VECTOR BORNE DISEASE COVER - GROUP

POLICY WORDING

PREAMBLE

In consideration of payment of premium paid by **You**, SBI General Insurance Company (hereinafter called "SBIG") agrees to provide insurance cover to the **Insured Person**(s) under this policy up to **Sum Insured**, subject to waiting period, Co-payment and deductible / time deductible as mentioned on the **Policy Schedule / Certificate of Insurance.**

A. DEFINITIONS

1. **Age** or **Aged** means completed years as at the Policy Commencement Date.

2. **Bank Rate** means, the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

3. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule

4. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

5. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies, which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the sum insured.

6. **Dependents** means only the **family** members listed below:
   a) **Your** legally married spouse as long as she continues to be married to You
   b) **Your** children, if they are unmarried, still financially dependent on You and have not established their own independent households.
   c) **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws

7. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

8. **Emergency Care** means management for an **Illness** which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.

9. **Family** means, the Family that consists of the Insured Person and any one or more of the family members as mentioned below
   i. Legally wedded spouse
   ii. Dependent Parents or Parents-in-law
   iii. Dependent Children (i.e. natural or legally adopted). If the child is married or financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

10. **Fraud** means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the **Insured Person**, with intent to deceive or to induce the Company to issue an insurance policy:

    a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true
    b) the active concealment of a fact by the insured person having knowledge or belief of the fact
    c) any other act fitted to deceive; and
    d) any such act or omission as the law specially declares to be fraudulent

11. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.

12. **Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
    a) has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
    b) has qualified nursing staff under its employment round the clock,
    c) has qualified Medical Practitioner(s) in charge round the clock,
    d) has a fully equipped operation theatre of its own where surgical procedures are carried out,
    e) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

13. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

14. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

(a) Acute condition - Acute condition is a disease, **Illness** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness** which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, **Illness** that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

15. **In-patient Care** means treatment for which the Insured Person must stay in a **Hospital** for more than 24 hours for a covered event.

16. **Insured Person/You/Your** means the persons named in the Policy Schedule/Certificate of Insurance.

17. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

18. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

19. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or accident on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

20. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's **family** are not considered as Medical Practitioner under the scope of this Policy.

21. **Material Facts** means, all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk

22. **Network Provider** means **Hospitals** or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**

23. **Non-Network** means any **Hospital**, Day Care Centre or other provider that is not part of the Network

24. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

25. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

26. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule

27. **Policy Holder** means Person/Organisation named in the Policy Schedule who has proposed the Policy and in whose name the Policy is issued

28. **Policy Schedule**/ **Certificate of Insurance** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

29. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

30. **Pre-Existing Disease (PED)**: Pre-existing disease means any condition, ailment, or disease
    a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

31. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

32. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods

33. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for all benefits claimed for during the Policy Year.

34. **Time Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified number of hours, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured.

35. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

36. **Waiting Period** is the period where **we** will not be liable for a claim for specified number of days and which will apply before any benefits are payable by Us. The waiting period will be computed from the date of commencement of Policy Period.

37. **We/Our/Us/Company** means the SBI General Insurance Company Limited

B. RISK COVERED

Vector Borne Disease

We will pay under below listed covers on Medically Necessary Hospitalization of **Insured Person** due to

- Dengue
- Malaria
- Filaria (Lymphatic Filariasis)
- Kala-azar
- Chikungunya
- Japanese Encephalitis
- Zika Virus

1. **Dengue**

   Diagnosis of Dengue Fever should be confirmed by a **Medical Practitioner** and Laboratory examination result countersigned by a pathologist/ microbiologist confirms the following:
   - Decreasing platelet levels- less than 100,000 cells/mm3; and
   - Immunoglobulins/ PCR test showing positive results for Dengue

2. **Malaria**
   Diagnosis of Malaria should be confirmed by a **Medical Practitioner** with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malaria in the patient's blood by laboratory examination countersigned by a pathologist/ microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

3. **Filaria (Lymphatic Filariasis)**
   Commonly known as Elephantiasis, must be confirmed by a **Medical Practitioner** and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:
   - Lymphoedema,
   - Elephantiasis,
   - Scrotal swelling

   Filariasis will be payable only once in Insured's lifetime.

4. **Kala-azar**
   Visceral leishmaniasis, also known as Kalaazar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.
   The diagnosis must be confirmed by a **Medical Practitioner** and by parasite demonstration in bone marrow/ spleen/ lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

5. **Chikungunya**
   Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue, and rash.
   The diagnosis must be documented by a **Medical Practitioner** and by Serological tests, such as enzyme-linked immunosorbent assays (E L I S A), confirming the presence of IgM and IgG anti-chikungunya antibodies.

6. **Japanese Encephalitis**
   Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. to confirm Japanese Encephalitis (JE)infection and to rule out other causes of encephalitis, a laboratory testing of serum or preferably cerebrospinal fluid shall be required.
   The diagnosis must be confirmed by a **Medical Practitioner** and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

7. **Zika Virus**
   Diagnosis of Zika virus infection should be confirmed by a **Medical Practitioner** and by RT-PCR testing done by ICMR (Indian Council of Medical Research) certified testing laboratory in India.

C. SCOPE OF COVER

This **Policy** is on Individual **Sum Insured** Basis. **We** will pay to the **Insured Person**, the **Sum Insured** as a lumpsum amount for the listed Vector Borne Diseases in Section B provided it occurs or manifests itself during the **Policy Period** and meets the conditions specified in this Policy document.

C.1. MAIN BENEFIT

100% of the **Sum Insured** will be payable on continuous 48 hours of hospitalization due to the covered Vector Borne Diseases as listed in Section B.

C.2 OPTIONAL COVER

In consideration of payment of additional premium or reduction in the premium as applicable, it is hereby and agreed that, **We** will pay the **Sum Insured** under below listed covers subject to all other terms, conditions, exclusion, and waiting period applicable to the **Policy**:

The below covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on **Policy Schedule/ Certificate of Insurance**.

1. **Daily Hospital Cash Benefit (DHCB)**

   On availing of this benefit, **We** will pay 5% of **Sum Insured** per day subject to maximum number of days as mentioned in the **Policy Schedule / Certificate of Insurance** in addition to the Main Benefit. This is payable on minimum 24 hours of **Hospitalization** due to the covered Vector Borne Diseases.

   Even if the Main benefit has been paid, the cover will continue for the remaining Daily Hospital Cash (DHCB) Benefit (if any) till the end of the policy year.

2. **Recovery Benefit**
   On availing this option, **We** will pay 10% of **Sum Insured** (in addition to the main benefit Sum Insured) as specified on **Policy Schedule** if period of **Hospitalization** for claim admissible under this Policy, is for 10 continuous days or more.

   This benefit is not applicable if the treatment is taken at home.

3. **Reinstatement Benefit**
   We will reinstate 100% of **Sum Insured** twice during the policy period upon payment of claim under the Main Benefit. This can be used only for the Main Benefit. This reinstated benefit can be claimed for an already claimed disease or a different disease among the covered conditions. There will be a cooling off period of 3 months from the previous claim. The 3 months will compute from hospital discharge date.

Any unutilized amount of Sum Insured reinstated cannot be carried over to next policy year

4. **Increased Waiting period**
   On availing this option, **Waiting period** will be modified to 30 days and will be applicable for all the claims under this **Policy.**

D. WAITING PERIOD AND EXCLUSIONS

1. **Waiting Periods**
   We are not liable to pay any claim arising for listed vector borne disease which occurs or manifests itself within period as below from coverage commencement date

Main Benefit	Waiting period	Pre-Existing Disease Waiting Period
Vector Borne Disease	15 Days	48 Months
Optional Cover		
Daily hospital cash	15 Days	48 Months
Recovery Benefit	15 Days	48 Months
Increased Waiting period	30 Days	48 Months

For Reinstatement Benefit cover cooling off period will be 3 months from previous claim

2. **Standard Exclusions**

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 Daily Hospital Cash Benefit (DHCB) (Section No C.2.1) benefit and admission to the hospital for less than 48 hours for Vector Borne Fixed **Sum Insured** Main benefit (section no. C.1)
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

8. Treatment in any hospital or any other provider network that We have blacklisted as listed on our website www.sbigeneral.in

E. CONDITIONS

1. Condition Precedent to the contract

a. Age Limit

To be eligible to be covered under the **Policy** or get any benefits under the Policy, the **Insured Person** should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the **Policy Period** as applicable to such **Insured Person** unless it is renewal of Policy. **Dependent children** can be covered from 1 day and up to 25 years of age.

* Note - Adult Cover is compulsory for the Child Cover.

b. Currency

The monetary limits applicable to this **Policy** will be in INR.

c. Disclosure of Information

The **Policy** shall be void and all premium 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 / Policyholder.**

d. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the **Policy** (including the realisation of premium by their respective due dates by **Us** and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the **Policyholder** or any of the **Insured Persons** or Claimants, shall be the condition precedent to **Our** liability to make payment under this **Policy**.

e. Premium

The premium payable under this **Policy** shall be paid in accordance with the schedule of payments in the **Policy Schedule** agreed between the **Policyholder** and **Us** in writing. No receipt for premium shall be valid except on **Our** official form signed by **Our** duly authorized official. The due payment of premium and realization thereof by **Us** and the observance and fulfilment of the terms, provisions, conditions and endorsements of this **Policy** by the **Policyholder/Insured Person** in so far as they relate to anything to be done or complied with by the **Policyholder/Insured Person** shall be a condition precedent to **Our** liability to make any payment under this **Policy**.

f. Nominee

The **Insured Person** is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of Your death. Any change of nomination shall be communicated to the **Company** in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the **Insured Person**, the **Company** will pay the nominee (as named in the **Policy Schedule/Policy Certificate of Insurance**) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Insured Person** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

2. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Certificate, and **Policy Schedule / Certificate of Insurance** constitute the complete contract of insurance. This **Policy** constitutes the complete contract of insurance between the **Policyholder** and **Us**. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by **Us**. All endorsement requests will be made by the **Policy Holder** and/or the **Insured Person** only. This **Policy** cannot be changed by anyone (including an insurance agent or broker) except **Us**.

b. Cancellation:

a) Cancellation by you -

You may cancel this policy at any time by giving **Us** written notice in 15-days' by recorded delivery. In the event of such cancellation we shall retain premium for the period that this **Policy** has been force, calculated in accordance with the short period rates as below. However, there will be no refund of premium if **You** have made any claim under this **Policy.**

Period on risk	**Rate of premium refunded**
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

b) Free Look Period-

We shall give **You** a Free Look Period at the inception of the first policy and:

- **You** will be allowed a period of at least 15 days from the date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable.

- If **You** have not made any claim during the Free Look period, **You** shall be entitled to
  - A refund of the premium paid less any expenses incurred by **Us** on **Your** medical examination and the stamp duty charges or;
  - Where the risk has already commenced and the option of return of the

Policy is exercised by **You**, a deduction towards the proportionate risk premium for period on cover or;

- Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- Free Look Period is not applicable for renewals.

c) **Cancellation by Us** -

We reserve the right to cancel this **Policy** from inception immediately upon becoming aware of any misrepresentation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of **You**. No refund of premium shall be allowed in such cases.

c. Revision and Modification of the Policy Product-

i. Any revision or modification will be done with the approval of the Authority. **We** shall notify **You** about revision /modification in the **Policy** including premium payable thereunder. Such information shall be given to **You** at least ninety (90) days prior to the effective date of modification or revision coming into effect.

ii. Existing **Policy** will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with **Us.**

d. Withdrawal of the Product-

i. In the likelihood of this product being withdrawn in future, the **Company** will intimate the Insured Person about the same 90 days prior to expiry of the policy.

ii. **Insured Person** will have the option to migrate to similar health insurance product available with the **Company** at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

e. Endorsements

The following endorsements are permissible during the Policy Period:

➢ **Non-Financial Endorsements – which do not affect the premium**

- Minor rectification/correction in name of the Insured Person (and not the complete name change)
- Rectification in gender of the Insured Person (if this does not impact the premium)
- Rectification of date of birth of the Insured Person (if this does not impact the premium)
- Change in the correspondence address of the Insured Person (if this does not impact the premium)
- Change in Nominee Details vi. Change in bank details
- Any other non-financial endorsement

➢ **Financial Endorsements – which result in alteration in premium**

- Cancellation of Policy
- Any other financial endorsement

3. **Conditions when a claim arises**
   On the occurrence of any vector borne disease that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Claim Intimation	You may intimate the claim through any available mode of communication as specified in the Policy, Health Card or Website
Claim Intimation Timelines	Within 15 days of the diagnosis of Vector Borne Disease
Details to be provided to us for claim intimation	**1.** Policy Number **2.** Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, **3.** Nature of disease/illness/injury, **4.** Name and address of the attending Medical Practitioner / Hospital **5.** Date and time of event if applicable **6.** Date of admission
Claims documents to be submitted for claim process	**1.** Duly filled and signed claim form **2.** Certified copy of Hospital discharge Summary **3.** Certified copy of Diagnostic report confirming diagnosis. **4.** Certified copy of final hospital bill **5.** Beneficiary name confirmation from Proposer **6.** Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address mentioned in claim form **7.** Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc. **8.** Certified copy of Death certificate issued by municipal authority (in case of death of insured) **9.** KYC details and Documents
Claim documents submission	In case of any Claim, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.

Scrutiny and Investigation of Claim	We will scrutinize the claim based on submission of above claim documents by you and if any deficiency in document we will intimate You in writing within 7 days from the date of submission of claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document
Claim Assessment	We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

- **Claim Settlement**
  i. The **Company** shall settle or reject a claim within 30 days from the date of receipt of last necessary document.

  ii. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder / Insured Person** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

  iii. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

  iv. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder / Insured Person** at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- **Fraud**
  If any claim made by the **Insured Person**, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

  Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all **Insured Person / Policyholder** who has made that particular claim, who shall be jointly and severally liable for such repayment to **Us**.

The **Company** shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.

- **Complete Discharge**
  Any payment to the **Policyholder / Insured Person** or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the **Policy** shall be valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

- **Arbitration clause**
  If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators **who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 (as amended).**
  It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

4. Conditions for renewal of the contract

a. The Policy is ordinarily lifelong renewable unless **You** or anyone acting on behalf of **You** has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.
b. The **Policy** and **Certificate of Insurance** may be renewed by upfront payment of the total premium specified by **Us**, which premium shall be at **Our** premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
c. **Your** premium will also change if any changes in Sum Insured and/or the term.
d. We, however, are not bound to give notice that it is due for renewal.
e. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy. For Renewal received after completion of 30 days grace period, the policy would be considered as a fresh policy.

5. Grievances Redressal Procedure

If **You** may have a grievance that requires to be redressed, **You** may contact **Us** with the details of the grievance through:

Level 1
Call us on our Toll Free for any queries that **You** may have @ 1800221111, 18001021111 Email **you**r queries to customer.care@sbigeneral.in
Visit our website www.sbigeneral.in to register for **Your** queries. Please walk into any of our branch office or corporate office during business hours. **You** may also fax us **Your** queries at _1800227244, 18001027244

Level 2
If **You** still are not happy about the resolution provided, then **You** may please write to our head.customercare@sbigeneral.in

Level 3
If **You** are dissatisfied with the resolution provided in the Steps as indicated above on **You**r Complaint, **You** may send **You**r 'Appeal' addressed to the Chairman of the Grievance Redressal Committee. The Committee will investigate the appeal and decide the same expeditiously on merits.
You can write to Head – Compliance, Legal & CS on the id - gro@sbigeneral.in

Level 4
If **You**r issue remains unresolved **You** may approach IRDAI by calling on the Toll-Free no. 155255 or **You** can register an online complaint on the website http://igms.irda.gov.in

Senior Citizens: Senior Citizens can also write to seniorcitizengrievances@sbigeneral.in

If **You** are not satisfied with Our redressal of grievance through one of the above methods, **You** may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices attached as Annexure I to this Policy document.

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office

AHMEDABAD – Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Sudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR – Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI – Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.

ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA – Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA – Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur,

	Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune –411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.