

Accident Suraksha

Customer Information sheet/Know Your Policy

This document provides key information about the policy. You are also advised to go through your policy document.

| SI No | Title | Description | Policy Clause Number |
|----------|---|---|----------------------------|
| 1 | Name of the Insurance Product /Policy | Accident Suraksha | Not Applicable |
| 2 | Policy Number | Not Applicable | Not Applicable |
| 3 | Type of Insurance Product/Policy | Both Indemnity and benefit | Not Applicable |
| 4 | Sum Insured (Basis) | Sum Insured Options: Minimum Sum Insured: ₹50,000 Maximum Sum Insured: 144 times of monthly income of the proposer | Not Applicable |
| 5 | Policy Coverage (What the policy covers?) | Primary Covers: Accidental Death Permanent Total Disablement Permanent Partial Disablement Temporary Total Disablement Inbuilt covers: Repatriation of remains and Funeral Benefit Additional covers: Child Education Support Life Support Benefit Accidental Medical Expenses Accidental Hospitalization Hospital Cash Allowance Loan Protector Adaptation Allowance Family Transportation Allowance Broken Bones Road Ambulance Cover | Section C |



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|---|--|--|-------------|--|
| | | Chauffeur Plan Benefit | | |
| 6 | Exclusions (What the policy does not cover) | Standard Exclusions Hazardous or Adventure sports Breach of law Excluded Providers Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Unproven Treatments | Section D-1 | |
| | | Specific Exclusions Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol). Mental or nervous disorder, anxiety, stress or depression. Accident while under the influence of alcohol or drugs. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion. Whilst engaging in aviation or whilst mounting in to, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. 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. Any Medical Expenses, services, supplies or treatment or Hospital stay which were not recommended or approved as Medically Necessary Treatment by a Medical Practitioner. Expenses incurred for emergency medical evacuation, unless specifically insured. Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid | Section D-2 | |



| | | /devices, the use of which had accident. Bodily Injury caused by or ariwhere the policy holder is a victorism. Standard list of excluded ite https://general.futuregenerali. Treatment taken in any hospit have blacklisted, as mentione https://general.futuregenerali. | | |
|---|---|---|--|-----------------|
| 7 | Waiting period Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage | Not applicable | | |
| 8 | Financial Limits of Coverage | The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits. | | |
| | i. Sub Limits- (It is a predefined limit, and the | Repatriation of remains and Funeral Benefit | 1% of the Principal Sum Insured subject to maximum of Rs 12500/ | Section C.iii.c |
| | insurance company will not pay any amount in excess of this limit) | Accidental Medical Expenses | 40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only. | Section C.iii.d |
| | | Accidental Hospitalization | subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less | |
| | | Adaptation Allowance | 10% of the Permanent Total Disablement Sum Insured or as | Section C.iii.g |



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|---|------------------|---------------------------------------|-------------------------------------|-----------------|
| | ii. Co-payment | | mentioned in the policy | |
| | – (It is a | | schedule, whichever is less, | |
| | specified | | subject to a maximum of Rs. | Section C.iii.i |
| | amount | | 50,000 | |
| | /percentage | Adventure Charte Benefit | 50% of Sum Insured under | |
| | | Adventure Sports Benefit | | |
| | of the | | Accidental Death benefit to a | |
| | admissible | | maximum of ₹ 50,00,000/- | |
| | claim | | | |
| | amount to | | | |
| | be paid by | Co-payment - Not Applicable | | |
| | policy | oo paymont mot reprioasio | | |
| | holder/ | | | |
| | | | | |
| | Insured) | Voluntary Deductible -Not Applica | ble | |
| | | | | |
| | iii. Deductible- | | | |
| | (It is a | | | |
| | specified | | | |
| | amount | | | |
| | up to which | | | |
| | • | | | |
| | an | | | |
| | insurance | | | |
| | company | | | |
| | will not pay | | | |
| | any claim, | | | |
| | and | | | |
| | which will be | | | |
| | | | | |
| | deducted | | | |
| | from total | | | |
| | claim | | | |
| | amount (if | | | |
| | claim ` | | | |
| | amount is | | | |
| | more than | | | |
| | | | | |
| | the specified | | | |
| | amount) | | | |
| | v. Any other | | | |
| | limit (as | | | |
| | applicable) | | | |
| 9 | Claims/ | The Insured Person should intima | ate Us in writing immediately or in | Section |
| ~ | Claims | | e of the Insured Person's death, | E.ii.11 |
| | Procedure | | | L.II. I I |
| | riocedure | · · · · · · · · · · · · · · · · · · · | behalf must inform Us in writing | |
| | | | of the post mortem report, FIR or | |
| | | | for within 15 days For claim under | |
| | | Accidental Hospitalization, the Ins | sured Person must give Notification | |
| | | of Claim in writing immediately, a | nd in any event within 48 hours of | |
| | | the Injury. | , | |
| | I | | | I |



| | | The Insured Person must promptly and in any event within 30 days | |
|----|-------------|---|---------------|
| | | of discharge from a Hospital should send Us the claim | |
| | | documentation. | |
| | | Don't be die de le Gelle Angel Belle Greekelle de le | |
| | | Provide the details /web link for following: | |
| | | i. Helpline Number - 1800 209 1016 / 1800-103-8889 | |
| | | ii. Hospitals which are blacklisted or from where no claims will be | |
| | | accepted by Insurer https://general.futuregenerali.in/hospital-leaster | |
| | | locator iii. Downloading/getting claim form - | |
| | | iii. Downloading/getting claim form - https://general.futuregenerali.in/customer-service/downloads | |
| 10 | Policy | a) Call Centre number of Insurer- | Not |
| '0 | Servicing | Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 | Applicable |
| | Octividing | Timing: 7 am to 10 pm | пррисавіс |
| | | Claims Servicing:1800 103 8889/1800 209 1016 | |
| | | Timing: 24*7 | |
| | | 1 | |
| | | b) Details of company officials | |
| | | Policy Servicing Office: Refer Policy Schedule | |
| 11 | Grievances | Details of | Grievance |
| | /Complaints | -Grievance Redressal Officer of the Insurer: | Redressal |
| | | https://general.futuregenerali.in/customer-service/grievance- | Procedure |
| | | redressal | |
| | | -Insurance Company grievance portal / Department: | |
| | | Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 | |
| | | Email: Fgcare@futuregenerali.in | |
| | | Website: <u>www.futuregenerali.in</u> | |
| | | -Ombudsman: The guidelines of taking up a compliant in | |
| | | ombudsman and the addresses of ombudsman are available on: | |
| | | http://www.policyholder.gov.in/Ombudsman.aspx | |
| 12 | Things to | Free Look Cancellation: You may cancel the insurance policy if you | Section E.I.3 |
| | remember | do not want it, within 30 days from the beginning of policy. | |
| | | The Free Leek Devied shall only be employed for your policies and | |
| | | The Free Look Period shall only be applicable for new policies and | |
| | | shall not be available on renewal policies, ported policies and migrated policies. | |
| | | In the event you want to exercise Free Look Cancellation, you will | |
| | | need to place a request for the same though registered e-mail id or | |
| | | registered contact number or by submitting a request at any of our | |
| | | branch offices. | |
| | | If you have not made any claim during the Free Look Period, then | |
| | | you shall be entitled to | |
| | | a) 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 | |
| | | b) 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 c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. • Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability 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 For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide to Portability and Migration 25-Mar2020.pdf • Change in Sum Insured- Sum insured can be changed | Section E. ii.12 Section E.i.4 |
|----|---------------------|--|---------------------------------|
| | | (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. | Section E.13.i |
| 13 | Your Obligations | Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. | Section E.i.1 |

| Declaration by the Policy Holder: | |
|---|---------------------------------|
| I have read the above and confirm having noted the details: | |
| Place | |
| Date | (Signature of the Policyholder) |

Note

i. Insurer shall provide web- link where the product related documents including the Customer Information sheet are available on the website of the insurer https://general.futuregenerali.in/customer-service/downloads



- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.

Accident Suraksha | Customer Information Sheet UIN: FGIPAIP18040V021718