

LOAN INSURANCE POLICY

This **Policy** is issued to the **Insured** based on the **Proposal** and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, to **Insurer** upon payment of the Premium and the realization thereof by the Insurer. This **Policy** alongwith the schedule records the agreement between **Insurer** and **Insured** and sets out the terms of insurance and the obligations of each party.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

"**Accident**" means a sudden, unforeseen and involuntary event caused by external and visible means.

"**Accidental Bodily Injury**" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a **Medical Practitioner** but does not include any sickness or disease.

"**Age**" means completed years as at the Commencement Date of the **Policy Period**.

"**Bank**" means a banking company which transacts the business of banking in India or abroad.

"**Beneficiary**" In case of death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving Spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.

"**Compensation**" means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.

"**Critical Illness**" means an illness, sickness or a disease or a corrective measure like Cancer, Kidney failure, Coronary Artery (Bypass) Surgery, Heart Attack (Myocardial Infarction), Heart Valve Surgery, Major Organ Transplantation, Multiple Sclerosis, Primary Pulmonary Arterial Hypertension, Aorta graft surgery, Paralysis, Coma, Total Blindness and Stroke all as defined in Scope of Cover & Benefits section of this **Policy**.

"**Critical Illness Benefit**" means the amount specified in the **Schedule**, which is the maximum amount for which **Insurer** may be liable to make payment for any or all **Critical Illnesses** covered subject to terms & conditions under this **Policy**.

"**Disease / Illness**" means a condition affecting the general well being and health of the body that first manifests itself in the **Policy Period** and which requires treatment by a **Medical Practitioner**.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

“EMI or EMI Amount” means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

“External Congenital Anomaly” means a condition(s) which is present since birth, in the Visible and an accessible part of the body and which is abnormal with reference to form, structure or Position.

“Free Look Period” means on the first inception of the **Policy**, the **Insured** has a period of 15 days from the date of receipt of the documents to review the terms and conditions of the **Policy**. Where the **Insured** disagrees to any of those terms or conditions, he has the option to return the **Policy** stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of Rs. 100/- towards expenses incurred by the **Insurer**.

“Hospital/Nursing Home”: means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** AND must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the **Insurer’s** authorized personnel.

“Injury” means any accidental physical bodily harm solely and directly caused by external, violent, visible and evident causes but does not include any sickness or disease.

“Insured” means you/Your Self/the person (s) named in the **Schedule**, who has a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.

“Insured Event” means any event specifically mentioned as covered under this Policy.

“Insurer” means Us/Our/We SBI General Insurance Company Limited.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

“Internal Congenital Anomaly” means disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

“Loan” means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in this policy

“Medical Practitioner”: means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term **Medical Practitioner** would include Physician, Specialist and Surgeon. The registered practitioner should not be the **Insured** or close family members of the Insured.

“Mental Illness/Disease” means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

“Nominee” means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

“Other Insurer” means any of the registered **Insurers** in India other than Us/Our/We SBI General Insurance Company Limited.

“Out Patient Department” means a department where patient is not hospitalized and who is being treated in an office, clinic, or other ambulatory care facility by **Medical Practitioner** for illness/disease.

“Permanent Total Disablement” means disablement, as the result of a Bodily Injury, which:

- i) continues for a period of twelve (12) consecutive months, and
- ii) is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and
- iii) entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

“Physical Separation” means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

“Pre-existing Condition” means any condition, ailment or injury or related condition(s) for which **Insured** had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first **Policy** issued by the **Insurer**.

“Principal Outstanding” means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

“**Policy**” means the complete documents consisting of the **Policy** wording, **Schedule** and Endorsements and attachments if any.

“**Policy Period**” means the period commencing with the commencement date of the **Policy** & terminating with the expiry date of the **Policy** as stated in the **Policy Schedule**.

“**Professional Sports**” means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

“**Proposal**” means application form which the **Insured** duly fills in and signs for this insurance and any other information **insured** provide in the said form to **Insurer**.

“**Proposer**” means the person furnishing complete details and information in the **Proposal** form for availing the benefits either for himself or towards the person to be covered under the **Policy** and consents to the terms of the contract of insurance by way of signing the same.

“**Schedule**” means that portion of the **Policy** which sets out **Insured** details, the type of insurance cover in force, the **Policy Period** and the **Sum Insured**. Any Annexure and/or Endorsement to the **Schedule** shall also be a part of the **Schedule**.

“**Sum Insured**” means the amount stated in the **Schedule**, which is the maximum amount **Insurer** will pay for claims made by **Insured** in the **Policy Period** irrespective of the number of claims **Insured** registers or the number of years that **Insured** has had **Loan Insurance Policy** with **Insurer**.

“**Surgical Operation**” means manual and/or operative procedures required for treatment of a Disease / Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or day care centre by a **Medical Practitioner**.

“**Survival Period**” means the benefits under the **Policy** shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** during the **Policy Period**, and the **Insured** survives for at least 28 days following such diagnosis and also subject to survival of the **Insured** for the minimum assessment periods for covered **Critical Illnesses** as provided under the descriptions for each of the **Critical Illness**.

“**Waiting Period**” means the benefits under the **Policy** shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** after 90 days of the commencement of the **Policy Period** and the **Insured** has not previously been **Insured** continuously and without interruption under an **Critical Illness Policy** with **Insurer**.

SCOPE OF COVER & BENEFITS

SECTION I: CRITICAL ILLNESS

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

- A. First diagnosis of the below-mentioned illnesses more specifically described below:
 - 1. Cancer
 - 2. Kidney Failure (End Stage Renal Failure)
 - 3. Primary Pulmonary Arterial Hypertension
 - 4. Multiple Sclerosis or
- B. Undergoing for the first time of the following surgical procedures, more specifically described below:
 - 1. Major Organ Transplant
 - 2. Coronary Artery Bypass Graft
 - 3. Aorta Graft Surgery
 - 4. Heart Valve Surgery
- C. Occurrence for the first time of the following medical events more specifically described below:
 - 1. Stroke
 - 2. Myocardial Infarction (First Heart Attack)
 - 3. Coma
 - 4. Total blindness
 - 5. Paralysis

The **Insured** Event under this Section and the conditions applicable to the same are more particularly defined below:

Cancer:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

The following are excluded:

1. Tumors showing the malignant changes of carcinoma-in-situ and tumors which are histological described as pre-malignant or non-invasive, including, but not limited to: carcinoma-in-situ of the breasts, cervical dysplasia: CIN-1, CIN-2 and CIN-3;
2. Hyperkeratosis, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
3. Prostate cancers histologically described as TNM classification T1a, T1b or T1c or prostate cancers of another equivalent or lesser classification, T1N0M0 papillary micro-carcinoma of the thyroid less than 1 cm in diameter, papillary micro-carcinoma of the bladder, and chronic lymphocytic leukemia less than Rai stage 3; and
4. All tumors in the presence of HIV infection.

Kidney Failure (End Stage Renal Failure):

End stage disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Evidence of End Stage Kidney Disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant **Medical Practitioner**.

Primary Pulmonary Arterial Hypertension:

Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the **Insured** being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Multiple Sclerosis:

Unequivocal diagnosis of Multiple Sclerosis by a specialist (preferably by a neurologist). The disease has to be evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings.

For proving the diagnosis the **Insured** must either exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes at least one month apart or must have had at least one clinically documented episode together with characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

Major Organ Transplant:

The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

Other stem cell transplants are excluded.

Coronary artery by-pass grafts (with surgery to divide the breastbone):

The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more of the coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, “keyhole” or laser procedures are excluded.

Evidence required: In addition to the documents mentioned in Clause under payment of claims, the **Insurer** shall require the following:

- I) Coronary Angiography Report – Pre and post Angioplasty or Other Invasive Treatment as defined above
- II) Discharge Card of the hospital where the procedure was done

Aorta Graft Surgery:

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

Heart Valve Surgery:

Open heart valvuloplasty, valvulotomy or replacement of one or more heart valves. This includes surgery to the aortic, mitral, pulmonary or tricuspid valves for stenosis or incompetence or a combination of these factors. Realisation of the heart valve surgery has to be confirmed by a specialist.

Stroke:

Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Diagnosis must be evidenced by changes seen in CT scan or MRI of the brain and certified by a Neurologist. Evidence of neurological deficit for at least 3 months has to be produced.

Excluded are:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit

Myocardial Infarction (First Heart Attack):

The first occurrence of Heart Attack or myocardial infarction which means death of a heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

1. Typical clinical symptoms (for example, characteristic chest pain)
2. New characteristic electrocardiographic changes.
3. Elevation of troponin above the reference value for myocardial infarction given by the laboratory that is conducting the analysis.
4. The evidence must show a definite acute myocardial infarction.

The following are not covered:

- i) Other Acute Coronary Syndromes, for example myocyte necrosis.
- ii) Any type of angina.

Diagnosis must be confirmed by a consultant cardiologist.

Coma:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following (as confirmed by a neurologist appointed by the **Insurer**):

1. No response to external stimuli continuously for at least 96 hours;
2. Life-support measures being necessary to sustain life; and
3. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

Total Blindness:

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

Paralysis:

Complete and permanent loss of function of two or more limbs as a result of Injury or Illness of the brain or spinal cord. Permanent loss of function of two or more limbs shall be deemed to have occurred if:

- The condition has persisted for at least 6 months from the date it was first Suffered in spite of the **Insured** properly implementing all medical advice Related to its cure, and
- A Doctor of central or a state government hospital confirms complete, Irreversible and permanent loss.
- Paralysis resulting directly or indirectly or as a consequence of any self-inflicted Injury is excluded.

The condition must be confirmed by a consultant Neurologist on basis of appropriate Imaging techniques such as CT/MRI scans.

SBI General Insurance Company Limited

BENEFIT PAYABLE UNDER SECTION I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured person as stated against Section I under Schedule I on the occurrence of an Insured Event as stated above, under this Section.

CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within forty five (45) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be and the Insured shall arrange for submission of the following documents to the Company:

Certificate from the attending Doctor of the Insured Person confirming, inter alia,

Name of the Insured person;

Name, date of occurrence and medical details of the Insured Event

Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.

Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.

Duly completed claim forms;

Original Discharge Certificate/ Card from the hospital/ Doctor;

Original investigation test reports, indoor case papers.

Any other documents as may be required by the Company.

EXCLUSIONS APPLICABLE TO SECTION I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

Any Pre-Existing Illness– Any Insured Event arising on account of or in connection with any Pre-Existing Illness

If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person.

The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.

Any congenital Illness or condition;

Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.

Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy under Special Conditions.

Treatment relating to birth defects and external congenital Illnesses.

Birth control procedures and hormone replacement therapy.

Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

SPECIFIC CONDITIONS APPLICABLE TO SECTION I

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy.

SECTION II: PERSONAL ACCIDENT

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of a) death or b) Permanent Total Disablement (more specifically defined herein below). For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

- (i) Loss of sight of both eyes; or
- (ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- (iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

BENEFIT PAYABLE UNDER SECTION II

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against Section II under Schedule I, on occurrence of the Insured Event as stated above under this Section.

CLAIM SETTLEMENT APPLICABLE TO SECTION II

- (i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.
- (ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- (iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- (iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company. Such

SBI General Insurance Company Limited

evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

1. Duly completed claim form;
2. Doctor's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Death certificate, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a Doctor or hospital confirming the extent and nature of disability;
7. Post mortem report, if applicable;
8. Certificate, from the Insured stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.
9. Any other supporting documents as may be required by the Company.

EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

- (i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured Person.
- (ii) Payment of compensation in respect of Insured Event which occurs whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- (iii) Payment of compensation in respect of death, injury or disablement of Insured person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy (b) directly or indirectly caused by venereal disease or insanity;
- (iv) Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured Person.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

- (v) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured person suffered or which was present before the commencement of the Policy Period.

SPECIAL CONDITIONS APPLICABLE TO SECTION II

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy

SECTION III : LOSS OF JOB

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule I of this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Section III for the Insured Person and Deductible Excess mentioned in the policy. In case of Term Loan, the amount payable is 3 months pro-rata proportion of Total Loan amount.

CLAIM SETTLEMENT APPLICABLE TO SECTION III

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Any other document as may be required by the Company.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

EXCLUSIONS APPLICABLE TO SECTION III

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to any dishonesty or fraud or poor performance on the part of the Insured person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a) Self employed persons;
 - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c) Any voluntary unemployment;
 - d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

SPECIFIC CONDITIONS APPLICABLE TO SECTION III

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person shall not be less 30 consecutive days (“Retrenchment Period”).
2. The benefit under Section III is available only for salaried employees.
3. The cover as described under this Section, for specific Insured Person, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person under Schedule I

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for any loss or damage under this Policy:

1. Arising or resulting from the Insured person committing any breach of the law with criminal intent
2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism, Riots, Strike, Malicious Acts etc.
3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy
UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

7. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
11. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.

GENERAL CONDITIONS APPLICABLE TO THE POLICY

AGE LIMIT

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured should have attained the age of at least 18 years and shall not have completed the age of 50 years on the date of commencement of the Policy Period as applicable to such Insured.

OTHER CONDITIONS

At any time during the Policy Period the Company shall be entitled to inspect any or all records of the Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Insured shall provide reasonable support to the Company in this regard.

If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

PAYMENTS

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured his assigns or the Bank/Financial Institution or his nominee/ legal heirs as the case may be

REFUND OF PREMIUM

The company shall refund the premium as per the Company's short period scales in case of receipt of notice of cancellation from the Insured, provided there is no claim under the policy

Standard Terms and Conditions

Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

1. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

2. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

3. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be construed as notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

4. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

5. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

6. Overriding effect of the Schedule

The terms and conditions contained herein and in the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in the Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

7. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other ICICI Bank Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application.

8. Right to inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

9. Fraudulent claims

If any claim is in any respect 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, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

10. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

11. 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 independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, 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. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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.

12. Cancellation/Termination

The Company may at any time cancel this Policy, by giving seven (7) days notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this policy by giving seven (7) days notice in writing to the Company, for the cancellation of this Policy, in which case the company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the company's short period scale as mentioned in Schedule II provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured.

13. Renewal notice

The Company shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the guarantee hereby given. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorised official of the Company.

14. Notices

Any notice, direction or instruction given under this Insured shall be in writing and delivered by hand, post, or facsimile to

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

In case of the Insured, at the address specified in the Schedule.

In case of the Company:

SBI General Insurance Company Limited

Address: Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

15. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

16. Grievances

GRIEVANCE REDRESSAL PROCEDURE

The Grievance Redressal Cell of the **Insurer** looks into complaints from **Insureds**. If the **Insured** has a grievance that the **Insured** wishes the **Insurer** to redress, the **Insured** may approach the person nominated as ‘Grievance Redressal Officer’ with the details of his grievance.

Name, address, e-mail ID and contact number of the Grievance Redressal Officer will appear in the Policy document as well as on **Insurer’s** website.

Further, the **Insured** may approach the nearest Insurance Ombudsman for redressal of the grievance. List of Ombudsman offices with contact details are attached for ready reference. For updated status, Please refer to website www.irdaindia.org.

Office Details	Jurisdiction of Office Union Territory, District)	Date Of Taking Charge
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.	03-10-2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman,	Karnataka.	23-04-2018

SBI General Insurance Company Limited

<p>Jeevan Soudha Building,PID No. 57-27-N-19</p> <p>Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>		
<p>BHOPAL - Shri Guru Saran Shrivastava</p> <p>Office of the Insurance Ombudsman, Janak Vihar 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</p>	<p>Madhya Pradesh Chattisgarh.</p>	<p>24-05-2018</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>	<p>11-09-2019</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma</p> <p>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</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>	<p>16-04-2018</p>

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

<p>CHENNAI - Shri M. Vasantha Krishna</p> <p>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</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p>03-05-2018</p>
<p>DELHI - Shri Sudhir Krishna</p> <p>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</p>	<p>Delhi.</p>	<p>12-09-2019</p>
<p>GUWAHATI - Shri Kiriti .B. Saha</p> <p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>02-05-2018</p>
<p>HYDERABAD - Shri I. Suresh Babu</p> <p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>11-06-2018</p>
<p>JAIPUR - Smt. Sandhya Baliga</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,</p>	<p>Rajasthan.</p>	<p>13-04-2018</p>

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigenral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

<p>Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>		
<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>	<p>07-11-2018</p>
<p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>30-09-2019</p>
<p>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</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Srivasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur,</p>	<p>11-09-2019</p>

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144

<p>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</p>	<p>Jharkhand.</p>	
<p>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</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p>03-12-2019</p>

Interpretation

This Policy and the Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

Claim Settlement

The company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the survey report or the additional survey report, as the case may be, in accordance with the provisions of Protection of Policyholders’ Interest Regulations 2002.

Additional Clauses

AC1: FOR REDUCING SUM INSURED COVERS:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I & II for the purpose of calculation of claim shall be the least of the following:

1. The Principle Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or

SBI General Insurance Company Limited

2. The Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I & II of the Schedule I of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured. ; or

3. The Sum Insured as appearing against Section I & II of the Schedule I

AC2 PREMIUM REFUNDS:

Notwithstanding anything to the contrary contained in the Policy, the refund of premium under the Policy shall be as under

In the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium subject to the terms and conditions of the Policy as per the rates mentioned below:

% Return Premium

Policy Period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

SBI General Insurance Company Limited

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

AC3: SURVIVAL PERIOD

Notwithstanding anything to the contrary stated herein the Company shall not be liable to make any payment arising out of any claim under Section I for any Insured if the Insured does not survive a period of atleast ____ days after the date of occurrence Insured Event.

AC4 ASSIGNMENT CLAUSE

It is hereby declared and agreed that:

(i) from the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of the " Bank / Financial Institution as named in the Schedule I of this Policy";

(ii) upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank/Financial Institution as named in Schedule I of this Policy" without any reference / notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured;

(iii) the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule I of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

AC5 ALTERNATIVE BENEFIT PAYABLE UNDER SECTION III

Notwithstanding anything to the contrary stated herein it is hereby agreed and declared that the clause 2.3.1 stands deleted and replaced by the following clause

2.3.1 BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured the sum as stated in the Schedule of this Policy per month after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Section III for the Insured

SBI General Insurance Company Limited

Corporate & Registered Office:  Corporate & Registered Office: Fulcrum Building,9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Loan Insurance Policy | UIN: SBIPAIP11006V011011 | IRDAI Reg No.144