

VECTOR BORNE DISEASE COVER -GROUP

POLICY SCHEDULE

Master Policy No: _____ Issue Date: _____

Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____

Intermediary Code: _____

Contact Details: _____

Mobile No.: _____

Landline No.: _____

Email ID: _____

Address.: _____

POLICY HOLDER DETAILS

Name of Policyholder _____

Present Address _____

(Current Residing Address): _____

City: _____ State: _____

Village: _____ Gram Panchayat: _____

Pin Code: _____ Landmark: _____

Permanent Address: _____

City: _____ State: _____

Village: _____ Gram Panchayat: _____

Pin Code: _____ Landmark: _____

PAN No./Form 60/61 _____ GSTN No: _____

Email: _____ Contact Details: _____

Mobile Number: _____

Period of Insurance: From Date and Time: DD / MM / YYYYhrs To Date and Time: DD / MM / YYYY midnight

Policy Type: Individual Family

Business Type: New/ Renewal/ Migration/ Portability

No of Employees / Members Covered: _____

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.

SCHEDULE OF COVERAGE

Name of Insured Person	Coverage	Daily Hospital Cash Benefit	Reinstatement Benefit	Recovery Benefit	Increased Waiting Period
	<Vector Borne Disease> <Sum Insured> <Adult> <Child>	<Opted Y/N> 5% of Sum Insured per day basis <3/ 5/ 7/ 10 Days> <No. of days>	<Opted Y/N> <Sum Insured and limit> <Adult> <Child>	<Opted Y/N> 10% of Sum Insured <Sum Insured>	<Opted Y/N> <No. of days applicable>

Waiting Period – Main Benefit: 15 days

Optional Cover

- Daily Hospital Cash: 15 Days
- Recovery Benefit: 15 Days
- Increased Waiting Period: 30 days
- Reinstatement Benefit: cooling off period will be 3 months from previous claim

SPECIAL CONDITION

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

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CONTACT DETAILS IN CASE OF ANY CLAIM

Email	sbig.health@sbigeneral.in
Toll Free number	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

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 is 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 are as per standard Policy wordings attached with this Schedule

Signed at (RO/BO/DO – Details)

SBI General Insurance Company

Date: _____

Place: _____

Authorized Signatory