

To,
HLL LIFECARE LIMITED

Date: 28/10/2024

HLL BHAVAN, CORPORATE HEAD OFFICE
POOJAPURA, TRIVANDRUM,
Trivandrum, KERALA, INDIA, PIN -695012

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Personal Accident 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.

Your Customer ID : C16017
Your Policy Number : 4102241000000207-00

The Postal Address of your SBI General Branch that will service you in future is:
Trivandrum, IInd Floor, Taarra Towers, TC 9/2596(06),Vellayambalam-Sasthamangalam Road,Sasthamangalam P.O, Trivandrum: 695010-,
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

| | | |
|------------------------------------|--|----------------------------|
| Policy No : 4102241000000207-00 | Servicing Branch Office : Trivandrum, IInd Floor, Taarra Towers, TC 9/2596(06),Vellayambalam-Sasthamangalam Road,Sasthamangalam P.O, Trivandrum: 695010-, | Issue Date : 28/10/2024 |
|------------------------------------|--|----------------------------|

Intermediary Details:

| | | |
|---------------------------------|-----------------------------------|--------------|
| Intermediary Name | SBI General Insurance Direct Code | |
| Intermediary Code | 0061174 | |
| Intermediary Contact Details | Mobile No. | Landline No. |

Insured Details:

| | |
|-------------------------------|--|
| Name of the Insured/Proposer | HLL LIFECARE LIMITED |
| Address | HLL BHAVAN, CORPORATE HEAD OFFICE POOJAPURA, TRIVANDRUM, Trivandrum, KERALA - 695012, INDIA |
| Period of Insurance | 23/10/2024 (00:00:00 Hrs) to 22/10/2025 (23:59:59 Hrs) |
| Previous policy no, if any | - |
| No of Insured Persons Covered | 207 [Commencement of Policy] |
| Total Sum Insured | Rs.75600000.00/- |
| Details of Insured Persons | - |
| Coverage Details | Accidental Benefit, Permanent Partial Disability, Temporary Total Disability, Permanent Total Disability |
| Add ON'S or Riders Opted | As per Annexure "A" |
| Deductible | As per annexure attached |
| Other Policies Details | NA |
| GST No | 32AAACH5598K7Z4 |

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

Additional Conditions :

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

| Remarks - |
|---|
| <div><div>* Quote is subject to condition that number of accidental death claims were Nil in expiring policy till date.</div><div>*Quote is subject to condition that incurred claims was Nil in expiring policy till date.</div><div>*Quote is subject to condition that the group size at the beginning of the expiring policy was -----</div><div>* Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer and intimation received within window period for addition.</div><div>*It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.</div><div>*Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month and sufficient CD balance being maintained.</div><div>*Coverages,SI, terms & conditions are strictly as per expiring policy except as specified.</div><div>* Occupational Hazards are excluded - like gas inhalation in chemical factory, tar factories etc.</div><div>* Insect bite excluded</div><div>* The Risk which can be covered under WC policies and if already compensated there, the claim would not be paid under GPA policy.</div><div>* Infectious or Contagious Disease Exclusion during a PHEIC</div><div>* Terrorism by nuclear and/or chemical and/or Biological</div><div>* This quote is subject to information provided on nature of activities, number of insured persons declared and Sum insured. If information changes, the quote needs to be re-approved.</div><div>*The Policyholder shall immediately notify the Company of any and all changes during the Policy Period to the Insured persons professional activity or occupation as stated in the policy schedule.</div><div>*Mid term increase in SI is not allowed unless it is specified.</div><div>*Disablement benefit due Terrorism, Riot & Strike is covered under the scope of the policy excluding Terrorism by Nuclear, Chemical & Biological means.</div><div>* Snake and animal bite is covered under the scope of the policy.</div><div>*Maximum any one life limit shall not exceed Rs.600000/-</div><div>* Maximum any one accident limit shall not exceed: Rs.75600000</div><div>*Minimum and maximum age at entry is restricted to 18 years and 65 years respectively for employees</div><div>*Minimum and maximum age at entry is restricted to 14 years and 30 years respectively for students</div><div>* Insured Details - Only permanent employees of the organization are covered.</div><div>* Policy Basis - Named Basis</div><div>* Operative Time -24 Hours</div></div> |

| GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE |
|--|
| UIN - SBIPAGP11005V011011 |
| Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00 |
| <div><div>* Territory Restriction - No Territory Restriction</div><div>* Terrorism - Covered for all however terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from scope of this policy</div><div>* Accidental Death - Covered for All</div><div>* Permanent Total Disablement - Covered for All</div><div>* Permanent Partial Disablement - Covered for All</div><div>* Temporary Total Disablement - (only for staff) 1% of SI per week for maximum for 104 weeks.</div><div>* Ambulance cover - The amount payable for this cover shall be limited to Rs.5,000/- per incident/accident.</div><div>* Repatriation of remains and Funeral Expenses - The amount payable for this cover shall be limited maximum of Rs.5,000/-.</div></div> |

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

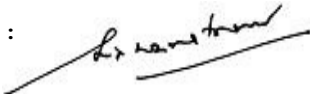
Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

Premium Computation

| Particulars | Amount (INR) |
|---------------|----------------|
| Gross Premium | |
| IGST :18% | |
| CGST :9% | |
| SGST :9% | |
| Final Premium | |

Collection Details :

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 : 28/10/2024 | : | Signatory :  |

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

Important Note:

Please examine this Policy including its attached Schedules/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 diseases 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 authorized 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.

Grievances Redressal Procedure

Stage 1:

If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111(24*7)

Stage 2:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, 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/0449cac1bcd144bbb160d3f6b714fbbd.pdf/>

Stage 3:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link

<https://bimabharosa.irdai.gov.in/Home/Home>

Stage 4:

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 Insurance Ombudsman can be accessed at (<https://www.cioins.co.in/Ombudsman>)

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

Annexure "A"

| | |
|------------------------------|-----------------------------------|
| Group Name | HLL LIFECARE LIMITED |
| Covers | Limits |
| Insured Details | - |
| Policy Basis | NAME BASED |
| Territory Restriction | No Territory Restriction |
| Accidental Benefit | Covered for All |
| Permanent Partial Disability | Covered for All |
| Repat and Funeral Benefit | The amount payable for this co... |
| Temporary Total Disability | (only for staff) 1% of SI per ... |
| Ambulance cover | The amount payable for this co... |
| Permanent Total Disability | Covered for All |
| Terrorism Cover | Covered for all however terror... |

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UIN - SBIPAGP11005V011011

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GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:

Phone: 1800-102-1111/1800-22-1111(24*7)

E mail - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

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 Policyholders’ Interest Regulations 2017.

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

| | | |
|--|----------------------|-------------------|
| Branch Office Address : Trivandrum IInd Floor, Taarra Towers, TC 9/2596(06),Vellayambalam-Sasthamangalam Road,Sasthamangalam P.O, Trivandrum: 695010-, | Receipt No: | 44012410000000523 |
| | Date: | 28/10/2024 |
| | Branch : | 00020 |
| | Party/Depositor ID : | |

| | | | |
|------------------|--|----------------------|---------------|
| Receipt | | | |
| Party ID | Quote/Policy/CD No. | Name of Party | Amount(Rs.) |
| 0000000072698772 | 4201241000000346 /4102241000000207 -00 /C16017 | HLL LIFECARE LIMITED | Gross Premium |
| | | | CGST: 9% |
| | | | SGST: 9% |
| | | | IGST: 18% |
| Total | | | |

GROUP PERSONAL ACCIDENT INSURANCE POLICY - POLICY SCHEDULE

UIN - SBIPAGP11005V011011

Attached to and forming part of Group Personal Accident Insurance Policy No 4102241000000207-00

Disclaimer

- 1. Receipt subject to realisation of instrument submitted
- 2. Kindly refer to the policy document for time of commencement of cover

PAN No. of SBI General: AAMCS8857L

GST No: 23AAMCS8857L1ZK

For and on behalf of SBI General Insurance Co. Ltd.



Authorized Signatory

GROUP PERSONAL ACCIDENT

CUSTOMER INFORMATION SHEET

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 | GROUP PERSONAL ACCIDENT | |
| 2. | Policy Number | 4102241000000207-00 | |
| 3. | Type of Insurance Product/ Policy | Both Indemnity and Benefit | |
| 4. | Sum Insured (Basis) | Individual - Max Sum Insured - 600000 and Minimum SI 200000 | |
| 5. | Policy Coverage (What the Policy Covers) | <p>"Following are covered up to the limit specified in the policy schedule:</p> <ol style="list-style-type: none"> 1. Accidental Death Cover. 2. Permanent Total Disability cover. 3. Permanent Partial Disability cover. 4. Temporary Total Disability cover. 5. Ambulance cover. 6. Repatriation of remains and Funeral Expenses cover. <p>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule."</p> | Coverage |

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
|---------|---|--|-------------------------------|
| 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"> Any pre-existing disability, disease or any complication arising from it; or Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or Serving in any branch of the Military or Armed Forces of any country, whether in peace or War; or Being use/ abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed; or Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion or. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power. <p>Note: The exclusions mentioned above shall not be applicable if cover is opted under the policy.</p> | Exclusions |
| 7. | Waiting period | Not Applicable | Waiting period and exclusions |

| | | | |
|----|---|--|-------------------|
| 8. | Financial Limits of the Coverage | In case of a claim, this policy requires you to share the following costs: In case of a claim, this policy requires you to share the following costs as per the limits specified below or as per the limits as specified in the Policy Schedule or Certificate of Insurance: | Scope of Coverage |
|----|---|--|-------------------|

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
|---------|--------------------------------|--|---------------------------|
| 9. | Claims/ Claims Procedure | <p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</p> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> 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 Toll Free number: 1800 210 3366, 1800 210 6366 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> | Terms and conditions |
| 10. | Policy Servicing | <p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800102111 (24*7).</p> <p>Website: www.sbigeneral.in</p> | |
| 11. | Grievances/ Complaints | <p>Stage 1:</p> <p>If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 (24*7)</p> <p>Stage 2:</p> <p>In case, you are not satisfied with the decision/resolution</p> | General terms and clauses |

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
|---------|--------------------|---|---------------------------|
| | | <p>communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigeneral.in or contact at 022-45138021.</p> <p>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:</p> <p>https://content.sbigeneral.in/uploads/0449cac1bcd144bb b160d3f6b714fbbd.pdf</p> <p>Stage 3:</p> <p>In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link</p> <p>https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 4:</p> <p>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 Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman)</p> | |
| 12. | Things to remember | <ol style="list-style-type: none"> 1. Free Look Cancellation: The insured will be allowed a period of at least 30 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. 2. Policy renewal: The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. | General terms and clauses |

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
|---------|-------------------------|--|---------------------------|
| 13. | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder</p> | General terms and clauses |

Declaration by the Policy Holder: I have read the above and confirm having noted the details Place:

.....

Date:

Signature of the Policyholder

Note:

- a) For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | CIN: U66000MH2009PLC190546 | Tollfree: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | Group Personal Accident, UIN: SBIPAGP11005V011011. 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 Limited | Group Personal Accident | UIN: SBIPAGP11005V011011

Tollfree: 18001021111 | Visit: www.sbigeneral.in