

INDIVIDUAL PERSONAL ACCIDENT INSURANCE

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	Individual Personal Accident Insurance																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Benefit																									
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></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> </table> <p>Family Floater Sum Insured</p> <table> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></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> </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										Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured																									
Sr. No.	Insured Name	Base Sum Insured																									
5.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule:</p> <ol style="list-style-type: none"> Accidental Death (AD) or Accidental Death (AD) + Permanent Total Disablement (PTD) or Accidental Death (AD) + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) <p>Education Benefit Rs.50,000/- or 1% of CSI (basic Sum Insured), whichever is lower for each child/ spouse. Only upon payment of benefit under Death and Permanent Total Disability</p>	Part B: Coverage																								

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Adaptation Allowance @ 1% of the Sum Insured or Rs.25,000/- whichever is less. Only upon payment of benefit under Permanent Total Disability or</p> <p>4. Accidental Death (AD) + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD) or</p> <p>Following are covered as add on up to the limits specified in policy schedule, if you have paid the additional premium for these covers</p> <p>1. Hospital Confinement Allowance.</p> <p>2. Ambulance Cover.</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. Criminal Act 2. Suicide & Self-Inflicted Injury 3. Loss due to childbirth or from pregnancy, 4. Persons enrolled in Armed Services, Military Establishment of any Country. 5. Accidents under influence of Alcohol, Drugs, or other Intoxicants 6. Injury because of participation in Riot, Felony, Crime or Civil Commotion 7. Learning or operating any Aircraft. 8. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc, 9. Nuclear Damage 10. Injury because of participation Adventure & Dangerous sports 	General Exclusions
7.	Waiting period	Not Applicable	
8.	Financial Limits of the Coverage	<p>Deductible:</p> <p>Temporary Total Disablement (TTD) – Deductible of first one week</p>	Table D Benefit
9.	Claims/ Claims Procedure	<ul style="list-style-type: none"> • For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • 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 	Terms and Conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<ul style="list-style-type: none"> 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	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p> <p>Fax No: 1800227244, 18001027244</p>	
11.	Grievances/ Complaints	<ul style="list-style-type: none"> You may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in. or contact at: 022-45138021 Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099 List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf In case, you are not satisfied with the decision / resolution provided by above authorities you may register your complaint with IRDAI by visiting the below site: https://bimabharosa.irdai.gov.in/Home/Home 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 https://www.cioins.co.in/Ombudsman 	Grievances
12.	Things to remember	<ol style="list-style-type: none"> Free Look Cancellation: The insured will be allowed period of atleast 15 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. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person on grounds of fraud. 	Terms and Conditions, clause 1, clause 10
13.	Your Obligations	<ul style="list-style-type: none"> The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. 	Definitions, clause 10

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>**

Disclaimer: Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | Individual Personal Accident Insurance UIN: SBIPAIP12002V011112 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.