

Name:

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Address:

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.....

.....

Contact No.:

Email ID:

TRAVELSURE-GROUP

Policy/Certificate No.:

Policy Issue Date:

Customer Id:

Dear Mr / Mrs / Miss _____

Welcome to the SBI General Family. Home is one of the most precious thing we possess. So we are glad to see that you have made the right decision to protect your home and secure your mental peace through SBI General's Travelsure-Group.

We are hereby enclosing the following documents pertaining to your policy that outline the details of risk and cover as proposed by you.

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- Policy schedule
 - Policy Wording
-
- Customer Information sheet
 - Customer Service & Grievance Procedure
-
- Proposal Form
 - Claim Form
-

We request you to verify and confirm that these documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence with us, kindly quote your Customer ID and Policy No mentioned above.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-22-1111 (MTNL/BSNL user) and 1800-102-1111 (for other users).

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,

Authorized Signatory

TRAVELSURE-GROUP

POLICY SCHEDULE

Master Policy No.: Issue Date:
 Servicing Branch Office:

INTERMEDIARY DETAILS

Intermediary Name:
 Intermediary Code:
 Contact Details:
 Mobile No.:
 Landline No.:
 Address.:
 Landmark:

INSURED DETAILS

Name of the Policy Holder						
Address of the Policy Holder						
Address Proof	(Officially Valid Document Name)					
Type of trip	Single <input type="checkbox"/>	Multi-trip <input type="checkbox"/>	Opted Man days <input type="checkbox"/>			
If Multi Trip Policy, then Maximum Duration of each trip chosen	15 Days	<input type="checkbox"/>	30 Days	<input type="checkbox"/>	45 Days	<input type="checkbox"/>
	60 Days	<input type="checkbox"/>	90 Days	<input type="checkbox"/>	180 Days	<input type="checkbox"/>
If Single Trip Policy, then duration of trip chosen						
Opted Man days duration	_____ days					
Purpose of Visit	Business/ Official <input type="checkbox"/>		Leisure <input type="checkbox"/>			
Period of Insurance	From DD/MM/YYYY (XX:XX Hrs) to Midnight of DD/MM/YYYY					
Geographical Boundaries	Worldwide including USA and Canada/ Worldwide excluding USA and Canada					
Co-Insurance applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

NOMINEE DETAILS

Nominee Name*			
Nominee Relationship			
Nominee Age		Nominee Contact Number	

*Applicable in the event of death of the proposer. For all other persons covered under the policy, the proposer will be the nominee.

Where Nominee is a minor, Appointee details:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Name of the Appointee	Relationship	Address of the Appointee	Appointee Contact details

COINSURANCE DETAILS

Co-Insurer	% of Share	Share type	Amount received
1		<input type="checkbox"/> Lead/ <input type="checkbox"/> Follower	
2		<input type="checkbox"/> Lead/ <input type="checkbox"/> Follower	
3		<input type="checkbox"/> Lead/ <input type="checkbox"/> Follower	
4		<input type="checkbox"/> Lead/ <input type="checkbox"/> Follower	

PREMIUM RECEIPT

Net Premium	
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Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date and Place		Authorized Signatory

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonor of cheque.

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No _____

Dated _____ of General Stamp Office, Mumbai

GSTN No. _____

CONTACT DETAILS	POLICY SERVICING	CLAIMS SERVICING
Email	customer.care@sbigeneral.in	sbig.health@sbigeneral.in
Toll-Free number	18002211111, 18001021111 (Monday to Saturday (8 am - 8 pm).	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

TPA DETAILS

Across Assist Private Limited,
(formerly known as Axa Assistance India/Bharti Assist Global Private Limited)
The centre for Social Research ,Plot number- 98, Sector 44, Gurugram, Haryana - 122003
Contact Number : +91 120-4670711 / 0120-4501411
Dedicated International toll free numbers for US & Canada:
844-691-8882 - Canada
844-691-8884 – US
For Rest of the world:
SBI dedicated Hotline - '+91 120-4670711 (Call Back Facility) Reverse call back.
Alarm Centre FAX - +91 0120-4344847

REDRESSAL OF GRIEVANCE

1

If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)

2

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : 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/>

3

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link

<https://bimabharosa.irdai.gov.in/Home/Home>

4

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>)

IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it is noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

All terms, conditions, and exclusions are as per standard Policy wordings attached with this Schedule

ANNEXURE

POLICY COVERAGE

S. No	Cover Name	Sum Insured/ Limits	Deductible
1	Medical Expenses- Accident & Sickness	<< As per limit chosen >>	<< As per limit chosen >>
2	Emergency Medical Evacuation and Transportation	<< As per limit chosen >>	<< As per limit chosen >>
3	Repatriation of Mortal Remains	<< As per limit chosen >>	<< As per limit chosen >>
4	Dental Expense	<< As per limit chosen >>	<< As per limit chosen >>
5	PED Cover (In-patient Hospitalization and Day Care Treatment)	<< As per limit chosen >>	<< As per limit chosen >>
6	Hospital Daily Cash	<< As per limit chosen >>	<< As per limit chosen >>
7	Personal Accident including Disappearance	<< As per limit chosen >>	<< As per limit chosen >>
8	Accidental Death & Dismemberment (Common Carrier)	<< As per limit chosen >>	<< As per limit chosen >>
9	Adventure Sports Coverage	<< As per limit chosen >>	<< As per limit chosen >>
10	Reinstatement of SI in case of Accidental Hospitalisation	<< As per limit chosen >>	<< As per limit chosen >>
11	Delay of Checked in Baggage	<< As per limit chosen >>	<< As per limit chosen >>
12	Loss of Checked in Baggage	<< As per limit chosen >>	<< As per limit chosen >>
13	Trip Delay	<< As per limit chosen >>	<< As per limit chosen >>
14	Missed Connection	<< As per limit chosen >>	<< As per limit chosen >>
15	Trip Cancellation due to Hospitalization	<< As per limit chosen >>	<< As per limit chosen >>
16	Trip Cancellation for any reason	<< As per limit chosen >>	<< As per limit chosen >>
17	Trip Interruption	<< As per limit chosen >>	<< As per limit chosen >>
18	Bounced Bookings of Airlines and Hotel	<< As per limit chosen >>	<< As per limit chosen >>
19	Hijack Distress Allowance	<< As per limit chosen >>	<< As per limit chosen >>
20	Loss of Passport	<< As per limit chosen >>	<< As per limit chosen >>
21	Loss of International Driving License	<< As per limit chosen >>	<< As per limit chosen >>
22	Up-gradation to Business Class	<< As per limit chosen >>	<< As per limit chosen >>
23	Compassionate Visit	<< As per limit chosen >>	<< As per limit chosen >>
24	Return of Minor Child	<< As per limit chosen >>	<< As per limit chosen >>
25	Political Risk and Catastrophe Evacuation	<< As per limit chosen >>	<< As per limit chosen >>
26	Personal Liability	<< As per limit chosen >>	<< As per limit chosen >>

27	Bail Bond Insurance	<< As per limit chosen >>	<< As per limit chosen >>
28	Home Burglary (Home in India) (in INR)	<< As per limit chosen >>	<< As per limit chosen >>
29	Fire Cover for Building (Home in India) (in INR)	<< As per limit chosen >>	<< As per limit chosen >>
30	Fire Cover for Contents (Home in India) (in INR)	<< As per limit chosen >>	<< As per limit chosen >>
31	Emergency Cash Assistance	<< As per limit chosen >>	<< As per limit chosen >>
32	Maternity Cover	<< As per limit chosen >>	<< As per limit chosen >>
33	Loss of Portable Equipment	<< As per limit chosen >>	<< As per limit chosen >>
34	Travel Loan Secure	<< As per limit chosen >>	<< As per limit chosen >>
35	Visa Fees Protection	<< As per limit chosen >>	<< As per limit chosen >>