

SARAL SURAKSHA BIMA, SBI GENERAL INSURANCE COMPANY LIMITED

POLICY SCHEDULE

Policy No.: _____ Issue Date: _____

Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____

Intermediary Code: _____

Intermediary Contact Details: _____

Mobile No.: _____

Landline No.: _____

Email ID: _____

Address.: _____

PROPOSER DETAILS

Name of Proposer		
Present Address (Current Residing Address)	City:	State:
	Village:	Grampanchayat:
	Pin-code:	Landmark:
Permanent Address	City:	State:
	Village:	Grampanchayat:
	Pin-code:	Landmark:
PAN No / Form 60		
GSTN No.		
Email		
Contact Details		
Period of Insurance	From Date and Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ hrs	To Date and Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ midnight
First Policy Inception Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Business Type	New/ Renewal/ Migration/ Portability	
Previous Policy Number	XXXXXXXXXX	
Premium Frequency	Monthly / Quarterly / Half yearly / Yearly	

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

INSURED PERSON'S DETAILS:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured						
Date of Birth						
Age						
Gender						
Marital Status						
Relationship with Proposer						
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)						
Occupation						
Basic Sum Insured						
Cumulative Bonus						
Pre-existing Disease/s Disability Details (if any)	Yes/No, If yes provide details	Yes/No, If yes provide details	Yes/No, If yes provide details	Yes/No, If yes provide details		
ABHA (Ayushman Bharat Health Account) number (if available)						

SCHEDULE OF COVERAGE

Name of Insured Person	Base Covers	Optional Covers		
	Accidental Death + Permanent Total Disablement + Permanent Partial Disablement	Temporary Total Disablement	Hospitalization Expenses due to Accident	Education Grant
	<Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>
	<Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>
	<Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>	<Yes/No> <Sum Insured>

NOMINEE DETAILS:

Insured Name	Insured 1			Insured 2			Insured 3		
Nominee details	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)									
Age									
Gender (M/F/O)									
Relationship with Policyholder									
Mobile No. of the Nominee									
Present Address of the Nominee									
Permanent Address of the Nominee									
Nominee Email ID									

Insured Name	Insured 4			Insured 5			Insured 6		
Nominee details	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)									
Age									
Gender (M/F/O)									
Relationship with Policyholder									
Mobile No. of the Nominee									
Present Address of the Nominee									
Permanent Address of the Nominee									
Nominee Email ID									

APPOINTEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee						
Date of Birth (DD/MM/YYYY)						
Age						
Gender (M/F/O)						
Relationship with Nominee						
Address of the Appointee						
Appointee Mobile no						

SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

- 1.
- 2.

IMPORTANT TERMS, CONDITIONS AND EXCLUSION

- 1.
- 2.

PREMIUM DETAILS

Particulars	Amount (Rs)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	
Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

INSTALMENT SCHEDULE

Instalment Frequency:	Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually <input type="checkbox"/>
Instalment Due Date:	DD/MM/YYYY

Collection Details: _____ Receipt no: _____ Receipt Date: _____

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No. Dated
 of General Stamp Office, Mumbai GSTN No.

CONTACT DETAILS IN CASE OF ANY CLAIM

Email	sbig.health@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)
Toll Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

GRIEVANCE REDRESSAL PROCEDURE:

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link:
<https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customer@sbgeneral.in | Phone: 1800 102 1111

For Senior Citizens: Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@sbigeneral.in | Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in | Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>

IMPORTANT NOTE:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

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

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

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

Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date and Place		Authorized Signatory

GST TAX INVOICE									
GST Invoice No:		XXXX		GST Invoice Date					
GSTIN/Unique No: (SBI General)		XXXXXXXX		SBI General State		Maharashtra			
SBI General Branch Address:		SBI General Insurance Company Limited 9 th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099, Maharashtra India							
DETAILS OF POLICYHOLDER									
Name									
Address									
Policy Holder State				Place of Supply					
				Whether invoice under Reverse Charge			No		
GSTIN/Unique No:		XXXXXXXX		Policy Number			XXXXXXXX		
Insurance Product Name	HSN Code	Premium (without Taxes)	CGST		SGST / UTGST		IGST		
			Rate	Amount	Rate	Amount	Rate	Amount	
Total Invoice Value (In Figures)						Authorised Signatory			
Taxes Applicable									
SBI General Receipt No:					Receipt Date:				