

SURROGACY AND OOCYTE DONOR SURAKSHA

POLICY SCHEDULE

Base Policy Number: _____

Base Product Name and UIN: _____

Surrogacy and Oocyte Donor Suraksha Policy Number: _____

Proposer Name: _____

RIDER DETAILS

Policy Type	Individual
Cover Name	Surrogate Mother- Covering complications arising out of pregnancy and post-partum delivery OR Oocyte Donor- Covering complications of Oocyte Donor
Policy Term	3 years/ 1 year
Premium Frequency	Single

COVERS

Sr.no	Coverage	Sum Insured/ Limits/ Option
1	Inpatient Hospitalization Treatment	Rs. 300000/ 200000
2	Day Care Treatment	All day care procedures covered within Sum Insured
3	Road Ambulance	Up to Rs. 1000/- per hospitalization (Within Sum Insured)

INSURED DETAILS

Name of the Insured Person	_____	
Age/ Date of Birth	_____	
Gender	Female	
Present Address (Current Residing Address)	City: _____	State: _____
	Village: _____	Gram Panchayat: _____
	Pin Code: _____	Landmark _____
Permanent Address	City: _____	State: _____
	Village: _____	Gram Panchayat: _____
	Pin Code: _____	Landmark _____
Relationship of Insured with Proposer	Surrogate Mother/ Oocyte Donor	
Sum Insured (Rs.)	_____	
Contact number	_____	
Email	_____	
Pre-Existing Disease	_____	
Loading (%)	_____	

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.

DETAILS OF THE PERSON PROPOSED TO BE INSURED:

Details	Insured 1
Name of the Insured	
Date of Birth	
Age	
Gender	
Marital Status	
Height	
Weight	
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)	
Occupation and Nature of Business/ Work	
Relationship with Proposer	
Basic Sum Insured	
ABHA (Ayushman Bharat Health Account) number (if available):	

NOMINEE DETAILS:

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

PREMIUM DETAILS:

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

COLLECTION DETAILS:

Receipt No. _____

Receipt Date _____

P.S. If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque. Consolidated Stamp Duty Rs _____ paid towards Insurance Policy Stamps vide Order No _____. Dated: _____ of General Stamp Office, Mumbai.

<<< QR Code to view Customer details and Proposal Form>>

Date: _____

Place: _____

Authorized Signatory

For and on behalf of SBI General Insurance Company

For Complete Coverage and Policy Wordings, kindly visit www.sbigeneral.in

CONTACT DETAILS:

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

GRIEVANCE REDRESSAL PROCEDURE:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link:

<https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

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

Email: head.customerCare@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

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 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

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

Stage 4: Escalation to Insurance Ombudsman

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

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

IMPORTANT NOTE:

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

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it 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.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. Policy documents sent electronically is as valid as physical policy contract document.

However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

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

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