





Name: Mr. dDA ASDAS

Contact No.: +91-9172917927

Address: kacks,797hkda,bakvlva,

Ghaziabad.

Uttar Pradesh-201012,India.

Intermediary Code: 0000909

Policy Number: POASAN00100008729

Intermediary Name: Direct Internet

Dear Valued Customer,

We at SBI General thank you for choosing our Arogya Sanjeevani Policy SBI General Insurance Company Limited. You have made the right choice regarding your health and well-being with this policy. We are enclosing certain documents pertaining to your policy which outlines the details of risk and cover as proposed by you.

Policy schedule

- Customer Information sheet
- Customer Service & Grievance Procedure Proposal Form
- Customer imormation sile
- Policy Terms & Conditions
- https://content.sbigeneral.in/uploads/3f2a5458f1284f88813496e04e5c98b0.pdf
- NetworkHospital List

https://www.sbigeneral.in/portal/contact-us/hospital

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

Your Customer ID : Your Policy Number : POASAN00100008729

What your policy covers?

- Hospitalization Cover
- Pre-Hospitalization of 30 days
- Post hospitalization of 60 days

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







Policy Schedule

Policy No: POASAN00100008729 Servicing Branch Office:

SBI General Insurance Company Limited

Issue Date: 31/01/2022 Registered Office: & Corporate Office: 9th Floor, A&B Wing, Fulcrum

Building, Sahar Road, Andheri East, Mumbai - 400099.

Intermediary Details

Intermediary Name: Direct Internet Intermediary Code: 0000909

Intermediary Contact Details: Land Line No: null Mobile: +91-9940661746

Proposer Details							
Proposer Name	Mr. dDA ASDAS						
Address	kacks,797hkda,bakvlva, Ghaziabad, Uttar Pradesh-201012, India.						
Period of Insurance	From: 01/02/2022T00:00:00 (00:00)Hrs To: Midnight of 31/01/2023						
PAN No.							
Premium Frequency	Yearly						
Date of inception first insurance policy							
Cover Opted	Individual Family						
Previous Policy No. (if any)							
Nominee (Name, Age & Relationship)	ranfn vadnla,18,Child						
Appointee (Name & Relationship), if any							

	Insured person's details										
Name of the Insured person	sured Member Id Gender		member		1st Policy Age		Relationship with primary Insured	Sum Insured Opted per Year (in INR)	Cumulative Bonus (in INR)		
dDA ASDAS	NA	М	NA	02/01/1995	NA	27	Self	500,000.00	0.00		
asdasdas asdasd	NA	М	NA	01/11/2021	NA	0	Son	500,000.00	0.00		

Name of the Insured Persons	Pre-Existing Disease / Hospitalisation/ Medical Treatment/ Surgery History	Special Exclusions
dDA ASDAS	NA	NA
asdasdas asdasd	NA	NA





Additional loading Details (if any)						
Name of the Insured Reason for additional loading (Habit & Disease)						
dDA ASDAS	NA					
asdasdas asdasd	NA					





	Premium Details							
	Particulars	Amount(INR)						
Α	Basic Premium	7,380.00						
В	Add on Premium	0.00						
С	Medical Underwriting loading on (A+B)	0.00						
D	Discount on (A+B+C)	0.00						
E	Net Premium (A+B+C-D)	7,380.00						
F	GST (18%)	1,328.40						
G	Kerala Flood Cess @1%	0.00						
	Final Premium (E + F)	8,708.00						

	Instalment Schedule					
Г	Instalment Frequency	Instalment Due Date				
	Annual / Quarterly / Half-Yearly /Monthly : Yearly					

Receipt No: pay_IqKyI6b2sgOOII	Receipt Date:31/01/2022

Consolidated Stamp Duty paid Rs. 50.00/- towards Insurance Policy Stamps vide Order No.CSD/89/2020/1688 Dated 31/01/2022 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at: Mumbai	For SBI General Insurance Company Limited				
Date: 31/01/2022	Ambro.				
	Authorized Signatory				

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 being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonour 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.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.

The Policy is not transferable/assignable to any third parties by the Insured. However, if the Insured is permanently incapacitated or deceased, the nominee/legal heirs of the Insured may represent him/her in respect of claim under the Policy.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.





CONTACT DETAILS IN CASE OF CLAIMS

Email: customer.care@sbigeneral.in;

seniorcitizengrievances@sbigeneral.in (for Senior Citizens)

Toll Free number: 1800221111, 18001021111

Website: www.sbigeneral.in

Fax No: 1800227244, 18001027244

TPA Details:

Name: Paramount Health Services Tpa Pvt Ltd

Address: PLOT A-442,RD NO 28,WAGLE INDUSTRIAL Estate,Wagle

I.E., Thane, Thane, Maharashtra, India-400604

For complete details of Coverage & Policy Wording, kindly visit our website -

In the unfortunate event of a claim our Customer Care may be informed on the toll free numbers or email may be sent to customer.care@sbigeneral.in quoting the Policy No. of the insured which appears on the policy schedule of Insurance overleaf.

GRIEVANCE REDRESSAL PROCEDURE

Grievance Redressal Procedure: We value your relationship and are committed to offer you best in class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation.

Step 1: Call us at 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customercare@sbigeneral.in. If you don't hear from us within 48 hrs. please follow Step 2

Step 2: If you are not happy with the resolution provided, please write to Head - Customer Care at our Registered Office address printed overleaf. If after having followed Step 1 and Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for redressal of your grievance





PREMIUM CERTIFICATE

Certificate for the purpose of deduction under section 80-D of Income Tax(Amendment)Act,1986

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

Transaction Id: pay_IqKyI6b2sgOOII

This is to certify that Mr. dDA ASDAS has paid Rs. 8708.00 towards the premium for Health Insurance vide Direct Credit

Transaction ID/Cheque No.pay_IqKyI6b2sgOOII for the period from 01/02/2022T00:00:00 To 31/01/2023 Midnight for Policy Number: POASAN00100008729



This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting premium.





				GST TAX I	NVOICE						
GST Invoice No:							GST Invo	oice Date:	01/02/202	22T00:00:00	
GSTIN/Unique No: (SBI General)	SBI General State UP										
SBI General Branch Address:		Insurance Com			g, Fulcrum I	Building, Sa	ahar Road, A	ndheri East, I	Mumbai - 4	00099.	
			ı	Details of Pol	icy Holder:						
Name:	Mr. dDA AS	DAS									
Address:	Ghaziabad,	Uttar Pradesh-201012,									
								Place of supply		Uttar Pradesh	
Policy Holder State	Uttar Pradesh						Whether invoice under Reverse Charge		No		
GSTIN/Unique No:							Policy	Number	POASANO	0100008729	
Insurance Product	Premium		KFC CGST		SGST/ UTGST		IGST				
Name	HSN Code	(without Taxes)	Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount	
Arogya Sanjeevani Policy	NA	7,380.00	1%		9.00%	664.20	9.00%	664.20	0.00%	0.00	
Total Invoice Value (In Figures) 8,708.00							State of the state				
Taxes Applicable	1,328.40							Authorize	d Signatory	•	
SBI General Receipt No:	Kyl6b2sgOOI			Receipt	Date:	31/	01/2022				







SURAKSHA AUR BHAROSA DONO

Policy Number: POASAN00100008729

TPA Name: Paramount Health Services Tpa Pvt Ltd

Name: dDA ASDAS

Member ID: POASAN00100008729-PI

Start Date: 01/02/2022T00:00

Relation: Self Gender: Male

Age: 27

SBI General Insurance Company Limited IRDA Reg. No. 144 dated 15/12/2009

Toll Free Customer Helpline No. of TPA: 1800 209 0221 Email: contact.phs@paramounttpa.com Visit us:



Paramount Health Services (TPA) Pvt. Ltd.

PLOT NO. A-442,Road No. 28, M.I.D.C.,Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukhmani Mandir, Thane West Pin Code - 400604 24 Hours Helpline-Mumbai: (022) 66620808 Fax: (022) 28259543/9743

Bangalore: (080) 2237 1234 Chennai: (044) 4343 5959
Delhi: (011) 41637594/95/96 Kolkata: (033) 2356 7005/08

This card identifies you as SBI General beneficiary and valid for cashless hospitalization at TPA Network Hospitals subject to your policy terms and valid authorization letter from the TPA. Presentation of a valid photo identity along with this card is mandatory to avail cashless access at TPA Network Hospitals. Insured needs to pay for non-medical hospitalization bills, amount in excess of limit specified in authorization letter and conditions not covered in the policy. In case of any concerns / clarifications related to policy and service, please do not hesitate to get in touch with your insurer i.e. SBI General at customer.care@sbigeneral.in or call Customer Care Toll Free Numbers 1800-102-1111 or 1800-22-1111







SURAKSHA AUR BHAROSA DONO

Policy Number: POASAN00100008729

TPA Name: Paramount Health Services Tpa Pvt Ltd

Name: asdasdas asdasd

Member ID: POASAN00100008729-S1

Start Date: 01/02/2022T00:00

Relation: Son Gender: Male

Age: 0

SBI General Insurance Company Limited IRDA Reg. No. 144 dated 15/12/2009

Toll Free Customer Helpline No. of TPA: 1800 209 0221 Email: contact.phs@paramounttpa.com Visit us:



Paramount Health Services (TPA) Pvt. Ltd.

PLOT NO. A-442,Road No. 28, M.I.D.C.,Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukhmani Mandir, Thane West Pin Code - 400604 24 Hours Helpline-Mumbai: (022) 66620808 Fax: (022) 28259543/9743

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