4.1.4		Post-Hospitalization	India/ Worldwide
4.1.5		Road Ambulance	India/ Worldwide
4.1.6		Radio Cab	India/ Worldwide
4.1.7		Convalescence	India/ Worldwide
4.1.8		Consumables	India/ Worldwide
4.2.1	Accidental Benefit	OPD Treatment	India
4.2.2		Reconstructive Surgery	India
4.2.3		Coma Benefit	-
4.2.4		Funeral Expenses	India/ Worldwide

4.2.5		Burns	India/ Worldwide
4.2.6		Broken Bones/ Fracture	India/ Worldwide
4.2.7		Personal Belongings	India/ Worldwide
4.2.8		Reinstatement of Base Sum Insured	-
4.3.1	Transportation Benefit	Compassionate Visit	India/ Worldwide
4.3.2		Transportation of Mortal Remains	India/ Worldwide
4.3.3		Emergency Evacuation (Air Ambulance)	India/ Worldwide
4.3.4		Transportation of Imported Medicines	India/ Worldwide
4.3.5		Catastrophe Evacuation	India/ Worldwide
4.4.1	Dependent Care (Child and Parent)	Child Education	India/ Worldwide
4.4.2		Marriage Expense	-
4.4.3		Loss or Damage to School Bag/ Books/Spectacles /Bicycles	India
4.4.4		Orphan Benefit	-
4.4.5		Parental Care	India/ Worldwide
4.4.6		Widowhood Cover	India/ Worldwide
4.5.1	Loan and Employment Benefits	Loan Protector	India
4.5.2		Loss of Income	India
4.6.1	Modification & Support Benefit	Modification (Home/ Vehicle)	India
4.6.2		Mobility Extension	India/ Worldwide
4.7.1	Special Benefit	Adventure Sports	India/ Worldwide
4.7.2		More Benefit (Common Carrier)	India/ Worldwide
4.7.3		Multiple Member Disability	India/ Worldwide
4.7.4		Enhanced Permanent Total Disablement (PTD)	India/ Worldwide
4.7.5		S.I Escalation	-
4.7.6		Legal Expenses	India/ Worldwide
4.7.7		Fraud/ Loss of Card Liability	India
4.7.8		Purchase Of Blood	India/ Worldwide
4.7.9		Blood Transfusion (Accident Care)	India/ Worldwide
4.7.10		PA Cumulative Bonus	-
4.8.1	Specific Covers	Critical Illness (C.I)	India/ Worldwide
4.8.2		Vector Borne Diseases	India
4.8.3		Hospi Cash	India/ Worldwide
4.9.1	Assistance Services	Nursing at Home	India
4.9.2		ICU at Home	India
4.9.3		Physiotherapy	India
4.9.4		Domestic Help	India
4.9.5		Trauma Counselling	India
4.9.6		Financial Guidance	India
4.9.7		Wellness	India

6.1.6. Assignment

The benefits under this Policy are assignable subject to applicable Laws.

6.2 Conditions Applicable during the Contract

6.2.1 Material Change

The Insured Person/Insured shall immediately notify Us in writing of any material change in the risk or change in business or occupation during the Policy Period. We may adjust the scope of the cover and/or the premium, if necessary, accordingly. The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

6.2.2 Possibility of Revision of Terms of the Policy Including the Premium Rates

We may revise or modify the premium rates, with prior approval of IRDAI.

6.2.3 Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, We will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- Insured Person will have the option to migrate to similar health insurance product available with Us at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

6.2.4 Endorsements

- You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an Endorsement confirming the addition of such person as an Insured Person.
- The insurance coverage for every member of the Group insurance Policy shall not exceed the maximum Policy term.
- All Endorsements are subject to acceptance by Us.
- We may issue multiple Group insurance policies in tranches to the Group Organizer, subject to minimum Group size and maximum Policy term, for providing insurance coverage to the new members on an ongoing basis.
- The Group members will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

6.2.5 Notice & Communication

- Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- Any communication meant for Us must be sent to address shown in the Policy Schedule or as an electronic mail communication. Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.
- Any communication meant for Insured Person/Insured will be sent by Us to the last known address or the address shown in the Policy Schedule.
- Agents, Brokers or any other persons or entity are not authorized to receive notices and declarations on Our behalf unless expressly stated to the contrary, in writing.

6.2.6 Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

6.2.7 Limitation Period

In no case whatsoever We shall be liable for any Claim under this Policy, if the requirement of Clause 6.2.1 (Material Change) above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if We shall disclaim liability to the Insured Person for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

6.2.8 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written Endorsement signed and stamped Us. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of Renewal of the Policy subject to underwriting decision by Us.

6.2.9 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

6.2.10 Automatic Termination of Insurance

The coverage under this Policy shall automatically terminate immediately in the event of admissible Claim and settlement of 100% Base Sum Insured for that Insured Person under Death or Permanent Total Disablement or Permanent Partial Disablement.

6.3 Conditions When a Claim Arises

6.3.1 Notification of Claim

In the event of any Accidental Injury or Illness or condition which has resulted in a Claim or may result in a Claim covered under the Policy, the Policyholder/Insured Person/ Legal Heir must notify Us either at the call center or in writing immediately.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Accident/Injury/Illness
- Name and Address of the attending Medical Practitioner and Hospital
- Date of Accident
- Any other information as requested by Us.

6.3.2 Policyholder's/ Insured Person's Duty at the Time of Claim

- a. The Policyholder/Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. Forthwith intimate/file/submit a Claim in accordance with Clause 6.3.1 and 6.3.2 of this section.
- c. If so, requested by Us, the Insured Person will have to submit himself for a medical examination by Our nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by Us.
- d. Proof satisfactory to Us shall be furnished on all matters upon which a Claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged Injury or disablement when and so often as the same may reasonably be required on behalf of Us. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/Insured Person shall:
 - i. Allow the Medical Practitioner or any of the Our representatives to inspect the any relevant document pertaining to the Injury/ Accident/ incident, medical and Hospitalization records, investigate the facts and examine the Insured Person.
 - ii. Assist and not hinder or prevent the Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Policyholder/ Insured Person/ Legal Heir does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

6.3.3 Claim Documents

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/ Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/ Legal Heir, ID proof (KYC document) of Insured and Nominee, address proof wherever applicable, We need to have the below indicative documents, wherever applicable:

Section	Documents
3.1 Accidental Death/ Accidental Death – Common Carrier, 4.7.1 Adventure Sports, 4.4.4 Orphan Benefit	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the Hospital Authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). • Attested Copy of Post-mortem Report (if conducted). • Attested Copy of Viscera report if any. <p>For Adventure Sports Cover</p> <ul style="list-style-type: none"> • Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the Insured, Insured's spouse and orphan Child. (Applicable only for Orphan Benefit)

3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement, 4.7.1 Adventure Sports Benefit, 4.7.4 Enhanced Permanent Total Disablement	<ul style="list-style-type: none"> Attested Copy of disability certificate from relevant government Medical Authority. Attested copy of FIR. (If required) All Investigation reports confirming the disability. Complete Treatment record with follow-up documentation. <p>For Adventure Sports Cover,</p> <ul style="list-style-type: none"> Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). Disability assessment report from empanelled medical specialist (if required)
4.1.1 In-Patient Hospitalization, 4.1.2 Day Care Treatment	<ul style="list-style-type: none"> Discharge Summary Medical Records Original Hospital Main Bill Original Hospital Bill Break Up Original Pharmacy Bills Prescriptions for the Medicines purchased (except Hospital supply) and investigations done outside the Hospital Consultation Papers Investigation Reports Digital Images/CDs of the Investigation Procedures (if required) MLC/FIR Report (If applicable) Original Invoice/Sticker (If applicable) Post-mortem Report (If applicable) Disability Certificate (If applicable) Attending Physician Certificate (If applicable) Death Certificate (If applicable)
4.2.1 OPD Treatment	<ul style="list-style-type: none"> Original Pharmacy Bills Prescriptions for the Medicines purchased (except Hospital supply) and investigations done outside the Hospital Consultation Papers Investigation Reports Digital Images/CDs of the Investigation Procedures (if required)
4.5.2 Loss of Income	<ul style="list-style-type: none"> Attested copy of FIR. (If required) All Investigation reports confirming the disability For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury Certificate from the treating doctor mentioning the extent of Injury along with the period of disability Certificate from Treating doctor with date of full recovery & resuming of duties
4.4.1 Child Education	<ul style="list-style-type: none"> Bonafide Certificate from School / College or Certificate from the Educational Institution
4.4.2 Marriage Expense	<ul style="list-style-type: none"> Proof of Relationship with the Insured Person Photo Identity Proof of Child Age Proof of the Dependent Child

4.2.4 Funeral Expenses	<ul style="list-style-type: none"> Original Invoice of Expenses Incurred during Funeral.
4.8.1 Critical Illness (C.I)	<ul style="list-style-type: none"> Medical Records / Reports Investigation Test Reports Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference
4.8.2 Vector Borne Diseases	<ul style="list-style-type: none"> Medical Records / Reports Investigation Test Reports Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference Consultation Papers Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference Copy of Hospital Summary Death Certificate (If applicable)
4.8.3 Hospi Cash	<ul style="list-style-type: none"> Hospital Discharge Summary
4.3.2 Transportation of Mortal Remains	<ul style="list-style-type: none"> Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains.
4.9.5 Trauma Counselling	<ul style="list-style-type: none"> Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement Original Invoice of Expenses Incurred for Counselling. Medical Practitioner's letter advising Counselling. Treatment plan for Counselling from Specialist.
4.9.2 ICU at Home	<ul style="list-style-type: none"> Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) Original Pharmacy Bills Consultation Papers Original Investigation bills and Reports Original Invoices in respect of payment made to the treating Medical Practitioner.
4.3.3 Emergency Evacuation (Air Ambulance)	<ul style="list-style-type: none"> Original bills and receipts paid for the transportation from Registered Ambulance Service Provider Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.
4.2.3 Coma Benefit	<ul style="list-style-type: none"> Original bills and receipts paid for the transportation from Registered Ambulance Service Provider Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.
4.2.6 Broken Bones/ Fracture	<ul style="list-style-type: none"> X Ray Confirming the Fracture & site of Fracture Pre and post-operative radiological imaging reports with films confirming the extent of the fracture. Certificate from Treating Medical Practitioner with extent of Injury, Cause of Injury, Site of Injury & Date of Injury. Treatment Details Discharge Summary (if Hospitalized)

4.2.5 Burns	<ul style="list-style-type: none"> Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. Treatment Details Medico Legal Certificate copy / First Information Report Copy (If applicable) Discharge Summary (if Hospitalized)
4.6.1 Modification (Home/Vehicle)	<ul style="list-style-type: none"> Certification from Medical Practitioner necessitating the Modification. Original Invoices of actual expenses incurred for the Modifications.
4.3.1 Compassionate Visit	<ul style="list-style-type: none"> Letter from Medical Practitioner advising presence of Immediate Family Member. Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel Age Proof of the Person who has visited the Insured.
4.5.1 Loan Protector	<ul style="list-style-type: none"> Current Outstanding Loan Certificate from Financer. Loan Disbursement Letter along with the payment record till the date of Accident or first Diagnosis of Critical Illness or first underwent Surgical Procedure. Certificate from HR with details of medical leave availed during the period of Injury. Copy of Address Proof (Ration Card or Electricity Bill Copy). <p>In Case of Death</p> <ul style="list-style-type: none"> Attested Copy of Death Certificate. Death Summary/Certificate from the Hospital Authority (wherever applicable) Burial Certificate (wherever applicable). Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). Attested Copy of Post-mortem Report (Only if conducted). Attested Copy of Viscera report if any (Only if Post-mortem is conducted). In case of Permanent Total Disablement, Permanent Partial Disablement Attested Copy of disability certificate from relevant government Medical Authority. Attested copy of FIR. (If required) All Investigation reports confirming the disability. Complete Treatment record with follow-up documentation. Disability assessment report from Our empanelled medical specialist (if required)
4.1.5 Road Ambulance	<ul style="list-style-type: none"> Original Ambulance bills and payment receipts paid for the transportation from Registered Ambulance Service Provider Letter from Medical Practitioner indicating emergency need for such transportation.

4.1.6 Radio cab	<ul style="list-style-type: none"> Original Radio Cab bills and payment receipts paid for the transportation Letter from Medical Practitioner indicating emergency need for such transportation.
4.5.2 Loss of Income	<ul style="list-style-type: none"> Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. Appointment Letter Latest Copy of Salary Revision, if any. Last 3 Months Salary Slip Form 16 Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. Appointment Letter Employer if Re employed Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving Form 26AS which shows tax deducted at source Income tax return for relevant financial year Self-declaration Any other document as required by Us to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the Insured has not found any job or has not started working again in Family business or started his / her own venture.
<ul style="list-style-type: none"> Case specific additional documents may be requested if required for justified Claim decision & processing. The Company at its discretion may revise the list of documents mentioned above. 	

6.3.4 Scrutiny and Investigation of Claim:

We will scrutinize the Claim based on submission of above Claim documents by You and if any deficiency in document We will intimate You in writing within 7 days from the date of submission of Claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

6.3.5 Claim Documents Submission:

In case of any Claim, the list of documents as mentioned above shall be provided by the Policyholder/ Insured Person to Us within 30 days of date of discharge from Hospital.

6.3.6 Claim Assessment:

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

6.3.7 Condonation of Delay:

If the Claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

6.3.8 Payment of Claim:

- Claims shall not be admissible under this Policy unless We have been provided with the complete documentation/ information which We have requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder/ Insured Person have complied with the obligations under this Policy.
- The Sum Insured, if any, of the Insured Person shall be reduced by the amount payable/paid under the Benefit(s) and the balance Sum Insured shall be available for the unexpired Policy Period.
- We will pay the Policyholder/Insured Person or the Nominee/ Legal Heir as the case may be and a discharge by them shall discharge Us of all its liability under the Policy for that Claim.
- We will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form.

- e. The maximum liability of Us to pay the Claims under the Policy is limited to Base Sum Insured, Cumulative Bonus (if applicable), S.I Escalation (if applicable) and Reinstatement of Sum Insured (if applicable).
- f. All Claims under the Policy shall be payable in Indian currency only.

6.3.9 Claim Settlement (Provision of Penal Interest)

- a. The Company shall settle or reject a Claim, as the case may be, within 15 days from the date of receipt of Claim submission.
- b. In case the Claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. Such interest shall be suo-moto paid by the Company.

(Explanation: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the Claim has fallen due)

6.4 Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for Us to make any payment for Claim(s) arising under the Policy.

6.4.1 Multiple Policies (Applicable to Indemnity Sections under this Policy)

Indemnity Section

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to Indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her Claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the Claim as long as the Claim is within the limits of and according to the terms of the chosen Policy.
- b. Insured Person having multiple policies shall also have the right to prefer Claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the Claim subject to the terms and conditions of this Policy.
- c. If the amount to be Claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to Claim the balance amount.
- d. Where an Insured Person has policies from more than one Insurer to cover the same risk on Indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

Benefit Section

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the Insurer shall make the Claim payments independent of payments received under other similar policies.

6.4.2 Fraud

If any Claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid towards Claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular Claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/Doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an Insurance Policy:

- a. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specially declares to be fraudulent.

We shall not repudiate the Claim and/or forfeit the Policy benefits on the ground of Fraud, if the Insured Person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement or suppression of material fact are within the knowledge of the Insurer.

6.4.3 Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

6.4.4 Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her Nominee/ Legal Heir or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of Claim by Us to the extent of that amount for the particular Claim.

6.5 Conditions for Renewal of a Contract

6.5.1 Renewal of the Policy

The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- We shall endeavour to give notice for Renewal. However, We are not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy Years.
- Request for Renewal along with requisite premium shall be received by Us before the end of the Policy Period.
- 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.
- No loading shall apply on Renewals based on individual Claims experience.
- The cover for the Insured shall terminate immediately in the event of admissible Claim and settlement of 100% Sum Insured under Accidental Death/ Accidental Death – Common Carrier or Permanent Total Disablement and no Renewal of contract will be permissible.

6.5.2 Special Condition

We will offer other benefits besides those specified in Section 3 Base Covers and Section 4 Optional Covers if the cover/benefit is available in the expiring Policy, is specifically agreed by Us and is specified in the Policy Schedule/ Certificate of Insurance.

6.5.3 Grace Period

The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of Policy. We will not be liable to pay for any Claim arising out of an Illness/Injury/Accident that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies renewed within the Grace Period shall be eligible for continuity of cover.

6.5.4 Portability

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link –

<https://content.sbigeneral.in//uploads/c6a2844dd6544 6019b130ffbae1fa20f.pdf>

6.5.5 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link –

<https://content.sbigeneral.in//uploads/c6a2844dd6544 6019b130ffbae1fa20f.pdf>

6.6 Conditions for Cancellation of the Contract

6.6.1 Cancellation

a. Cancellation by You

- You may cancel this Policy at any time by giving Us 15 days written notice. If no Claim has been made under the Policy then We will refund premium as per below:
 - For short term policies with less than 1 year, We shall refund a proportionate premium to the Insured Person, subject to a minimum retention of 25%, if cancellation occurs after the Policy commencement date.
 - For policies with a tenure of 1 year or more, We shall refund a proportionate premium for the unexpired Policy Period unless otherwise mutually agreed between the Us and the Master Policyholder.
 - For policies issued on an instalment basis, We shall refund the premium for the remaining unexpired instalment(s), if any.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any Claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

- The refund of premium under the policies where Loan Protection cover is opted shall be as under:
 - Long term policies may be cancelled at the request of the Policyholder after retaining the premium for the expired risk on Quarterly Basis (Premium would be retained for the ongoing period on a quarterly basis in which the cancellation request has been received).
 - In the event of full prepayment of the Loan by the Insured, We shall refund a portion of the premium subject to the terms and

conditions of the Policy as detailed below:

I. For Plans with 1 Year Policy Period:

Refund proportionate premium for unexpired Policy Period, if the term of Policy up to one year and there is no Claim(s) made during the Policy Period.

II. For Plans with greater than 1 Year Policy Period:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced i.e. proportionate refund for the unexpired whole years.

c. In the event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.

d. The above cancellation criteria may vary as per mutual agreement between Us and the Master Policyholder.

b. Cancellation by Us

We may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or fraud.

6.6.2 Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy).

a. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.

b. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Us.

c. No interest will be charged if the instalment premium is not paid on due date.

d. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.

e. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.

f. We have the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

6.7 Conditions for Grievances Redressal

6.7.1 Redressal of Grievance

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.customer@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach Us through the following dedicated channels:

Email: Seniortizengrievences@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 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: gro@sbigeneral.in

Designation: Grievance Redressal Officer

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>

Note - This prospectus is intended solely for sales and marketing purposes. For all legal interpretations and claims, please refer to the Policy Wordings, which shall prevail in case of any discrepancy.

Kindly refer Annexure I for the List of Names of Ombudsman and Addresses of Ombudsmen centres.