Registered Office: 101, 201, 301, Natraj,
Junction of Western Express Highway & Andheri
- Kurla Road, Andheri East, Mumbai -400069

Critical Illness 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 the **Insurer** upon payment of the Premium. This Policy 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, visible and violent means.

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

"Alternative treatments" mean forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

"**Critical Illness**" means an illness, sickness or a disease or a corrective measure like Cancer of specified severity, Open Chest Bag, Aorta Graft Surgery, Open Heart Replacement or Repair of Heart Valves, Stroke Resulting in Permanent Symptoms, First Heart Attack – Of Specified Severity, Kidney Failure Requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ/ Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Coma of Specified Severity, Total Blindness and Permanent Paralysis of Limbs all as defined in Scope of Cover & Benefits section of this Policy.

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

a. **Acute Condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
    i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    ii. it needs ongoing or long-term control or relief of symptoms
    iii. it requires your rehabilitation or for you to be specially trained to cope with it

iv. it continues indefinitely
v. it comes back or is likely to come back.

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

"Congenital Anomaly" means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. **Internal Congenital Anomaly –** Congenital anomaly which is not in the visible and accessible parts of the body.
b. **External Congenital Anomaly –** Congenital anomaly which is in the visible and accessible parts of the body.

"Disclosure to information norm" 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.

"**Day care Treatment**" refers to medical treatment, and/or surgical procedure which is:

a. undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
b. which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"Day Care Hospital/Centre" means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered 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

i. has qualified nursing staff under its employment
ii. has qualified medical practitioner (s) in charge
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

"Hospital": means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
b. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c. has qualified medical practitioner (s) in charge round the clock;
d. has a fully equipped operation theatre of its own where surgical procedures are carried out
e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

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

"Injury" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

"Inpatient Care" means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

"Insured" means You/Your/Your Self the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

"**Insurer**" means Us/Our/We SBI General Insurance Company Limited.

"Medical Advise" means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

"Medically Necessary" Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

a. is required for the medical management of the illness or injury suffered by the insured;
b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a medical practitioner,
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"Medical Practitioner": means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government , and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The registered **Medical Practitioner** should not be the **Insured** or any one of the close family members of the **Insured**.

"Notification of claim" means the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

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

"**Pre-existing Disease**" means any condition, ailment or injury or related condition(s) for which you 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**.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"Surgery/Surgical Operation" means manual and/or operative procedures required for treatment of an 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.

"Portability" means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

"Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

"**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/or also subject to survival of the **Insured** for the minimum assessment periods for covered **Critical Illness**es 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 Insurance Policy with **Insurer**.

SCOPE OF COVER & BENEFITS

Insurer hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to the **Insured** and/or nominees/legal heirs, to pay the following benefits in the manner, for the period and to the extent of the Sum Insured as specified in the **Schedule** to this Policy. For the purposes of this Section and the determination of **Insurer's** liability under it, the **Insured** Event in relation to the **Insured**, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs, symptoms & diagnosis occurs for the first time after 90 days after the commencement of Period of Insurance and shall only include -

1. First diagnosis of the below-mentioned Illnesses more specifically described below:
    a. Cancer of Specified Severity

b. Kidney Failure Requiring Regular Dialysis
c. Primary Pulmonary Arterial Hypertension
d. Multiple Sclerosis With Persisting Symptoms

2. Undergoing for the first time of the following surgical procedures, more specifically described below:
    a. Major Organ/ Bone MarrowTransplant
    b. Open Chest Bag
    c. Aorta Graft Surgery
    d. Open Heart Replacement or Repair of Heart Valves
3. Occurrence for the first time of the following medical events more specifically described below:
    a. Stroke Resulting in Permanent Symptoms
    b. First Heart Attack -of Specified Severity
    c. Coma of Specified Severity
    d. Total blindness
    e. Permanent Paralysis of Limbs

Only one **Critical Illness** claim can be allowed by us during the lifetime of the **Insured**. Without prejudice to the provisions relating to the termination of the Policy mentioned elsewhere, the **Critical Illness Insurance Policy** terminates immediately on the payment of first **Critical Illness** benefit under the Policy.

The maximum benefit amount under **Critical Illness** cover to any **Insured** is INR 5,000,000 including all policies that are issued by the **Insurer**.

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

1. Cancer of Specified Severity

a. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
b. The following are excluded -
    i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
    ii. Any skin cancer other than invasive malignant melanoma
    iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
    iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
    v. Chronic lymphocyctic leukaemia less than RAI stage 3
    vi. Microcarcinoma of the bladder
    vii. All tumours in the presence of HIV infection.

2. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting 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. Diagnosis has to be confirmed by a specialist medical practitioner.

3. 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:

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.

4. Multiple Sclerosis with Persisting Symptoms

a. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
   v. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
   vi. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
   vii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes at least one month apart.

b. Other causes of neurological damage such as SLE and HIV are excluded.

5. Major Organ/ Bone Marrow Transplant

a. The actual undergoing of a transplant of:
   i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
   ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

b. The following are excluded:
   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

6. Open Chest Bag

a. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

b. The following are excluded:
   i. Angioplasty and/or any other intra-arterial procedures
   ii. any key-hole or laser surgery.

7. 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.

8. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9. Stroke Resulting in Permanent Symptoms

a. Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

b. The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. First Heart Attack – Of Specified Severity

a. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
   i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
   ii. new characteristic electrocardiogram changes
   iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

b. The following are excluded:
   i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
   ii. Other acute Coronary Syndromes
   iii. Any type of angina pectoris.

11. Coma of Specified Severity

a. 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:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

b. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12. 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.

13. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

EXCLUSIONS

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this Policy:

No benefit shall be paid for the following circumstances, for the following conditions/ tests/ treatments and/or any **Critical Illness** directly or indirectly arising thereof or there from:

1. Benefits will not be available for any **Pre- Existing Diseases** or related condition(s) or any complications arising thereof for which **Insured** has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of **Insured's** first Policy, unless

such a condition is stated in the Proposal form and specifically accepted by the **Insurer** and endorsed thereon.

2. **Insurer** shall not be liable to make any payment under this Policy in connection with or in respect of any **Insured** Event during the **Waiting Period** as defined under the Policy.
3. Any diseases causing the death of the **Insured** within the stipulated **Survival Period**, measured from the date of incidence of the illness.
4. Any medical procedure or treatment, which is not medically necessary or not performed by a **Medical Practitioner**.
5. Any congenital Illness/Conditions.
6. Any Covered **Critical Illness** arising from Birth control procedures and/or hormone replacement therapy and any complications arising thereof from.
7. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
8. Any Covered **Critical Illness** arising from Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized and any complications arising thereof / there from.
9. Any Covered **Critical Illness** arising from Treatment with alternative medicines like Ayurvedic, Homeopathy & Unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology, aromatherapy and like and any complications arising thereof / there from.
10. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness.
11. Sexually transmitted conditions, mental or nervous disorder, , Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection
12. Use/Abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a **Medical Practitioner** and taken as prescribed
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
14. Participation in 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 (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which **Insured** is untrained;
15. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease
16. Failure to seek or follow medical advice following the diagnosis of any illness/disease/injury.
17. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War
18. Participation in a criminal or unlawful act with a criminal intent.
19. Nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
20. Genetic disorders and stem cell implantation / surgery/storage.

GENERAL CONDITIONS

1. **Free Look Period** - 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, If the insured has not made any claim during the free look period, the insured shall be entitled to-
    a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
    b. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
    c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

2. **Nomination and Assignment:** This Policy is not assignable and no person(s) other than Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this policy.

    The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.

3. **Duties and Obligations of the Insured and Upon the Diagnosis of an Event of Critical Illness:** Upon the occurrence of the Insured event, it is a condition precedent to Insurer's liability to make any payment under this Policy that the Insured and /or a representative of Insured shall immediately and in any event within 60 days of occurrence of Insured event provide Insurer with written notification of a claim, and

    a. The **Insured** an**d/or a** representative **of the Insured** shall expeditiously provide **Insurer** with all relevant information and documentation in respect of the claimed **Insured** event including the documents or information as sought by the **Insurer**. The **Insured** shall submit himself for examination by the **Insurer's** medical advisors as often as may be considered necessary by the **Insurer** for establishing the liability under the Policy. The **Insurer** will reimburse the amount towards the expenses incurred for the said medical examination to the **Insured**.

    b. Insurer shall be under no obligation to make any payment under this Policy till the Insurer has ascertained the validity of the claim and other conditions for admission of claim, as provided under the Policy.

4. **Payment of claims :** If **Insured** is diagnosed / underwent a surgical procedure or any medical condition falling under purview of the definition of **Critical Illness** as mentioned in the Policy that may result in a claim, then as a condition precedent to **Insurer's** liability, **Insured** must provide intimation to **Insurer** immediately and in any event within 60 days of the aforesaid Illness/ condition/ surgical event, if admissible under the Policy and which can be received from **Insured** through various modes like email / telephone/ fax/ in person or may be via letter or any other suitable mode. Upon receipt of information **Insurer** will register the claim under a unique claim number.

    Insured will need to submit the below mentioned documents for the processing of **Critical Illness** Claim:

c. Identity proof of the claimant
d. Dully filled Claim form
e. Copy of **Hospital** summary/Discharge card/treatment advise / medical reference
f. Copy of Medical reports/records
g. Copy of Investigation reports
h. Doctor's certificate
i. Any other relevant document as requested by the **Insurer**.
j. On receipt of claim documents from **Insured**, **Insurer** shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the **Insurer** will make the payment of benefit as per the contract. In case if the claim is repudiated **Insurer** will inform the **Insured** about the same in writing with reason for repudiation. Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/surgical procedure will result in forfeiture of the claim.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the **Insurer** shall have the right to call for an examination of the **Insured** in concurrence with **Insured** or his legal representative on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the **Insurer** and the opinion of such Specialist as to such diagnosis shall be considered binding on both the **Insured** and the **Insurer**.

In the event of death of the **Insured** post the survival period, the immediate family member/relative of the **Insured** and claiming on **Insured's** behalf must inform **Insurer** in writing immediately and send **Insurer** a copy of all the required documents to prove the cause of death within 14 days. **Insurer** upon acceptance of the admission of claim under the Policy shall make payment to the **Insured** or Nominee/legal heirs of the **Insured**, in case of the death of the **Insured post the survival period**.

5. **Penal Interest Provision:** Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

6. **Fraud:** If the **Insured** and/ or **Proposer** shall make fraud by non-disclosure of valid information or misinformation at the application stage or renewal or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

7. **Renewal:** Ordinarily renewal of this policy will not be refused /cancellation will not be invoked by **Insurer** except on ground of fraud, moral hazard or misrepresentation. 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** which may increase the risk to the **Insurer** under the coverage provided hereunder. In case any disease /illness is contracted during the last 12 months from the Policy commencement date (whether a claim is made or not with the **Insurer**), the information on the same needs to be provided to us at the time of renewal. The Policy will automatically terminate at the end of the Policy Period and we are under no obligation to give notice that it is due for renewal.

In case of a Policy that has expired/ not renewed with **Insurer** before the end date of period of insurance and being renewed upon specific acceptance by the **Insurer** within 30 days from the date of expiry of the period of insurance, the cover would be without loss of continuity benefits of **Waiting Period** and coverage of **Pre-existing disease**s. However, no coverage is available for any **Critical Illness**/disease contracted/arising from an illness/disease/accident contracted or inflicted during the period of break in insurance falling between the end date of period of insurance of the original Policy and the commencement date of the Policy renewed within the days from the expiry of the Policy. In the event of any renewal of the policy after 30 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable.

Insurer may cancel this insurance by giving **Insured** at least 15 days written notice and shall refund a pro-rata premium for the unexpired Policy Period. **Insured** may cancel this insurance by giving **Insurer** at least 15 days written notice, and if no claim has been made then the **Insurer** shall refund premium on short term rates for the unexpired Policy **Period** as per the rates detailed below.

a. For Policies with 1 year Term:

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

b. For Policies with 3 years term but cancelled within one year after the free look period:

Same as above. The computation of the refund would be Total premium received - Premium to be retained (short period rate applied on the premium payable for 1 year policy)

c. For Policies with 3 years term and cancelled after completion of 1 year:

The premium refunded would be on pro-rata basis computed as below:
Total premium received*No of days on risk / Total tenure of the policy in days

In the event of a valid claim being made under the Policy and where the **Insurer** makes the claim payment to the **Insured** claimant in terms of the Policy the **Critical Illness Insurance Policy** terminates immediately on the payment of first **Critical Illness** benefit under the Policy and renewal shall not allowed not only for this Policy but also for all other **Critical Illness Insurance Policies** that the **Insured** has with the **Insurer**.

8. Termination of the Policy: The **Critical Illness** cover will cease on the earliest of -

a. Payment of first Critical Illness Benefit under this Policy or other **Critical Illness**

Insurance Policy issued by SBI GIC.

b. The date on which the Policy was lapsed by the **Insured**.

9. Withdrawal of Product: In case of withdrawal of this product insurer will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to insurer's critical illness insurance products available at that time subject to portability condition.

10. Portability: This policy is portable as per Insurance Regulatory and Development Authority (Health Insurance) Regulation, 2013 and you should initiate action to approach another insurer, to take advantage of portability, well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

11. Dispute Resolution

a. 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 3 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 and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

b. It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as hereinbefore provided, if the **Insurer** has disputed or not accepted liability in respect of a claim under this Policy.

c. It is 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 shall be first obtained.

d. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

12. Compliance with Policy Provisions: Failure by **Insured** to comply with any of the provisions in this Policy may invalidate all claims hereunder.

13. Mis-representation: It is specifically and clearly understood by **Insured** that if **Insured** makes any declaration which is not true/false or misrepresentation or suppression of facts in the **Proposal** for Insurance either in the first Policy with the **Insurer** or subsequent Policies obtained and which is a material fact to the claim, in such an event the Policy stands void ab initio and no liability exists to the **Insurer** for the claims thereof.

14. GRIEVANCE REDRESSAL PROCEDURE: In view of our commitment to provide you with the best services, we would like to inform you that if you have any queries / clarifications or grievances under your Policy, please get in touch with our local office at the address mentioned in the Policy. Kindly quote your Policy number in all communication with us. This will help us to deal with the matter faster. In case of non-availability of the policy number, we request you to contact our Insurance advisor or our local Office for the same.

The Company will settle the claims 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.

Our Endeavour would be to resolve your queries / clarifications or grievances, at the first instance itself. But if you feel that the matter was not handled to your satisfaction, we request you to get in touch with our Customer Service Cell at the below mentioned address-

Customer Service Cell / Grievance Redressal Officer
SBI General Insurance Company Ltd.
101-201-301, 1st Floor, Rustomjee Nataraj,
MV Road Junction, Off Western Express Highway,
Andheri - Kurla Road,,Andheri East, Mumbai – 400069
Email – customer.care@sbigeneral.in
Telephone- 022 XXXXXXXXXXXX

It is our commitment to resolve your queries / clarifications or grievances at the earliest. The Insurance Ombudsman is an organization set up by the IRDA to address grievances that are not settled to your satisfaction. Below mentioned are the addresses of these offices that you may get in touch with

CONTACT DETAILS	JURISDICTION
AHMEDABAD - Shri. / Smt. Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: ins.omb@rediffmail.com	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 Fax: 080 - Email: insombudbng@gmail.com	New Centre.
BHOPAL - Shri. Raj Kumar Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.	States of Madhya Pradesh and Chattisgarh.

Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpalbhopal@gmail.com	
BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: ioobbsr@dataone.in	State of Orissa.
CHANDIGARH - Shri. Manik B. Sonawane 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: ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: chennaiinsuranceombudsman@gmail.com	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237539 Fax: 011 - 23230858 Email: iobdelraj@rediffmail.com	States of Delhi and Rajasthan.
GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: ombudsmanghy@rediffmail.com	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri. G. Rajeswara Rao	States of Andhra Pradesh, Karnataka and

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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: insombudhyd@gmail.com	Union Territory of Yanam - a part of the Union Territory of Pondicherry.
Jaipur - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - Fax: 0141 - Email:	New Centre.
KOCHI - Shri. P. K. Vijay Kumar 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: iokochi@asianetindia.com	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
KOLKATA - Shri. K. B. Saha 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: insombudsmankolkata@gmail.com	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW - Shri. N. P. Bhagat 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: insombudsman@rediffmail.com	States of Uttar Pradesh and Uttaranchal.
MUMBAI - Shri. A. K. Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960	States of Maharashtra and Goa.

Fax: 022 - 26106052 Email: ombudsmanmumbai@gmail.com	
Pune - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - Fax: 020 - Email:	New Centre.

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION