

To
DELHI AUTOMATION SYSTEMS
C-174, STREET NO 3, SHIV VIHAR
KARAWAL NAGAR PHASE 2, EAST DELHI, DELHI
Delhi, DELHI - 110094, INDIA

Date : 07-02-2024

Subject : Policy Number : 4101230200000156-01

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. 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 Number.

Customer ID : C13723

Policy Number : 4101230200000156-01

The Postal Address of your SBI General Branch that will service you in future is :
1st Floor, SCO No-7, Sector-14, Gurugram-122001, Haryana

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 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

SBI General Insurance Company Ltd., Registered Office: & Corporate
Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum
Building, Sahar Road, Andheri East, Mumbai-400099.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101230200000156-01	Servicing Branch Office : 1st Floor,SCO No-7,Sector-14,Gurugramû122001,Haryana	Issue Date : 07-02-2024
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Intermediary Details :

Intermediary Name	PolicyBazaar Insurance Brokers Pvt Ltd	
Intermediary Code	0065359	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	DELHI AUTOMATION SYSTEMS
Address	:	C-174, STREET NO 3, SHIV VIHAR KARAWAL NAGAR PHASE 2, EAST DELHI, DELHI Delhi, DELHI - 110094, INDIA
Period of Insurance	:	From 02-02-2024 (00:00:00 Hrs) to 01-02-2025 (23:59:59 Hrs)
Previous insurance policy no, if any	:	4101230200000156-00
Name of the Administrator / TPA	:	SBI General Insurance
No of Primary Insured Persons covered	:	7 Employees
Total No of Insured Persons Covered	:	7 [Commencement of Policy]
Total Sum Insured	:	3,500,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	07AALFD7550K1Z2
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230200000156-01

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalisation of 30/60 days respectively.
- * Cashless and Reimbursement Policy.
- * Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.
- * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer and subject to intimation received within 45 days from date of joining in the company for addition of new joiners during the policy period
- * Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data" after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.
- * Expiring Policy copy with benefit chart and latest claims data to be provided at the time of binding of the quote. Also above quoted premium in this quote is subject to final inception data would be same as demography mentioned above.
- * External Congenital diseases covered for Life threatening conditions :-1. inguinal and abdominal Hernia 2. Casudal Regression Syndrome 3. Imperforate Anus 4. Spina Bifida 5. Congenital Cataract 6. Bicronal Cranio Synthesis Above will be consider as life threatning and can be covered. Other conditions will be out of scope of the policy.
- * Coverages, SI, family definition, terms & conditions are strictly as per expiring policy except as specified.
- * Mid term increase in SI is not allowed.
- * Genetic Disorder covered upto 25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured which ever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- * HIV/AIDS/Mental Illness 10% of Individual or Family SI limit or Rs 1 lac per insured whichever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- * Treatment for Refractive Error Covered with refractive error +/- 7.5
- * No individual can be covered more than once in the policy ? specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once
- * The policy excludes treatment/coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as per Policy Schedule
- * Administration/ Registration/ Service Charges & Misc. Charges are not payable

* Reasonable and Customary Charges will be applied on re-imbusement claims from non network hospitals where medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

* In case employees/ Dependents are covered on voluntary basis, it is mandatory to declare it at

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the time of quotation only else we reserve the rights to revise or withdraw our quote

* Rate chart given with quotation is valid for demography enclosed in this quotation only. In case of change of member demography the premium and rate chart would be revised.

* In case there is per family rate chart then in final data employee vs Dependent ratio should be same as data given at the time of quotation. In case there is change in ratio then rate chart is liable to change.

* Group to Retail portability clause Continuity benefit will be provided as per retail medical underwriter.

* In case of deletion, there will be no refund for members who have claimed. (No refund for entire family in case there is per family premium). In case of deletion, if intimation will be provided later than the DOL and any claim has been taken by the member in that period, Recovery of the claim amount need to be made from the corporate.

* Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer .

* Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse/ children would be allowed within 30 days of date of joining, marriage / birth respectively.

* Additional premium for each additional member. Per person premium would be provided by Group Underwriter once the quote is finalized. The list of members submitted at the inception of the policy will be considered as final

* Client to ensure that they maintain sufficient CD balance though out the policy period to avoid 64vb compliance issue at the time of endorsements.

* Minimum and Maximum age at entry for Employee is 18 years and 65 years

* Domiciliary Hospitalization- Domiciliary Hospitalization covered up to 20% of the Basic Sum Insured or up to Rs.20,000 or actuals whichever is less

* Maternity Benefit - Maternity Not covered

* 9 months waiting period - 9 month waiting period not applicable for maternity

* Baby cover from Day 1 - Baby not covered

* Congenital internal disease cover - Covered for within floater SI. External Congenital covered for Life Threatening Conditions.

* Ambulance charges - Rs 1000 per hospitalisation

* Co-Payment - Nil

* Corporate Buffer- Corporate Buffer not applicable

* Additional limit for Critical illness - Not covered

* Ayurvedic Cover - Not covered

* Homeopathic Medicine & Unani Treatment Cover - Not covered

* Outpatient Treatment (OPD) Cover - OPD treatment not covered

* Dental Expenses Cover - Dental OPD treatment not covered

* Room Rent Capping - covered up to Normal-1% of Rs, 5,00,000 & ICU-2% of Rs. 5,00,000

In case insured opts for a higher room category than eligibility:

1) For normal Room : Proportionate deductions will be applicable on defined nullassociate

medical expenses. Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses

- a. Cost of Pharmacy and consumables
- b. Cost of implants and medical devices
- c. Cost of diagnostics

2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc.

* Advance Procedures - Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured? for below mentioned procedure A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered Corporate Buffer not to be utilised for above ailments/ Procedure

* Toric Lens covered - Only Lens Cost restricted upto 30,000/- per eye

* Wellness/Health check up Benefit - This Quote is without wellness benefit & Health check up facility.

* Coverage applicable is as per the benefit chart, annexure A attached along with.

* All other terms and conditions as per Group Health Insurance Policy wordings

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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Premium Computation

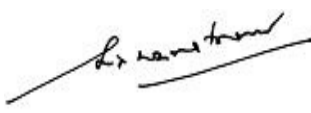
Particulars	Amount (INR)
Gross Premium	25,100.85
IGST : @18.00%	4,518.15
Final Premium	29,619.00

Collection Details: Receipt No. 4401240200000071

Receipt Date. 07-02-2024

Consolidated Stamp Duty paid INR 50.0/- towards Insurance Policy Stamps vide Order No. CSD/110/2023 dt 28.08.2023 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 HO	For SBI General Insurance Company Limited
Date : 14-02-2023	Signatory : 

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Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company 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 dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

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

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ANNEXURE 'A' (Category Chart)

Group	SI 5 LACS R1
Covers	LIMITS
Family Definition	Individual option SELF.
Type of Cover	Individual
Sum Insured	500,000.00
IN-PATIENT	Maximum limit : 500,000.00
CONGENITAL DISEASE	Maximum limit : 500,000.00
PRE-EXISTING DISEASE	Maximum limit : 500,000.00
DOMICILIARY	Maximum limit : 20,000.00
BED LIMIT	Maximum limit : 5,000.00
INTENSIVE CARE UNIT	Maximum limit : 10,000.00
AMBULANCE ONLY	Maximum limit : 1,000.00
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)
COPAY	Network/Non-Network copay not applicable

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ANNEXURE 'B'

Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00	25,100.85	4,518.15	29,619.00
Total		100.00	25,100.85	4,518.15	29,619.00

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INTIMATING A CLAIM

Phone : 1800 210 3366, 1800 210 6366 (Toll free)

Email : sbig.health@sbigeneral.in

Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra - 411 045

Contact Person: SBI General Insurance

CLAIM SETTLEMENT

The Company will settle the claim 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 Policyholder's Interest Regulations 2017.