FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

POLICY WORDINGS
FUTURE VECTOR CARE

CUSTOMER INFORMATION SHEET
Description is illustrative and not exhaustive

SN	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Future Vector Care	
2	What I am covered for	• Hospital admission longer than 24 hours for any one of the listed conditions • Vector Borne Disease cover will pay the Insured Person the Sum Insured as alump sum amount if he gets hospitalized due to any of the following listed conditions: ○ Malaria ○ Dengue ○ Lymphatic Filariasis ○ Kala-azar ○ Japanese Encephalitis ○ Chikungunya ○ Zika Virus • If any of the listed conditions occur, 100% of sum insured shall be paid (subject to other terms and conditions mentioned in the policy document) and the sum insured shall be exhausted. Policy shall be reinstated automatically by deduction of pro-rata premium from the payable claim amount for the remaining duration of the policy year. • Cooling off period (no claim period) of 60 days will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period in the reinstated policy.	Section B Section D. II. 2. D
3	What are the major exclusions in the policy:	• Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy • Any condition with respect to the covered benefits, for which the insured wasdiagnosed, and/or received medical advice/treatment within the waiting period • Outpatient treatment • Hospitalisation primarily for any purpose which routinely could have been treated on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization. • Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy; • Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	Section C. 2.
4	Waiting period	• **Initial waiting Period** ○ 15 days for all illnesses (not applicable on renewal). ○ 60 days in case the insured is suffering from any one of the listed conditions at the time of taking the policy or within 60 days prior toapplying for the policy • **Pre-existing diseases:** Not Applicable	Section C. 1.
5	Payment basis	Fixed amount	
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	• Renewals will be lifelong and will not be refused, except on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of theinsured. • In case of a Renewal a grace period of 30 days is permissible and the Policy willbe considered as continuous for the purpose of all waiting periods. However, Weshall not provide coverage under the Policy to the Insured Persons for any Illness or Injury that occurs during the break period or for any claim which arisesduring the break period. • For Renewal Proposal received after completion of grace period of 30 days, allwaiting periods, would apply afresh. • This Policy may be renewed at the expiry of the Policy Period, on payment of theRenewal premium. • Policy shall be reinstated automatically with pro-rata premium from the payable claim amount, with 100% of sum insured immediately, after a claim is paid under a policy year	Section D. II. 3 (i).
8	Renewal Benefits	Not Applicable	
9	Cancellation	• The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below i. In case the **Policy Period** is one year, then **We** shall refund premium on short term rates for the unexpired **Policy Period** as per the rates detailed below. **Period on risk** | **Rate of premium refunded** Up to one month | 75% of annual rate	Section D. II. 1 (iv)

		<table><tr><td>Up to three months</td><td>50% of annual rate</td></tr><tr><td>Up to six months</td><td>25% of annual rate</td></tr><tr><td>Exceeding six months</td><td>Nil</td></tr></table> ii. In case the **Policy Period** exceeds one year, then We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%. • Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy. • The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.	
10	Claims	• The Insured must intimate us within 48 hours of hospitalisation for the illness thatcould result in a claim in this policy. • Insured must submit a duly filled claim form along with specified documents within 15days of discharge from the hospital for the covered condition against which the claimis made. • In case multiple Future Vector Care policies are opted by single insured person, Ourmaximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together).	Section D. II. 2. Section D. II. 2. C).
11	Policy Servicing/ Grievances/ Complaints	• Company Officials Grievance Redressal Officer (GRO): o Helplines : 1800-220-233/ 1860-500-3333/ (022) 67837800 o Email: Fgcare@futuregenerali.in o Website: www.futuregenerali.in • IRDAI/(IGMS/Call Centre): o Call Centre: Toll Free Number (155255). o Compliant can be registered online at: HTTP://WWW.IGMS.IRDA.GOV.IN/ • Ombudsman: The guidelines of taking up a compliant in ombudsman and theaddresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx	Grievance Redressal Procedure
12	Insured's Rights	• Free Look Period: 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 andto return the same if not acceptable • Renewability: The policy is renewable lifelong except on grounds of fraud, moralhazard or misrepresentation or non- cooperation by the insured. • The e-mail and address to be contacted for outward migration is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Email: Fgcare@futuregenerali.in • Increase or decrease in Sum Insured is not allowed during the currency of the Policy	Section D. I. 3 Section D. II. 3 (i). Section D. I. 4 Section D. II. 3 (i).
13	Insured's Obligations	The Insured Person must disclose all **Pre-Existing Disease/s** before taking the Policy. Non-disclosure may result in claim not being paid. The **Insured Person** must disclose any material information during the Policy Period.	

(LEGAL DISCLAIMER) NOTE: *The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.*

FUTURE VECTOR CARE

PREAMBLE

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the Premium. The company will cover you under this Policy up to the **Sum Insured**. **You** are eligible to enter this **Policy** if **Your** age is between day 1 to 65 years with lifelong renewability. The **insurance** cover is governed by and subject to, the terms, conditions and exclusions of this Policy. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

i. Standard Definitions

1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

2. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.

3. **Disclosure to information norm**: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact.

4. **Emergency care** means management for an 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.

5. **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.

6. **Hospital**: A hospital 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) and the said act Or complies with all minimum criteria as under:
   i. has qualified nursing staff under its employment round the clock;
   ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
   iii. has qualified medical practitioner(s) in charge round the clock;
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

7. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive ***'In- patient Care'*** hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

8. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
   a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
   b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
      (i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
      (ii) it needs ongoing or long-term control or relief of symptoms
      (iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
      (iv) it continues indefinitely
      (v) it recurs or is likely to recur

9. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.

10. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), 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.

11. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

12. **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.

13. **Medical Practitioner** means 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 its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.

14. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
   i. is required for the medical management of the illness or injury suffered by the insured;
   ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
   iii. must have been prescribed by a medical practitioner;
   iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

15. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health

insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer

16. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

17. **OPD treatment** means the 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.

18. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

19. **Pre-existing Disease** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
    b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

20. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

21. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

22. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

23. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.

ii. Specific Definitions

24. **Bank Rate means** Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

25. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

26. **Cooling off period** means no claim period of 60 days, which will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period in the reinstated policy.

27. **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.

28. **Family** means and includes You, Your Spouse, Your up to 3 dependent children up to the age of 25 years and two dependent parents in the Individual Policy.

29. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.

30. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule**.**

31. **Policy Year** means every annual period within the Policy Period starting with the commencement date.

32. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

33. **Schedule** means 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.

34. **Sum Insured** means the amount specified in the Policy Schedule, which We will pay for claims made by You under the Policy Year in respect of the Insured Person(s).

35. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

36. **You, Your, Yourself** means the Insured Person shown in the Schedule.

Please note
a) **Medical Expenses** would include both medical treatment and/ or surgical treatment

B. SCOPE OF COVER

We will pay the **Insured Person** the Sum insured as a lump sum amount for the listed condition provided it occurs or manifests itself during the **policy period** and meets the conditions specified in this policy document.

1. **Dengue Fever**
   The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a Medical Practitioner and hospitalization must be absolutely necessary for more than 24 hours in addition to below specific conditions

   Specific conditions for this cover:
   - The laboratory examination result countersigned by a pathologist/ microbiologist must confirm Immunoglobulins/PCR test showing positive result for Dengue.
   - Indoor case papers should be obtained, if available and the diagnosis of admission should be Dengue in addition to the above.

   Specific exclusions for this cover:
   - Any Treatment other than for Dengue (as defined above)
   - Hospitalization less than 24 hours
   - Treatment outside India
   - Any claim of Dengue fever during the waiting period

2. **Malaria**
   Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

   Continuous Hospitalization of 24 hours should be absolutely necessary along with high fever and shaking chills.
   Indoor case papers should be obtained, if available and the diagnosis of admission should be malaria and its complications, if any.
   Specific exclusions for this cover:
   - Any Treatment other than for malaria and its complications
   - Hospitalization less than 24 hours
   - Treatment outside India
   - Any claim of malaria fever during the waiting period

3. **Lymphatic Filariasis**
   Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:
   - Lymphoedema,
   - Elephantiasis,
   - Scrotal swelling

   Indoor case papers should be obtained, if available and the diagnosis of admission should be Filariasis in addition to the two of the above conditions.

   Specific condition for this cover:
   - Filariasis will be payable once in lifetime

   Specific exclusions for this cover:
   - Any Treatment other than for Filariasis and its complications (as defined above)
   - Hospitalization less than 24 hours
   - Treatment outside India
   - Any claim of Filariasis during the waiting period

4. **Kala-azar**
   Visceral leishmaniasis, also known as Kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

   The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.
   Indoor case papers should be obtained, if available and the diagnosis of admission should be Kala-azar.
   Specific exclusions for this cover:
   - Any Treatment other than for Kala-azar (as stated above)
   - Hospitalization less than 24 hours
   - Treatment outside India
   - Any claim of Kala-azar during the waiting period

5. **Chikungunya**
   Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

   The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

   Indoor case papers should be obtained, if available and the diagnosis of admission should be Chikungunya.
   Specific exclusions for this cover:

- Any Treatment other than for Chikungunya
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Chikungunya during the waiting period

6. Japanese Encephalitis

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).
Indoor case papers should be obtained, if available and the diagnosis of admission should be Japanese Encephalitis.
Specific exclusions for this cover:

- Any treatment other than for Japanese Encephalitis (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Japanese Encephalitis fever during the waiting period

7. Zika Virus

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC (Centers for Disease Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.
Indoor case papers should be obtained, if available and the diagnosis of admission should be Zika virus.
Specific exclusions for this cover:

- Any treatment other than for Zika virus (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Zika virus during the waiting period

C. EXCLUSIONS

1. **Waiting Periods**

a) 15 days waiting period

We are not liable for any claim arising for listed **illness** diagnosed or diagnosable within 15 days from policy inception of **Your** first **Policy** with **Us**.

b) Special Conditions applicable for Section C. 1. a)

i. The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from any one of the listed condition except Lymphatic Filariasis at the time of taking the policy.
ii. In case, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from Lymphatic Filariasis at the time of taking the policy, Lymphatic Filariasis will be excluded from the policy and the other listed conditions shall have an initial waiting period increased to 60 days.

2. **Specific Exclusions**

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

(i) Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy.
(ii) Any condition with respect to the covered benefits, for which the insured was diagnosed, and/or received medical advice/treatment within the waiting period.
(iii) Any treatment taken on Outpatient basis.
(iv) Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
(v) Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy.
(vi) Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion.
(vii) The insured has delayed medical treatment.
(viii) Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
(ix) Treatment in any hospital or any other provider network that We have blacklisted as listed on our website https://general.futuregenerali.in/general-insurance/network-hospitals. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.

D. GENERAL TERMS AND CLAUSES

I. Standard General Terms and Clauses

1. **Disclosure to information norm**:

The policy shall be void and all premium 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.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/ migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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 Company on medical examination of the insured person 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 insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

4. **Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

5. **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6. **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

8. **Moratorium Period**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

9. **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

10. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

11. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through
Website: https://general.futuregenerali.in/
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: Fgcare@futuregenerali.in
Courier: Grievance Redressal Cell, Future Generali India Insurance Company Ltd.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at fggro@futuregenerali.in or call at: 7900197777

For updated details of grievance officer, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Grievance_Redressal_Procedures.pdf

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/igms.irda.gov.in/

II. Specific General Terms and Clauses

1. **Conditions applicable during the contract**

(i) Due Care

Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.

(ii) Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy Period** after his application has been accepted by **Us,** an additional premium has been paid and **Our** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured.

(iii) Communications

- Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Schedule.
- Any communication meant for You will be sent by Us to Your address shown in the Schedule. You must notify Us immediately of any change in Your address.
- Our agents are not authorized to receive communications, notices or declarations on Our behalf.

(iv) Cancellation

- The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

iii. In case the **Policy Period** is one year, then **We** shall refund premium on short term rates for the unexpired **Policy Period** as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

iv. In case the **Policy Period** exceeds one year, then We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.

- Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- If no claim has been made then We shall refund a pro-rata premium for the unexpired **Policy** Period.
- In case of long term policies with single premium payment, in the event of death of the insured person, in a particular **Policy Year**, the policy benefit ceases and the premium for the subsequent (unutilized) Policy Year(s), if any, shall be refunded, if the same is intimated to us.

(v) Policy Period

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

(vi) Territorial Limits and Law

- **We** cover sickness sustained by the Insured Person during the **Policy Period** anywhere in India.
- All medical/ surgical treatments including investigations under this policy shall have to be taken in India, however if diagnosis and treatment is taken in following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union, the same would be accepted, provided that the claims documents are only in English language unless specifically agreed otherwise, and duly authenticated. The admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.
- The **Policy** constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Schedule**.

(vii) Endorsements

This **Policy** constitutes the complete contract of insurance. This **Policy** cannot be changed by anyone (including an insurance agent or broker) except Us. Any change **We** make will be evidenced by a written endorsement signed and stamped by **Us**.

(viii) Special Conditions applicable for long term policies (2 years and 3 years) with single premium payment

If **You** have opted long term policies with single premium payment, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- If any of the listed condition occur, 100% of sum assured shall be paid (subject to other terms and conditions mentioned in the policy document). Policy shall be reinstated automatically by deduction of pro-rata premium from the payable claim amount for the remaining duration of the policy year

- Considering that the subsequent policy premium has already been paid by You, the policy will continue further

2. **Conditions when a claim arises**

A. Claims Procedure

a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 48 hours of hospitalisation of the illness. You can intimate us through letter, email, fax or telephone.

b) **You** or someone claiming on **Your** behalf must promptly and in any event within 15 days of discharge from a **Hospital** give **Us** the necessary documents along with all original supporting documentation, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it

i. Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
ii. Original Discharge Summary.
iii. Medical certificate confirming the diagnosis/treatment of Illness from Medical Practitioner.
iv. A precise diagnosis of the treatment for which a claim is made.
v. Treating doctor's certificate regarding the duration of the illness & etiology.
vi. KYC documents.
vii. Laboratory reports.

B. Claims Payment

a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

b) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.

C. Claim Settlement

a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

e) Our Medical Practitioners 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 specified in Section 2. A. b above

f) In case of 'pending' claims, We will ask for submission of incomplete documents.

g) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.

h) In case multiple Future Vector Care policies are opted by single insured person, Our maximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together).

D. Cooling off period

a) Once the claim has been paid, the sum insured will be exhausted. However the policy shall be reinstated automatically by deduction of pro-rata premium from the payable claims amount for the remaining duration of policy year

b) A cooling off period of 60 days will be applicable from the date of admission of a claim, wherein no claim will be payable for the same listed condition.

E. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

F. 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

G. Examination of Records

We may examine Your 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

3. **Conditions for renewal of the contract**

(i) Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

e) No loading shall apply on renewals based on individual claims experience

f) Your Future Vector Care Policy shall be renewable lifelong

g) In case of a Renewal, a Grace Period of 30 days is permissible for all policies. Policy will be considered as continuous for the purpose of all waiting periods and cooling off period.

h) Any Medical expenses incurred as a result of disease condition contracted during the break period will not be admissible under the Policy.

i) For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.

j) This Policy may be renewed by mutual consent and in such event, the Renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent Renewal thereof.

k) The brochure/ prospectus mentions the premiums as per the Sum Insured and the same would be charged at every Renewal. The premiums as shown in the brochure/ prospectus 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.

l) If any Dependent Child has completed 25 years at the time of Renewal, then such person can be covered under a separate policy.

m) No increase/ decrease in Sum Insured during the currency of the Policy. However increase/ decrease in Sum Insured, will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal before the expiry of the Policy.
n) Renewal upon admission of a claim:

   i. In this scenario, under the renewed cover, all conditions will be covered from day one except the condition for which the claim was made in the previous policy. However this claimed condition will be covered after 60 days cooling off period post renewal.
   ii. If a claim is admitted against Lymphatic Filariasis, upon renewal of policy, coverage will be available for all conditions except Lymphatic Filariasis i.e. for Lymphatic Filariasis, once the sum insured is paid for any insured, no other claim for Lymphatic Filariasis shall be paid to the insured in the entire lifetime.

In case of any claims contact
Claims Department
Future Generali Health (FGH)
Future Generali India Insurance Co. Ltd.
Office No. 3, 3rd Floor, "A" Building, G - O – Square
S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.
Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: fgh@futuregenerali.in

ISO No. FGH/UW/RET/188/05

Grievance Redressal Procedures

Dear Customer,
At **Future Generali** we are committed to provide **"Exceptional Customer-Experience"** that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

"Complaint" or "Grievance" means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

Explanation: An Inquiry/Query or Request would not fall within the definition of the "complaint" or "grievance".

"Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel

If you have a complaint or grievance you may reach us through the following avenues:

	Help – Lines	1800-220-233 / 1860-500-3333 / 022-67837800		**Email** **Website**	**Fgcare@futuregenerali.in** **https://general.futuregenerali.in/**
	GRO at each Branch	Walk-in to any of our branches and request to meet the **Grievance Redressal Officer (GRO).**			

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

How do I escalate?

- You can directly contact our **Grievance Redressal Officer** at our Head office.
  - ⇨ **You can email to : fggro@futuregenerali.in or call at: 7900197777**
  - ⇨ You can write directly to our **Grievance Redressal Cell at our Head office:**

	**Grievance Redressal Cell**	**Grievance Redressal Cell, Future Generali India Insurance Company Ltd.** Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West –400607 Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster

What should I do, if I face difficulty in registering a grievance?

While we constantly endeavour to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDAI** (**Insurance Regulatory and Development Authority of India**).

- **CALL CENTER: TOLL FREE NUMBER (155255)**
- **REGISTER YOUR COMPLAINT ONLINE AT: HTTP://WWW.IGMS.IRDA.GOV.IN/**

Grievances of Senior Citizens:

Now we have introduced a separate channel to address the grievances of our Senior Citizen customers. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any. Senior Citizens can register their complaints at care.assure@futuregenerali.in

Insurance Ombudsman:

If you are still dissatisfied with the resolution provided or if it is already 30 days since you filed your complaint, you can approach the office of Insurance Ombudsman, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, along with their addresses are available on the consumer education website of the IRDAI. http://www.policyholder.gov.in/Ombudsman.aspx
For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman 6th Floor, Jeevan Prakash Building, Tilak Marg, Relief Road, **AHMEDABAD - 380 001,** Tel: 079-25501201/02/05/06 E-mail: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 26652048 / 26652049 E-mail: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, **BHOPAL - 462 003** Tel: 0755 - 2769201 / 2769202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009**	Orissa

	Tel: 0674-2596461/2596455 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017** Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI - 600 018** Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@ecoi.co.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-2323481/23213504 Fax: 011-23230858 E-mail: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, **GUWAHATI - 781 001** Tel:0361-2132204/05 Fax: 0361- 2732937 E-mail: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004** Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, **Jaipur - 302 005**. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman Hindusthan Bldg. Annexe, 4th Floor,4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124339 /40 Fax: 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan, Phase 2, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@ecoi.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman 3rd Floor, Jeevan Seva Annexe, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106960/26106552 Fax: 022-26106052 E - mail: bimalokpal.mumbai@ecoi.co.in	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar**, U.P-201301.** Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **Patna. Bihar, 800006,** Tel.: 0612-2680952, Email: bimalokpal.patna@ecoi.co.in	Bihar and Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **Pune – 411 030.** Tel: 020-41312555 E-mail: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of Office of Executive Council of Insurers: http://www.ecoi.co.in/ , our website www.futuregenerali.in or from any of our offices.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

FORM FOR
REQUEST / COMPLAINT / FEEDBACK / APPRECIATION

I want to submit a ☐ Request ☐ Complaint ☐ Suggestion / Feedback ☐ Appreciation

Policy Type ☐ Motor ☐ Health ☐ Personal Accident ☐ Other _____

Policy Details ☐ Policy No. ☐ Claim No. ☐ Cover Note ☐ Health Card ☐ Existing Service Request

Customer Name _____

Address _____

_____

_____

_____

City: _____ Pin code: _____ Telephone No. : _____ Mobile No. : _____

Detailed Description _____

_____

_____

_____

_____

_____

_____

Date

D	D	M	M	Y	Y	Y	Y

_____

Customer's Signature

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:
Customer Service Cell | Future Generali India Insurance Company Ltd.
Registered and Corporate Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083.
Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800

For office use only

Service / Case #

Comments:

_____

_____

_____