

**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	XXXXXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Benefit													
4.	Sum Insured (Basis)	<p><b>Family Individual Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>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> </tbody> </table> <p><b>Note:</b> 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><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p>Base Cover:</p> <p><b>Vector Borne Disease:</b></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"> <li>• Dengue</li> <li>• Malaria</li> <li>• Filaria (Lymphatic Filariasis)</li> <li>• Kala-azar</li> <li>• Chikungunya</li> <li>• Japanese Encephalitis</li> <li>• Zika Virus</li> </ul> <p>Optional Covers:</p>	C. Scope of cover												

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<ol style="list-style-type: none"> <li>1. <b>Daily Hospital Cash Benefit (DHCB)</b> - 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.</li> <li>2. <b>Recovery Benefit</b> - This benefit pays 10% of Sum Insured if period of Hospitalization for claim admissible under this Policy, is for 10 continuous days or more.</li> <li>3. <b>Reinstatement Benefit</b> - 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</li> <li>4. <b>Increased Waiting period</b> - Waiting period will be modified to 30 days and will be applicable for all the claims under this Policy.</li> </ol> <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.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Any Pre-existing disease or any hospitalization for any illness other than for listed vector borne disease.</li> <li>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.</li> <li>4. Experimental or unproven procedures or treatments, hospitalization for treatment other than allopathy</li> <li>5. Any treatment taken on Outpatient basis.</li> <li>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)</li> </ol>	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 <a href="http://www.sbigeneral.in">www.sbigeneral.in</a>.</p>																
7.	Waiting period	<table border="1"> <thead> <tr> <th>Main Benefit</th> <th>Waiting period</th> <th>Pre-Existing Disease Waiting Period</th> </tr> </thead> <tbody> <tr> <td>Vector Borne Disease</td> <td>15 Days</td> <td>36 Months</td> </tr> <tr> <td>Daily hospital cash</td> <td>15 Days</td> <td>36 Months</td> </tr> <tr> <td>Recovery Benefit</td> <td>15 Days</td> <td>36 Months</td> </tr> <tr> <td>Increased Waiting period</td> <td>30 Days</td> <td>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><b>In case of a claim, this policy requires you to share the following costs:</b></p> <p>Sub Limits:</p> <p>1. <b>Daily Hospital Cash Benefit (DHCB):</b> 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.</p> <p>2. <b>Recovery Benefit:</b> This benefit pays 10% of Sum Insured if period of Hospitalization for claim admissible under this Policy, is for 10 continuous days or more.</p>	C. Scope of cover															
9.	Claims/ Claims Procedure	<p>a. 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 <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p> <p>b. 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> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p>	E. Conditions															

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		<ul style="list-style-type: none"> <li>Hospital Network details can be obtained from link: <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>Toll Free number: <b>1800 210 3366, 1800 210 6366</b></li> <li>List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li> <li>Claim forms can be downloaded from below link: <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul> <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	<b>Policy Servicing</b>	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number (24*7)</b> 18001021111</p> <p><b>Website:</b> www.sbigeneral.in</p>	
11.	<b>Grievances/ Complaints</b>	<p><b>Stage 1:</b> If you are dissatisfied with the resolution provided above or for lack of response, you may write to <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a> We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at <a href="mailto:seniorcitizengrievances@sbigeneral.in">seniorcitizengrievances@sbigeneral.in</a>; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)</p> <p><b>Stage 2:</b> In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> or contact at 022-45138021.</p> <p>Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: <a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/</a></p> <p><b>Stage 3:</b> In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p>	Grievance

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p><b>Stage 4:</b></p> <p>If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (<a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>)</p>	
12.	Things to remember	<p>1. <b>Free Look Cancellation:</b> 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.</p> <p>2. <b>Policy Renewal:</b> 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.</p>	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:

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