

Saral Suraksha Bima, Generali Central Insurance Company Limited

Customer Information Sheet/Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy documents.

SI No	Title	Description	Policy Clause Number
1.	Name of Insurance Product/Policy	Saral Suraksha Bima, Generali Central Insurance Company Limited.	Not Applicable
2	Policy Number	Not Applicable	Not Applicable
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable
4	Sum Insured (Basis)	Sum Insured Options: ₹2.5lakhs to ₹1 crore in the multiples of ₹50,000	Not Applicable
5.	Policy Coverage (What the policy covers?)	Expenses in respect of:	
		Base Covers	Section 4.1
		Accidental Death: 100% of Sum Insured on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.	Section 4.1. a
		Permanent Total Disablement due to accident: 100% of Sum Insured, if an insured Person suffers Permanent Total Disablement within 12 months from the date of the Accident	Section 4.1. b
		Permanent Partial Disablement due to accident: Percentage of Sum Insured, if an insured Person suffers Permanent Partial Disablement within 12 months from the date of the Accident	Section 4.1.c
		Optional covers:	Section 4.2
		Temporary Total Disablement: If the Insured Person sustains an Injury in an Accident during the Policy Period and is unable to engage in any employment or occupation, The company shall pay the benefit as specified in the policy schedule, till the Insured returns to work	Section 4.2.a
		Hospitalization Expenses due to Accident:10% of the Sum Insured, if the Insured is hospitalized due to Accident, during the Policy period	Section 4.2. b
		Education Grant: 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured, if the Insured suffers Death and Permanent Total Disability during the Policy Period	Section 4.3.c
Cumulative Bonus - Sum insured (excluding cumulative bonus) increased by 5%, maximum of 50% of the sum insured.	Section 5		

6	Exclusions (What the policy does not cover)	<p>Standard Exclusions:</p> <ul style="list-style-type: none"> • Breach of law • Investigation & Evaluation • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalization of the insured person, <ul style="list-style-type: none"> ▪ directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. ▪ from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide. ▪ whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. ▪ whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. ▪ due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. • Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: <ul style="list-style-type: none"> ▪ Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. ▪ Nuclear weapons material ▪ The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. ▪ Nuclear, chemical and biological terrorism. • Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law. • Expenses incurred for treatment of accidental injuries which 	Section 6
---	------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

		<p>does not warrant hospitalization.</p> <ul style="list-style-type: none"> Any expenses incurred on Domiciliary Hospitalization and OPD treatment. Treatment taken outside the geographical limits of India. All expenses listed in Annexure-1 (List I) of the Policy 							
7.	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage 	Not applicable	Not applicable						
8	<p>Financial Limits of Coverage,</p> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures.</p> <p>In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1" data-bbox="456 1033 1338 1205"> <tr> <td>Temporary Total Disablement</td> <td>0.2% of Sum Insured</td> </tr> <tr> <td>Hospitalization Expenses due to Accident</td> <td>Up to 10% of Sum Insured</td> </tr> <tr> <td>Education Grant</td> <td>Up to 10% of Sum Insured</td> </tr> </table>	Temporary Total Disablement	0.2% of Sum Insured	Hospitalization Expenses due to Accident	Up to 10% of Sum Insured	Education Grant	Up to 10% of Sum Insured	Not applicable
Temporary Total Disablement	0.2% of Sum Insured								
Hospitalization Expenses due to Accident	Up to 10% of Sum Insured								
Education Grant	Up to 10% of Sum Insured								
	<p>ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder</p>	Not applicable	Not applicable						
	<p>iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from</p>	Not applicable	Not applicable						

	total claim amount (if claim amount is more than the specified amount)		
	iv. Any other limit (as applicable)	Not applicable	Not applicable
9.	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: Within 1 hour of receipt of preauthorization request</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the Hospital</p> <p>Please find below the details /web link for following:</p> <p>i. Network hospital details https://generalicentralinsurance.com/hospital-locator</p> <p>ii. Helpline Number (toll-free) - 1800 209 1016 / 1800-103-8889</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. https://generalicentralinsurance.com/hospital-locator Downloading/getting claim form https://generalicentralinsurance.com/customer-service/downloads</p>	Section 7.20
10.	Policy Servicing	<p>a) Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing: 1800 103 8889/1800 209 1016 Timing: 24*7</p> <p>b) Details of company officials Policy Servicing Office: Please refer Policy Schedule</p>	Not Applicable
11	Grievances/ Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal</p> <p>-Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GCicare@generalicentral.com • Website: https://generalicentralinsurance.com <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: https://www.ciains.co.in/ombudsman</p>	Section 7.9
12.	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. 	Section 7.8

		<p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies.</p> <p>In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling our helpline number 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person 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 Insured Person, a deduction towards the proportionate risk premium for period of cover or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 	
		Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section 7.15
		<p>Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer.</p> <p>The e-mail and address to be contacted for outward portability is: Customer Service Cell, Generali Central Insurance Company Ltd. Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: GCIcare@generalicentral.com</p>	Not Applicable
		Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	Not Applicable
		Moratorium Period- After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	Not Applicable
13.	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.	8.1

		Disclosure of other material information during the policy period.	
--	--	--------------------------------------------------------------------	--

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policyholder)

Note

- i. The web- link where the product related documents including the Customer Information Sheet are available on the website of GCI is at <https://generalicentralinsurance.com/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. **Your confirmation being the policyholder regarding receiving of the Customer Information Sheet is necessary.**



Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gccicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800
ISO No: GCH/HP/SSB/CIS/001