

LOAN INSURANCE POLICY

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	Loan Insurance Policy													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Benefit													
4.	Sum Insured (Basis)	<div>Individual Sum Insured<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></div>	Sr. No.	Insured Name	Base Sum Insured										
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5.	Policy Coverage (What the Policy Covers)	<p>The policy covers following:</p> <div><div>I Critical Illness</div><div>II Personal Accident</div><div>III Loss of Job</div></div> <div><div>I. Critical Illness:</div><div>If you are diagnosed with any of the listed Critical Illnesses, the benefit shall be payable after completion of Survival Period of 28 days. The following Critical Illnesses are covered:</div><div>A First diagnosis of the below-mentioned Illnesses more specifically described below:</div><div><div>1. Cancer of Specified Severity</div><div>2. Kidney Failure Requiring Regular Dialysis</div><div>3. Primary Pulmonary Arterial Hypertension</div><div>4. Multiple Sclerosis with Persisting Symptoms</div></div></div> <td>Scope of Cover & Benefits</td>	Scope of Cover & Benefits												

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		<p>B. Undergoing for the first time of the following surgical procedures, more specifically described below:</p> <ol style="list-style-type: none"> 5. Major Organ/ Bone Marrow Transplant 6. Open Chest CABG 7. Aorta Graft Surgery 8. Open Heart Replacement or Repair of Heart Valves <p>C. Occurrence for the first time of the following medical events more specifically described below:</p> <ol style="list-style-type: none"> 9. Stroke Resulting in Permanent Symptoms 10. First Heart Attack of Specified Severity 11. Coma of Specified Severity 12. Total Blindness 13. Permanent Paralysis of Limbs <p>II. Personal Accident: Covers</p> <ol style="list-style-type: none"> 1. Death 2. Permanent Total Disablement <p>III. Loss of Job: We shall pay maximum of 3 EMI Amount(s) falling due in respect of the Loan due to termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment.</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. Breach of Law. 2. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, all kinds and acts of terrorism, riots, strike, malicious acts etc. 3. Ionising radiation or contamination by radioactivity from any nuclear fuel. 4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials. 5. Usage, consumption or abuse of alcohol and/or drugs. 6. Act of self-destruction or self-inflicted injury, attempted suicide or suicide. 7. Any sexually transmitted diseases. 	General Exclusions Applicable to the Policy

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7.	Waiting Period	Initial waiting period: 90 days for Critical Illness and Loss of Job	Scope of Cover & Benefits
8.	Financial Limits of the Coverage	Not Applicable	
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 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>	Scope of Cover & Benefits
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>	
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/0449cac1bcd144b1bb160d3f6b714fbbd.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 	General Conditions Applicable to the Policy, Clause 23

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		Insurance Ombudsman can be accessed at https://www.cioins.co.in/Ombudsman	
12.	Things to remember	<ul style="list-style-type: none"> Free Look Cancellation: The insured will be allowed a period of at least 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. 	General Conditions Applicable to the Policy, Clause 1, Clause 18
13.	Your Obligations	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.	General Conditions Applicable to the Policy, Clause 6

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 | Loan Insurance Policy | UIN: IRDA/NL-HLT/SBIGI/P-H/V.II/114/13-14 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.