

VECTOR BORNE DISEASE COVER - GROUP

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number															
1.	Name of Insurance Product/ Policy	Vector Borne Disease Cover - Group																
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																
3.	Type of Insurance Product/ Policy	Benefit																
4.	Sum Insured (Basis)	<p>Family Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th><th style="width: 45%;">Insured Name</th><th style="width: 40%;">Base Sum Insured</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured													
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5.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule</p> <p>Base Cover:</p> <p>Vector Borne Disease:</p> <p>The Company will pay under below listed covers on Medically Necessary Hospitalization of Insured Person due to</p> <ul style="list-style-type: none"> • Dengue • Malaria • Filaria (Lymphatic Filariasis) • Kala-azar • Chikungunya • Japanese Encephalitis • Zika Virus <p>Optional Covers:</p>	C. Scope of cover															

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		<ol style="list-style-type: none"> 1. Daily Hospital Cash Benefit (DHCB) - This benefit pays 5% of Sum Insured per day basis and the benefit payment will start after completion of 24 hours Hospitalization subject to maximum of days as mentioned in the Policy Schedule / Certificate of Insurance. 2. Recovery Benefit - This benefit pays 10% of Sum Insured if period of Hospitalization for claim admissible under this Policy, is for 10 continuous days or more. 3. Reinstatement Benefit - This benefit reinstates 100% of Sum Insured twice during the policy period upon payment of claim under the Main Benefit. There will be a cooling off period of 3 months from the previous claim. The 3 months will compute from hospital discharge date 4. Increased Waiting period - Waiting period will be modified to 30 days and will be applicable for all the claims under this Policy. <p>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</p>	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1. Any of the listed vector borne disease diagnosed within the first 15 or 30 days (as shown in the policy schedule / certificate of insurance) of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured Beneficiary(ies), as the case may be, for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous Policies. 2. Any Pre-existing disease or any hospitalization for any Illness other than for listed vector borne disease. 3. Hospitalization primarily for diagnostic purposes not related to Illness or for any purpose which in normal routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization. 4. Experimental or unproven procedures or treatments, hospitalization for treatment other than allopathy 5. Any treatment taken on Outpatient basis. 6. Inpatient hospitalization for less than 24 hours for DHCB (Section No C.1.1) benefit and admission to the hospital for less than 48 hours for Vector Borne Fixed Sum Insured Main benefit (section no. C) 	2. Standard exclusions

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		<p>7. Diagnosis and treatment outside India except the following countries: Canada, Dubai, Hong Kong, Japan, Australia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union</p> <p>8. Treatment in any hospital or any other provider network that We have blacklisted as listed on our website www.sbigeneral.in.</p>																
7.	Waiting period	<table border="1"> <thead> <tr> <th data-bbox="462 552 628 628">Main Benefit</th><th data-bbox="794 552 927 628">Waiting period</th><th data-bbox="1027 552 1260 668">Pre-Existing Disease Waiting Period</th></tr> </thead> <tbody> <tr> <td data-bbox="400 691 728 726">Vector Borne Disease</td><td data-bbox="794 691 927 726">15 Days</td><td data-bbox="1060 691 1215 726">36 Months</td></tr> <tr> <td data-bbox="400 752 728 786">Daily hospital cash</td><td data-bbox="794 752 927 786">15 Days</td><td data-bbox="1060 752 1215 786">36 Months</td></tr> <tr> <td data-bbox="400 812 728 847">Recovery Benefit</td><td data-bbox="794 812 927 847">15 Days</td><td data-bbox="1060 812 1215 847">36 Months</td></tr> <tr> <td data-bbox="400 872 728 949">Increased Waiting period</td><td data-bbox="794 872 927 949">30 Days</td><td data-bbox="1060 872 1215 907">36 Months</td></tr> </tbody> </table>	Main Benefit	Waiting period	Pre-Existing Disease Waiting Period	Vector Borne Disease	15 Days	36 Months	Daily hospital cash	15 Days	36 Months	Recovery Benefit	15 Days	36 Months	Increased Waiting period	30 Days	36 Months	1.Waiting periods
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8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub Limits:</p> <ol style="list-style-type: none"> Daily Hospital Cash Benefit (DHCB): This benefit pays 5% of Sum Insured per day basis and the benefit payment will start after completion of 24 hours Hospitalization subject to maximum of days as mentioned in the Policy Schedule / Certificate of Insurance. Recovery Benefit: This benefit pays 10% of Sum Insured if period of Hospitalization for claim admissible under this Policy, is for 10 continuous days or more. 	C. Scope of cover															
9.	Claims/ Claims Procedure	<ol style="list-style-type: none"> For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. 	E. Conditions															

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		<ul style="list-style-type: none"> Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital Toll Free number: 1800 210 3366, 1800 210 6366 List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) Website: www.sbigeneral.in	
11.	Grievances/ Complaints	<p>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:</p> <p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>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)</p> <p>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)</p> <p>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</p>	Grievance

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		<p>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.</p> <p>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</p>	
12.	Things to remember	<ol style="list-style-type: none"> Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. Policy Renewal: The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. 	General conditions
13.	Your Obligations	The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Insured Person.	E. Conditions

Declaration by the Policy Holder: I have read the above and confirm having noted the details.

Place:

Date:/...../.....

Signature of the Policyholder

Note:

- For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail