

### CUSTOMER INFORMATION SHEET

**This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.**

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy/ Clause Number										
1	Product Name	Future Secure Commercial Vehicle Package Policy	NA										
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN132RPMT0015V03200708	NA										
3	Structure	Indemnity Benefit Payment	NA										
4	Interests Insured	Commercial Vehicle insured	NA										
5	Sum Insured / Motor Insured Declared Value Scope	<<INR XXXX>>  (SI as per Policy Schedule)	NA										
6	Policy Coverage	<ol style="list-style-type: none"> <li>1. Loss or damage to your Vehicle due to               <ul style="list-style-type: none"> <li>• Social perils like Burglary, House-breaking or theft, Riot, Strike, Terrorism, Malicious activity</li> <li>• Natural perils like Storm, cyclone, Flood, inundation, hurricane, tempest, hailstorm, frost, Earthquake (Fire and Shock), Rockslide, landslide</li> <li>• Accident external means</li> <li>• Fire, Explosion, self-ignition or lightening</li> <li>• While in transit by road, rail or inland waterway, air lift, elevator</li> </ul> </li> <li>2. Legal Liability to Third parties (TP) for personal injury and property damage resulting from accident</li> <li>3. Towing of Disabled Vehicle: The policy shall be operative whilst the insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle</li> <li>4. Compulsory Personal Accident (CPA) Cover for Owner-Driver</li> </ol>	Section I Section II Section III Section IV										
7	Add-on Cover / Optional Cover	<<<< <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Name of Add-on</th> <th style="width: 50%;">Limit of Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Zero Depreciation Cover: (UIN: IRDAN132RPMT0015V03200708/A0028V02201718)</td> <td>Maximum up to the IDV as specified in the policy schedule &lt;&lt; INR XXXX &gt;&gt;</td> </tr> <tr> <td>Consumable: (UIN: IRDAN132RPMT0015V03200708/A0029V02201718)</td> <td>Maximum up to the vehicle IDV &lt;&lt; INR XXXX &gt;&gt;</td> </tr> <tr> <td>Personal Accident Cover: (UIN: IRDAN132RPMT0015V03200708/A0032V02201718)</td> <td>Up to the Sum Insured as specified in the policy schedule &lt;&lt; INR XXXX &gt;&gt;</td> </tr> <tr> <td>Engine &amp; gear box: (UIN: IRDAN132RPMT0015V03200708/A0080V01202425)</td> <td>The vehicle's IDV includes the engine's sum insured/cost. The maximum coverage for engine protection will be</td> </tr> </tbody> </table>	Name of Add-on	Limit of Sum Insured	Zero Depreciation Cover: (UIN: IRDAN132RPMT0015V03200708/A0028V02201718)	Maximum up to the IDV as specified in the policy schedule << INR XXXX >>	Consumable: (UIN: IRDAN132RPMT0015V03200708/A0029V02201718)	Maximum up to the vehicle IDV << INR XXXX >>	Personal Accident Cover: (UIN: IRDAN132RPMT0015V03200708/A0032V02201718)	Up to the Sum Insured as specified in the policy schedule << INR XXXX >>	Engine & gear box: (UIN: IRDAN132RPMT0015V03200708/A0080V01202425)	The vehicle's IDV includes the engine's sum insured/cost. The maximum coverage for engine protection will be	NA
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			up to the vehicle's IDV or the cost of the engine, whichever is less. << INR XXXX >>	
		Loss of Personal belonging: (UIN: IRDAN132RPMT0015V032007 08/A0031V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Daily Cash Benefit: (UIN: IRDAN132RPMT0015V032007 08/A0030V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Basic Roadside Assistance: (UIN: IRDAN132RPMT0015V032007 08/A0035V02201718)	Up to 50 Kms to 100 Kms based on the covers << INR XXXX >>	
		Tyre Protection: (UIN: IRDAN132RPMT0015V032007 08/A0079V01202425)	The new tyre value of the same manufacturer and specification, maximum up to the vehicle IDV whichever is less << INR XXXX >>	
		Return to Invoice: (UIN: IRDAN132RPMT0015V032007 08/A0078V01202425)	Up to Original Invoice Amount << INR XXXX >>	
		Hospital Cash Cover: (UIN: IRDAN132RPMT0015V032007 08/A0038V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Key and lock replacement cover: (UIN: IRDAN132RPMT0015V032007 08/A0081V01202425)	Up to the Sum Insured as specified in the policy schedule/policy wording << INR XXXX >>	
		Loss of Driving License/RC: (UIN: IRDAN132RPMT0015V032007 08/A0036V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Increased property damage liability benefit: (UIN: IRDAN132RPMT0015V032007 08/A0033V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Additional Towing Charges: (UIN: IRDAN132RPMT0015V032007 08/A0034V02201718)	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	
		Cost of Debris Removal: (UIN: IRDAN132RPMT0015V032007 08/A0037V02201718)	<< INR XXXX >>	
		Battery Guard: (UIN: IRDAN132RPMT0015V032007 08/A0082V01202425)	The vehicle's IDV includes the battery/motor sum insured/cost. The maximum coverage for battery/motor will be up to the vehicle's IDV or the cost of the engine, whichever is less. << INR XXXX >>	
		<b>Disclaimer:</b> Only Opted Add-on Cover will Reflect here. >>>		
8	Loss Participation	<p>Compulsory deductible is a mandatory deductible applicable in every claim</p> <p>Voluntary deductible is the extra amount you choose to pay yourself when you make a claim, on top of the compulsory deductible. By picking a voluntary deductible, the insurance premium gets reduced.</p> <p>Compulsory Deductible – &lt;&lt; INR XXXX &gt;&gt; Voluntary Deductible - &lt;&lt; INR XXXX &gt;&gt;</p> <p>Deductible Illustration</p>		Deductible

		<b>Description</b>	<b>Amount (INR)</b>		
		Insurance liability Amount (A)	10,000		
		Compulsory Excess(B)	1000		
		Voluntary Excess(C)	5000		
		Payable Insurance amount (D= A-B-C)	4,000		
9	Exclusions	<p>The Company will not be liable to pay for the following cases:</p> <ol style="list-style-type: none"> <li>1. Any accidental loss damage and/ or liability caused sustained or incurred outside the Geographical Area.</li> <li>2. Any Claim arising out of any Contractual Liability.</li> <li>3. Any accidental loss damage and/or liability caused sustained or incurred whilst the Vehicle insured herein is:               <ol style="list-style-type: none"> <li>a. Being used otherwise than in accordance with the Limitations as to Use or</li> <li>b. Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's clause.</li> </ol> </li> <li>4.               <ol style="list-style-type: none"> <li>a. Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss</li> <li>b. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purposes of this exception combustion shall include any self-sustaining process of nuclear fission.</li> </ol> </li> <li>5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material</li> <li>6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed by or traceable to or arising out of or in connection with War, Invasion, the Act of foreign enemies, hostilities or Warlike operations (whether before or after declaration of war), Civil War, Mutiny Rebellion, Military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder the Insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.</li> </ol> <p><b>Refer policy wordings for complete details on exclusion</b></p>		General Exceptions	
10.	Special Conditions and Warranties (if any)	<p>&lt;&lt;&lt; As per the Schedule &gt;&gt;&gt;</p> <p>All the damages existing on the vehicle prior to the inception of the policy are not covered.</p>		NA	
11.	Admissibility of Claim	<ul style="list-style-type: none"> <li>• The admissibility of a claim depends on below factors:               <ul style="list-style-type: none"> <li>▪ Policy Coverage: The incident must be covered under the insurance policy.</li> <li>▪ Prompt Intimation: The claim must be reported promptly.</li> </ul> </li> </ul>			

		<ul style="list-style-type: none"> <li>▪ Full Disclosure: All relevant information related to the claim must be shared.</li> <li>▪ Document Submission: All required documents related to the claim must be submitted.</li> <li>▪ Policy Terms and Conditions: The claim must comply with the terms and conditions of the policy.</li> </ul> <p>The claims which fall under the exclusion, special conditions and warranties, mis representation of facts and fraud will not be admissible</p> <ul style="list-style-type: none"> <li>• Include a sample claim calculation process for retail products</li> </ul> <p>Sample claim calculation with Zero depreciation add on cover</p> <table border="1" data-bbox="432 728 1177 1032"> <thead> <tr> <th>Description</th> <th>Assessed Amount</th> <th>Depreciation</th> <th>Payable amount</th> </tr> </thead> <tbody> <tr> <td>Part amount</td> <td>15000</td> <td>0</td> <td>15000</td> </tr> <tr> <td>Labour amount</td> <td>8000</td> <td>0</td> <td>8000</td> </tr> <tr> <td colspan="3">Total</td> <td>23000</td> </tr> <tr> <td colspan="3">Compulsory deductible</td> <td>1000</td> </tr> <tr> <td colspan="3">Voluntary Deductible</td> <td>5000</td> </tr> <tr> <td colspan="3">Net Payable</td> <td>17000</td> </tr> </tbody> </table> <p>Note: Amount in INR</p> <p>Sample claim calculation without Zero depreciation add on cover</p> <table border="1" data-bbox="411 1232 1177 1559"> <thead> <tr> <th>Description</th> <th>Assessed Amount</th> <th>Depreciation</th> <th>Payable amount</th> </tr> </thead> <tbody> <tr> <td>Part amount</td> <td>15000</td> <td>7500</td> <td>7500</td> </tr> <tr> <td>Labour amount</td> <td>8000</td> <td>0</td> <td>8000</td> </tr> <tr> <td colspan="3">Total</td> <td>15500</td> </tr> <tr> <td colspan="3">Compulsory deductible</td> <td>1000</td> </tr> <tr> <td colspan="3">Voluntary Deductible</td> <td>5000</td> </tr> <tr> <td colspan="3">Net Payable</td> <td>9500</td> </tr> </tbody> </table> <p>Note: Amount in INR Depreciation of 50% considered on parts</p>	Description	Assessed Amount	Depreciation	Payable amount	Part amount	15000	0	15000	Labour amount	8000	0	8000	Total			23000	Compulsory deductible			1000	Voluntary Deductible			5000	Net Payable			17000	Description	Assessed Amount	Depreciation	Payable amount	Part amount	15000	7500	7500	Labour amount	8000	0	8000	Total			15500	Compulsory deductible			1000	Voluntary Deductible			5000	Net Payable			9500	
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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> <li>• Toll free / IVRS number: 1800 220 233 / 1860-500-3333 / 022-67837800</li> <li>• Website: <a href="https://general.futuregenerali.in/">https://general.futuregenerali.in/</a></li> <li>• Claim Form: <a href="https://general.futuregenerali.in/downloads/motor-insurance/future-secure-commercial-vehicle-package-policy/claim-forms/future-secure-commercial-vehicle-package-policy-claim-form.pdf">https://general.futuregenerali.in/downloads/motor-insurance/future-secure-commercial-vehicle-package-policy/claim-forms/future-secure-commercial-vehicle-package-policy-claim-form.pdf</a></li> <li>• Email: <a href="mailto:fgcare@futuregenerali.in">fgcare@futuregenerali.in</a></li> <li>• Details of designated company officials to be contacted in time of claim –            &lt;&lt;&lt; Branch Policy - Branch Manager &amp; Policy Servicing Office address and contact details</li> </ul>	NA																																																								

For example –  
*Branch Manager*  
*Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near*  
*Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat*  
*Pincode:380008.*  
*Phone: +91 079-25464166 >>>*

<<<Direct Policy –  
 Grievance Redressal Officer,  
 Ph: +91-79001 97777  
 Email: [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in) & [fggro@futuregenerali.in](mailto:fggro@futuregenerali.in) ,  
 Address: Future Generali India Insurance Co Ltd., Unit 801 and  
 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli  
 (W), Mumbai - 400 083>>>

- Details of procedure to be followed for cashless service (In case of Motor Insurance) as well as for reimbursement of claim

**Cashless claim process (Accident claim)**

- **Claim Intimation:** Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking
- **Assignment of Surveyor:** Surveyor will be assigned for the registered accident claim.
- **Documents:** The claim documents to be submitted to the surveyor
- **Claim Assessment:** The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition
- **Vehicle Repair:** The vehicle will be repaired by the workshop
- **Delivery order:** The vehicle delivery confirmation will be provided once the Invoice/ pre-invoice is received based on the surveyor report and policy terms and conditions. The vehicle can be collected by paying the difference amount between the invoice value and the Insurance amount in the delivery order
- **Payment:** The claim payment will be done directly to the workshop

**Reimbursement claim process (Accident claim)**

- **Claim Intimation:** Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking
- **Assignment of Surveyor:** Surveyor will be assigned for the registered accident claim.
- **Documents:** The claim documents to be submitted to the surveyor
- **Claim Assessment:** The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition
- **Vehicle Repair:** The vehicle will be repaired by the workshop.
- **Claim settlement:** The final claim amount is determined after invoice and payment receipt is received, based on the surveyor's report and the policy terms and conditions. The claim amount will be paid to the Insured

		<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT)</b> for claims settlement</li> </ul> <table border="1"> <thead> <tr> <th>Description</th> <th>TAT</th> </tr> </thead> <tbody> <tr> <td>Appointment of Surveyor</td> <td>Within 24 hours from registration of claim</td> </tr> <tr> <td>Claim Settlement</td> <td>Within 7 days from the submission of surveyor report or last document related to the claim whichever is later</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Escalation Matrix when TAT is not satisfied: <a href="#">Grievance Redressal   Future Generali</a></li> </ul>	Description	TAT	Appointment of Surveyor	Within 24 hours from registration of claim	Claim Settlement	Within 7 days from the submission of surveyor report or last document related to the claim whichever is later	
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13.	Grievance Redressal and Policyholders Protection	<ul style="list-style-type: none"> <li>• State the brief details of Protection of Policyholder's Interest - <a href="#">Policies   Future Generali</a></li> <li>• Details of Grievance Redressal Officer of the Insurer - <a href="mailto:fgcare@futuregenerali.in">fgcare@futuregenerali.in</a></li> <li>• Bima Bharosa Portal - <a href="http://bimabharosa.irdai.gov.in">bimabharosa.irdai.gov.in</a></li> <li>• Ombudsman - <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	NA						
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> <li>• To disclose all information correctly sought by the insurer at time of filling the proposal form</li> <li>• In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately</li> <li>• Non-disclosure of material information may affect the claim settlement.</li> </ul>	NA						

**Declaration by the Policyholder.**

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

(Authorized Signatory, where policyholder is a juridical person)

(Stamp of the legal entity)

**Note:**

- I. Website link for documents: - <https://general.futuregenerali.in/customer-service/downloads>
- II. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.