

I. Salient Features of the Policy

A. Primary covers.

- Accidental Death
- Permanent Total Disablement.
- Permanent Partial Disablement
- Temporary Total Disablement.

B. Additional covers:

- Repatriation Benefit and Funeral Expenses (Inbuilt Cover)

On payment of additional premium, following covers may be opted

- Child Education Support
- Life Support Benefit
- Accidental Medical expenses
- Accidental Hospitalisation
- Hospital Cash Allowance
- Loan Protector
- Adaptation Allowance
- Family Transportation Allowance

II. Definitions

Following words are phrases whenever they appear in bold in this Policy wording have special meanings as defined below against each of them:

You, Your, Yourself	The Policy holder shown in the Schedule
We, Our, Us, Insurer	Future Generali India Insurance Company Limited
Schedule	That portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule .
Proposal	The application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us in considering whether and on what terms to offer this insurance
Policy	The complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments, if any.
Occupation	Occupation of Insured Persons as shown in the Schedule or as declared to Us in the Proposal
Policy Period	The period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule
Accident	Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Injury/ Accidental Bodily Injury	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 .
Medical Practitioner	Medical Practitioner is 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 his licence. The registered practitioner

	should not be the insured or close family members.
Accidental Death	Death due to Accident .
Permanent Total Disablement	Means disablement which entirely prevents an Insured Person from attending to any Business or Occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.
Permanent Partial Disablement	A Medical Practitioner certified total and continuous loss or impairment of a body part or sensory organ specified in the "Table of events."
Temporary Total Disablement	Means disablement which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or Occupation and shall be payable for a maximum period of 100 weeks during such disablement from the date on which the Insured Person first became disabled.
Total Sum Assured	The amount stated in the Schedule , is the maximum amount We will pay for claims made by You in one Policy Period irrespective of the number of claims You make or the number of years that You have had Personal Accident Policy with Us .
Principal Sum Insured	The highest of the sum insured mentioned for Accidental Death or Permanent Total Disablement or Permanent Partial Disablement Benefit.
Reasonable & Customary Charges	Reasonable & Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.
Hospital	Hospital/ Nursing Home 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 Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under: <ul style="list-style-type: none"> • has qualified nursing staff under its employment round the clock; • has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places; • has qualified Medical Practitioner in charge round the clock; • has a fully equipped operation theatre of its own where surgical procedures are carried out • maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Fingers or Toes	Whether in the singular or plural, means the digits of a hand or foot

Insured Person	Whether in singular or plural means the person(s) who come within the description of Insured Persons stated in the Schedule , who are nominated by You from time to time and for whom premium has been paid.
Policy Holder	Organization stated in the Schedule
Limb	Whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle
Day Care Treatment	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.
Intensive Care Unit	Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
Inpatient Care	Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
Emergency Care	Emergency Care means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
Grace Period	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.
Pre-Existing Disease	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	Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Medical Advice	Medical Advice means Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
Medical expenses	Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner , as long as these are

	no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Co-Payment	A Co-Payment is a cost-sharing requirement under a health insurance Policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum insured
Deductible	A Deductible is a cost-sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer . A Deductible does not reduce the sum insured.
Dependent Child	A Dependent Child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.
Medically Necessary	Medically Necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which <ul style="list-style-type: none"> • is required for the medical management of the Illness or Injury suffered by the insured; • must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; • must have been prescribed by a Medical Practitioner, • must conform to the professional standards widely accepted in international medical practice or by the medical community in India
Network Provider	Network Provider means hospitals or health care providers enlisted by an Insurer or by a TPA and Insurer together to provide medical services to an insured on payment by a cashless facility.
Non- Network	Any Hospital, Day care centre or other provider that is not part of the network.
Surgery	Surgery or Surgical Procedure means manual and/ or operative procedure (s) required for treatment of an Illness or 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 .
OPD treatment	OPD treatment one in which the Insured visits a clinic/ Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner . The Insured is not admitted as a day care or in-patient.
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.
Illness	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.
Day care centre	A Day care centre means any institution established for Day Care Treatment of Illness and/or injuries or a medical set -up 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:- <ul style="list-style-type: none"> • has qualified nursing staff under its employment • has qualified Medical Practitioner in charge • has a fully equipped operation theatre of its own where surgical procedures are carried out • maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
Unproven/ Experimental treatment	Unproven/ Experimental treatment including drug experimental therapy which is not based on established medical practice in India, is Unproven/ Experimental treatment .
Condition Precedent	Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
Notification of Claim	Notification of Claim is 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.
Disclosure information norm to	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.
Subrogation	Subrogation shall mean the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from another source.
Contribution	Contribution is essentially the right of an Insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
Renewal	Renewal defines 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.
Room rent	Room rent means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical expenses .
Alternative treatments	Alternative treatments are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
Portability	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.
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III. Policy Benefits:

Following an **Accidental Bodily Injury** to **Insured Person** which results in any of the events listed in the Table of Events, **We** will pay **You** such percentage stated against the event in the Table of Events of the sum insured stated in the **Schedule** provided that the **Schedule** mentions that **You** have opted for coverage against that event and paid premium for the same.

1. PRIMARY COVERS

The **Primary Cover** includes the following benefits. **We** will make payment for the benefits as specified in the **Schedule**.

- Accidental Death**
- Permanent Total Disablement**
- Permanent Partial Disablement**
- Temporary Total Disablement**

Table of Events

Event	Percentage of Sum insured
Accidental Death	100%
Permanent Total Disablement:	100%
Permanent Total Loss of sight of both eyes	100%
Permanent Total Loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot	100%
Permanent Total Loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent Total Loss and physical separation of or the loss of ability to use one hand and one foot	100%
Permanent Partial Disablement:	As Follows
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	75%
A leg up to mid thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
Permanent Loss of sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%
Temporary Total Disablement	1 % (per week upto a maximum of 100 weeks or as mentioned in the schedule)

- For any other **Permanent Partial Disablement** event not provided above **We** shall pay an appropriate percentage of sum insured as decided by **Us**.
- The maximum amount payable for any **Insured Person** during the **policy period** shall be equivalent to the sum payable for the **Accidental Death** benefit.
- If a claim has already been settled for any of the primary covers the amount payable for the subsequent claims/s under the primary covers shall be reduced by this amount/s already paid. Regardless of one or more claims during the **Policy Period**, the maximum amount payable towards the Primary Cover shall be restricted to the **Principal Sum Insured**.
- Regardless of one or more claims during the **policy period**, the maximum amount payable towards the Primary Cover shall be restricted to the **Principal Sum Insured**.
- If more than one loss results from any **Accident**, only the one amount the largest will be paid.

- This policy shall cease for the particular **Insured Person** on payment of a claim for **Accidental Death** or **Permanent Total Disablement** of that **Insured Person**.

The benefit payable towards a & b together shall be limited to 1 % of the **Principal Sum Insured** subject to maximum of Rs 12500/-

2. ADDITIONAL COVERS

We will make payment for the following additional benefits if the **Schedule** mentions that **You** have availed the same and paid the additional premium wherever applicable.

a) Child Education Support

In the event of **We** making payment for a claim for **Accidental Death** or **Permanent Total Disablement**, **We** will also make payment towards the education support of the deceased person's **Dependent Child** the sum insured mentioned against this benefit per month for the maximum period as stated in the **Schedule**. This benefit shall be limited to the maximum as stated in the **Schedule** irrespective of the number of children.

b) Life Support Benefit

In the event of **We** making payment for a claim for **Permanent Total Disablement**, **We** will also make payment towards **Your** life support the sum insured mentioned against this benefit per month for the number of months mentioned in the **Schedule**.

c) Accidental Medical expenses

In the event of a valid claim under this **Policy** for **Accidental Death**, **Permanent Total Disablement** or **Permanent Partial Disablement**, **Temporary Total Disablement** **We** will reimburse the **Reasonable & Customary Charges**, subject to **Deductibles** if any shown in the **Policy Schedule**, for medical treatment or **Surgery** for the **Injury** sustained, provided the treatment is availed in a **Hospital** or **Day care centre** in India including as **OPD treatment/Day Care Treatment**. The maximum amount payable shall be 40% of the valid Personal **Accident** claim amount or 20% of the relevant sum insured whichever is less subject to maximum of Rs.500,000(Rupees five lacs only).

d) Accidental Hospitalisation

If **You** are hospitalised on the advice of a **Medical Practitioner** because of **Accidental Bodily Injury** sustained during the **Policy Period**, then **We** will reimburse to **You**, **Reasonable & Customary Charges** for **Medical expenses** for treatment or **Surgery** incurred upto the maximum sum insured shown in the **Schedule** for this section, in aggregate, in any one **Policy Period**. The **Medical expenses** reimbursable would include the **Reasonable & Customary Charges** that **You** necessarily incur on the advice of a **Medical Practitioner** as day-care treatment or an in-patient (minimum 24 hrs) in a **Hospital** for accommodation including **Room rent**; nursing care; the attention of medically qualified staff; undergoing **Medically Necessary** procedures and medical consumables

This cover is independent of any claim under the primary covers.

* Special exclusion for this section

- Pre and Post **Hospitalisation** expenses are not covered under **Accidental Hospitalisation** cover.
- Alternative treatments** are not covered.
- Standard exclusions are applicable under this section.

e) Hospital Cash Allowance

In the event of **Us** paying a claim for **Accidental Bodily Injury**, and in the event of the injured person requiring treatment in a **Hospital** as an inpatient **We** will also make payment of the sum mentioned in the **Schedule** for each completed day of **Hospitalisation** for a maximum period mentioned in the **Schedule**.

f) Loan Protector

In the event of **Us** making a payment for **Accidental Death** or **Permanent Total Disablement**, **We** will also pay the sum mentioned in the **Schedule** against this benefit per month for the maximum period mentioned in the **Schedule**. **We** will also make payment towards this benefit for each completed month of **Hospitalisation** in the event of **You** meeting with an **Accident** and getting hospitalized. The maximum payment during the **Policy Period** shall be the number of months mentioned in the **Schedule**.

g) Repatriation Benefit and Funeral Expenses

In the event of **We** making payment for a claim for **Accidental Death** **We** will also make payment towards

- Expenses incurred for preparing **Your** body for burial or cremation and transportation of **Your** body to **Your** city of residence.
- Your** funeral expenses.

(No additional premium will be charged for this cover.)

h) Adaptation Allowance

If **You** are required to modify **Your** vehicle or make some changes in **Your** house as necessitated by a **Permanent Total Disablement** which resulted from an **Accident** covered under this **Policy**, **We** shall reimburse such expenses up to a limit of 10% of the **Principal Sum Insured** subject to a maximum of Rs.50,000 provided **We** have paid the claim towards **Permanent Total Disablement**.

i) Family Transportation Allowance:

Following an **Accidental Injury** which results in **Accidental Death**, **Permanent Total** or **Permanent Partial Disablement** indemnifiable under this **Policy**, if the **Insured Person** is confined in a **Hospital** outside 100 kms of his normal place of residence and the attending **Medical Practitioner** recommends the personal attendance of an immediate family member, **We** shall reimburse the expenses incurred for the immediate family member for transportation by the most direct route by a licensed common carrier to the place of confinement of the **Insured Person**. The maximum amount payable for this cover shall be limited to 10% of the **Principal Sum Insured** subject to maximum Rs.50,000/-.

IV. Exclusions

We will not pay for any compensation, benefit or expenses under this **Policy** as a consequence of the following

- Intentional self **Injury** (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- Accident** while under the influence of alcohol or drugs.
- Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
- Any **Accident** of which a contributing cause was 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 or his resistance to arrest.
- Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
- Participating in motor racing or trial run as a driver, co-driver or passenger
- Curative treatments or interventions that the **Insured Person** carries out or have carried out on his body
- Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority
- Nuclear energy, radiation
- Any existing disablement prior to the inception of the **Policy**
- Venereal or sexually transmitted diseases, HIV (Human Immunodeficiency Virus) or HIV related **Illness** including AIDS (Acquired Immune Deficiency Syndrome) and / or mutant derivatives or variations however caused.
- Any **Medical expenses**, services, supplies or treatment or **Hospital** stay which were not recommended or approved as **Medically Necessary** by a **Medical Practitioner**.
- Any expense incurred which is not exclusively medical in nature/**Unproven** or **Experimental treatment** of any description.
- Expenses incurred for emergency medical evacuation
- Standard list of excluded items as notified by IRDA as mentioned in the Policy Wordings.

V. Age eligibility:

- Individual from age of 18 years to 70 years.
- Children from age of 5 years to 25 years as dependent.

VI. Sum Insured:

1. The sum insured is based on the monthly income commensuration and risk class.

2. The following validations shall apply.

Cover	Maximum multiplying factor on monthly income		
	Class 1	Class 2	Class 3
AD	144	120	96
PTD	72	60	48
PPD	36	36	24
TTD	24	24	Not applicable

(AD – Accidental Death, PTD – Permanent Total disability due to Accident, PPD – Permanent Partial Disability due to Accident, TTD – Temporary Total Disability due to Accident)

- TTD – Maximum sum insured restricted to Rs.10 lacs for Class 1, Rs.5 lacs for Class 2
- Non working spouse-50% of sum insured for primary insured subject to maximum Rs. 10lacs with TTD Sum Insured max Rs 1 lakh (i.e. limited to Rs 1000/- per week for weeks)
- **Dependent Children** from 5 years up to 25 years of Age - 25% of sum insured of the primary insured subject to maximum Rs. 5 lacs without TTD.
- In case of continuous **Renewals** above age 70 years the sums insured commensuration would be as follows
- Age 71 years to 75 years – 50% of the above commensuration table limits to a maximum of Rs 25 lacs
- Age 76 -80 years – 25 % of the above commensuration table limits to a maximum of Rs 10 lacs
- Age 80 years and above – Max Rs 5 lacs.

In case of persons from 71 years to 80 years is having no gainful income, the maximum sum insured will be Rs. 5 lakhs and above 80 years would be Rs. 2.5 lakhs. (TTD benefit is not available)

VII. Rate of Premium per mille:

Cover	Risk Class 1	Risk Class 2	Risk Class 3
A Primary Covers			
a) Accidental Death	0.4	0.6	0.9
b) Permanent Total Disablement	0.1	0.2	0.35
c) Permanent Partial Disablement	0.25	0.45	0.75
d) Temporary Total Disablement	0.5	0.75	Not applicable
B Additional Covers			
a) Child Education Support	0.5	0.8	1.25
b) Life Support Benefit	0.1	0.2	0.35
c) Accidental Hospitalisation	1.5	2	3
d) Accidental Medical expenses	20% loading on total premium of primary covers		
e) Hospital Cash Allowance	Rs 300	Rs 300	Rs 300
f) Loan Protector	2	2.8	4.25
g) Adaptation Allowance	0.7	0.75	0.8
h) Family Transportation Allowance	0.3	0.3	0.3
i) Repatriation of remains and funeral expenses	Inbuilt cover		
Goods & service tax extra			

- **Family Definition:** Self, Spouse and maximum two **Dependent Children**.
- 10% family discount on the total premium if more than one family member is covered under the same **Policy**.
- **Period of cover:** The **Policy Period** will be of 1 year.

VIII. Claims Procedure:

1. If the **Insured Person** meets with an **Accidental Bodily Injury** that may result in a claim, then
 - a) **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends
 - b) **You** or someone claiming on **His** behalf must inform **Us** in writing immediately and in any event within 15 days.
 - c) **You** must take reasonable steps to lessen the consequences of

Your bodily injury.

- d) **You** or someone claiming on **Your** behalf must promptly give **Us** the documentation and other information **We** ask for to investigate the claim or **Our** obligation to make payment for it.
- e) **You** must have **Yourself** examined by **Our** medical advisors if **We** ask for this and as often as **We** consider this to be necessary.
- f) In case of **Your** death, someone claiming on **Your** behalf must inform **Us** in writing immediately and send **Us** a copy of the Post Mortem report, FIR or any other document that **We** ask for within 15 days.
- g) **We** will make claim payment to **You** or the **Nominee**. Any payment **We** make in good faith in this way will be a complete and final discharge of **Our** liability to make payment for the claim.

2. Settlement of Claim

- a) **We** will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
- b) Pending claims will be asked for submission of incomplete documents.
- c) Rejected claims will be informed to the **Insured Person** in writing with reason for rejection.
- d) **We** will make claim payment to **You** or the **Insured Person** who met with the **Accident**.
- e) Any payment **We** make in good faith in this way will be a complete and final discharge of **Our** liability to make payment for the claim.
- f) Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the (**Protection of Policyholders' Interest Regulations, 2000**) by **You**, **We** will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.
- g) **We** will make all claim payments in Indian rupees within India only.

3. Claims Procedure applicable only for Accidental Hospitalisation section

If **Insured Person** meets with any **Accidental Bodily Injury** that may result in a claim, then as a **Condition Precedent** to the Company's liability, **Insured Person** must comply with the following:

- a) **Insured Person** must give **Notification of Claim** in writing immediately and in any event within 48 hours of the aforesaid **Bodily Injury**. **Insured Person** must immediately consult a Doctor and follow the advice and treatment that he recommends.
- b) **Insured Person** must promptly and in any event within 30 days of discharge from a **Hospital** give the Company the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information the Company asks for to investigate the claim or the Company's obligation to make payment for it.
- c) The periods for intimation or submission of any documents as stipulated under (a), and (b) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

IX. Free Look Period

The free look period shall be applicable at the inception of the policy.

- a) 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
- b) If the insured has not made any claim during the free look period, the insured shall be entitled to:
 - i. 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;
 - ii. 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;
 - iii. Where only a part of the risk has commenced, such

proportionate risk premium commensurate with the risk covered during such period.

X. Renewal & Cancellation

- This Policy may be renewed by mutual consent and in such event; the renewal premium as per our renewal quote shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. The policy may be renewed on annual basis or short term basis.
 - Renewals will be lifelong and will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation.
 - Loading in view of claims in the expiring policy shall not be applied in renewal premium
 - In case of a renewal a grace period of 30 days is permissible.
 - Any claim incurred as a result of an accident during the grace period will not be admissible under the policy.
 - We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
 - If You wish to cancel this policy You should give us 15 days notice in writing. We shall refund You balance premium after retaining premium as per the short term scale for the unexpired Policy Period as shown below:
- | Policy Period not exceeding | % of annual rate |
|-----------------------------|------------------|
| 1 month | 20% |
| 3 months | 40% |
| 6 months | 75% |
| 9 months | 90% |
- The premium rates/ per mille rates as shown in the prospectus/ brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
 - If You renew this policy with Us within 30 days of expiry of the policy We shall give You 5% increase on the primary covers (excluding temporary total disablement cover) for each continuous claim free year. Maximum increase shall be 25% of the original policy sum insured for all policies including portability proposals. (You will be eligible for this benefit only if the Schedule mentions it)

XI. Contribution In case of Multiple Policies

(Applicable only to indemnity sections under the **Policy**)

If **You** or any of **Your** family members covered under the **Policy** hold two or more policies from one or more insurers to indemnify treatment costs, **We** will not apply the **Contribution** clause, and **You** will have the right to require a settlement of **Your** claim in terms of any of the policies **You** or **Your** family members hold with any **Insurer**.

- In all such cases if **You** or **Your** family members covered choose to claim under **Our Policy** then **We** shall settle the claim without insisting on the **Contribution** clause as long as the claim is within the limits of and according to the terms of the **Policy**.
- If the amount claimed under **Our Policy** exceeds the sum insured after considering the **Deductibles** or **Co-Payment**, then **You** shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, **We** will settle the claim with **Contribution** clause.

XII. Subrogation

(Applicable only to indemnity sections under the **Policy**)

The **Insured Person** and any claimant under this **Policy** shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Insured Person's** indemnification by the Company.

XIII. Fraud

The Company shall not be liable to make any payment under this **Policy** in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the **Insured Person** or by any other person acting on his behalf.

XIV. Portability

Members covered under any individual personal **Accident Policy** of a non-life insurance company shall have the right to migrate from such a individual **Policy** to an personal **Accident Policy** with the another **Insurer**. Individual members covered under Group Personal **Accident Policy** of Future Generali India Insurance Company shall have the right to migrate from such a group **Policy** to individual **Accident Suraksha Policy**.

XV. Dispute Resolution

- Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. 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.
- If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

XVI. Compliance with Policy Provisions

Failure by **You** or the **Insured Person** to comply with any of the provisions in this **Policy** may invalidate all claims hereunder.

XVII. Examination of Books and Records

We may examine **Your** books and records relating to the insurance under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all claims under this **Policy**.

XVIII. Use of masculine pronoun

A masculine personal pronoun as used in this **Policy** includes the feminine, wherever the context requires.

XIX. Territorial Limits and Law

We cover **Accidental Bodily Injury** sustained by the **Insured Person** during the **Policy Period** anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose), but **We** will make payment within India and in Indian Rupees. The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

XX. Mandatory Disclosures

- Your Accident Suraksha Policy** shall be renewable lifelong if renewed continuously without any break in insurance. This **Policy** shall cease for the particular **Insured Person** on payment of a claim for **Accidental Death** or **Permanent Total Disablement** of that **Insured Person**.
- The brochure / prospectus mentions the premium rates/per mille rates as per the cover/risk class.
- The premium rates/ per mille rates as shown in the prospectus/ brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
 - In case of continuous **Renewals** above age 70 years the maximum sums insured available would be as follows subject to the sum insured commensuration as mentioned under Section G of the Prospectus.
 - Age 71 years to 75 years – Maximum of Rs 25 lakhs.
 - Age 76 -80 years – Maximum of Rs 10 lakhs.
 - Age 80 years and above – Maximum Rs 5 lakhs.
 - In case of persons from 71 years to 80 years is having no gainful income, the maximum sum insured will be Rs. 5 lakhs and above 80 years would be Rs. 2.5 lakhs. (TTD benefit is not available)
- Renewals** will not be refused or cancellation will not be invoked by **US** except on ground of fraud, moral hazard or misrepresentation. If **You** prefer to cancel the **Policy** the cancellation will be on short period basis.
- There will be no loading on premium for adverse claims experience.
- Family discount of 10% is available in case more than one person is covered in the same **Policy**. The family discount of 10% will not be applicable in case of only single person being covered at **Renewal**.
- No increase in Sum Insured during the currency of the **Policy**.
- Detailed exclusions are given under Section E of the Prospectus.

XXI. Claims Assistance

It is mandatory to intimate accidents to Future Generali through:

Email ID: Fgcare@futuregenerali.in

Care Line numbers: 1800-220-233/1860-500-3333/022-67837800

Please submit the claim documents to Future Generali office for claim processing within seven days after the completion of the treatment.

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

Name:

Signature:

Date:

Place:

**FGH/UW/RET/62/05
CIN: U66030MH2006PLC165287**

ACCIDENT SURAKSHA PROPOSAL FORM

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
 2. It is important to fill all questions, Information for fields marked with asterisk [*] is mandatory.
 3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

IO No	
App No	
Client Code	
Receipt No	
Payer ID	

UIN:IRDA/NL-HLT/FGII/P-P/V.I/73/13-14
 BAP UIN : FGIPAIP14003V021314

Period of Insurance* From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Type of Policy* Individual Family

1. Name of the Proposer (in full)*

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2. Address and Other Details*

State	Pin code
Telephone no.	Fax no.
Email id	
PAN *	Aadhaar Number*
PAN Enrolment Form number	Aadhaar Enrolment Form number

Note: If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status. In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.

e-IA Number (e-Insurance Account Number) If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form

3. **Gender***: Male Female
 4. **Date of Birth*** ___/___/_____
 5. **Marital Status***: Married Single Divorced Widowed
 6. **Nationality***: _____
 7. **Do you have a child/ children*?** YES NO

8. Details of insured*

	Name	Gender	Date of Birth	Relationship with proposer	Details of any pre-existing illness/ injury / disability	Occupation. Describe job profile/ business activities in detail.	Gross Annual Income (wherever applicable)
Insured				Self			
Spouse							
1st Child							
2nd Child							

Name	Nominee **	Name of Nominee	DOB/Age	Relation **	% of Sum Insured
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				

**Nominee needs to be above 18 years only. Please provide the name of the appointee in case the nominee is a minor. Nominee for self has to be among the following mentioned relations- (Father / Mother / son / daughter / spouse). Please note for members other than self 100% nomination to the proposer only

9. Coverages and Premium* (Fill all Figures in INR)

Coverages & Sum insured	Insured	Spouse	First Child	Second Child
Primary Covers				
Accidental Death (Mandatory cover)				
Permanent Partial disablement				
Permanent Total disablement				
Temporary Total disablement				
Additional Covers				
**Child Education Support				
Life Support Benefit				
Accidental Medical Expenses				
Accidental Hospitalisation				
Hospital Cash Allowance				
Loan Protector				
Adaptation Allowance				
Family Transportation Allowance				

**** For Child support Benefit – payable only if insured has child/children.**

10. Premium Calculation to be attached as a separate sheet*

Premium calculation	Insured	Spouse	First Child	Second Child
Accidental Death				
Permanent Partial disablement				
Permanent Total disablement				
Temporary Total disablement				
Child Education Support				
Life Support Benefit				
Accidental Medical Expenses				
Accidental Hospitalisation				
Hospital Cash Allowance				
Loan Protector				
Adaptation Allowance				
Total				
Goods and Services Tax				
Total Premium				
Total Premium of the family (including Goods and Services Tax)				

11. Additional Details*

Insured Person	Do you have any other personal accident policy?	Policy No	Name of the insurer	Policy sum insured	Period of Insurance	Claims Received/ Receivable	Please give details of Life Insurance policy, if any
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No						
First Child	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Second Child	<input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION IV: DECLARATION

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured /proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share the information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and /or claims settlement and with any Governmental and /or Regulatory authority.
- I/We hereby acknowledge that I/we have read and understood the contents of the prospectus and have been explained the features, contents and terms of the *Prospectus/Product by the Intermediary/Agent to my/our satisfaction.
(* To download a copy of the Prospectus and for further details about the product, please visit our website www.futuregenerali.in)
- I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD.
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose.
 I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
 I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.
I/we am/are (please tick all that are applicable)
 High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non Governmental Organization
 Film Actor/s Producer/s

IMPORTANT NOTE: The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

Date: _____ **Place:** _____ **Proposer's Name** _____ **Proposer's Signature:** _____

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

Intermediary/Agent Name _____ **Intermediary/Agent Signature** _____ **Prospect's Thumb Impression** _____

SECTION V: PAYMENT DETAILS

Premium paid by Cash/ Cheque No _____ **Date: DD/MM/YYYY** **Bank** _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-

Section VI: For Office Use Only:

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

