

**CUSTOMER INFORMATION SHEET**

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

| Sl. No.   | Title  | Description (Please refer to applicable Policy Clause Number in next column)   | Policy / Clause Number |        |           |                 |               |               |   |              |                    |               |    |
|---|--|--|------------------------|--------|-----------|-----------------|---------------|---------------|---|--------------|--------------------|---------------|----|
| 1   | Product Name   | Weather Index Based Insurance  | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 2   | Unique Identification Number (UIN) allotted by IRDAI | IRDAN132RP0006V01201112  | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 3   | Structure  | Indemnity  | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 4   | Interests Insured                                    | Any significant deviation in the specified Weather Index as stated therein, within the specified geographical location and specified time period   | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 5   | Sum Insured  | <<<INR XXX>>>  | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 6   | Policy Coverage                                      | The Company agrees to compensate against any significant deviation in the specified Weather Index within the specified geographical location and specified time period   | Clause I               |        |           |                 |               |               |   |              |                    |               |    |
| 7   | Add-on Cover / Optional Cover                        | No Add-ons available under this product.   | NA                     |        |           |                 |               |               |   |              |                    |               |    |
| 8   | Loss Participation                                   | <<INR XX>><br><br><b>Illustration</b> <table border="1" data-bbox="412 1157 1192 1457"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Policy SI</td> <td>INR 1,00,00,000</td> </tr> <tr> <td>Claim Amount:</td> <td>INR 57,00,000</td> </tr> <tr> <td>Policy Deductible:<br/>5% of the claim amount,<br/>applicable on each and every claim</td> <td>INR 2,85,000</td> </tr> <tr> <td>Net Payable amount</td> <td>INR 54,15,000</td> </tr> </tbody> </table> | Description            | Amount | Policy SI | INR 1,00,00,000 | Claim Amount: | INR 57,00,000 | Policy Deductible:<br>5% of the claim amount,<br>applicable on each and every claim | INR 2,85,000 | Net Payable amount | INR 54,15,000 | NA |
| Description   | Amount   |  |                        |        |           |                 |               |               |   |              |                    |               |    |
| Policy SI   | INR 1,00,00,000                                      |  |                        |        |           |                 |               |               |   |              |                    |               |    |
| Claim Amount:   | INR 57,00,000  |  |                        |        |           |                 |               |               |   |              |                    |               |    |
| Policy Deductible:<br>5% of the claim amount,<br>applicable on each and every claim | INR 2,85,000   |  |                        |        |           |                 |               |               |   |              |                    |               |    |
| Net Payable amount  | INR 54,15,000  |  |                        |        |           |                 |               |               |   |              |                    |               |    |

| 9                                 | Exclusions                                 | <p><b>General Exclusions</b><br/>We will not pay for</p> <ol style="list-style-type: none"> <li>1. War Risk: Loss as a consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, confiscation, nationalisation, civil commotion, loot or pillage in connection therewith.</li> <li>2. Nuclear Risk: Any loss to property, consequential loss, legal liability or bodily injury, illness, disease directly or indirectly caused by or contributed to or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or hazardous properties of any nuclear assembly or nuclear component.</li> <li>3. Consequential Loss: Consequential loss of any kind or description.</li> <li>4. Expenses Incurred: Any expenses whatsoever incurred by an Insured Person in connection with or in respect of any loss, howsoever caused, even if such loss results in diminished agricultural output/ yield.</li> <li>5. Terrorism: Any loss to crop or asset on account of terrorist activities.</li> </ol> | Clause IV   |        |                     |       |                                   |      |                              |     |                   |             |    |
|-----------------------------------|--|---|-------------|--------|---------------------|-------|-----------------------------------|------|------------------------------|-----|-------------------|-------------|----|
| 10                                | Special Conditions and warranties (if any) | <<Any Special conditions and Warranties >>  | NA          |        |                     |       |                                   |      |                              |     |                   |             |    |
| 11                                | Admissibility of Claim                     | <ol style="list-style-type: none"> <li>1. Broad principle of Admissibility or Denial of claim <ul style="list-style-type: none"> <li>• Insurance is a contract between 2 entities &amp; loss governing contracts as well as tort shall be underlying guideline for admission or denial of claim.</li> <li>• Further specific terms and conditions as well as warranties incorporated in the contract shall also play a major role</li> <li>• Insured is expected to exhibit reasonable duty of due care and diligence failing with a claim may get rejected.</li> <li>• Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim.</li> </ul> </li> <li>2. Sample Claim Calculation (only applicable for Market value or RIV basis of settlement) <table border="1" data-bbox="370 1560 1015 1860"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Gross Loss Assessed</td> <td>10000</td> </tr> <tr> <td>Less: Depreciation, if applicable</td> <td>1000</td> </tr> <tr> <td>Less: Salvage, if applicable</td> <td>500</td> </tr> <tr> <td><b>Gross Loss</b></td> <td><b>8500</b></td> </tr> </tbody> </table> </li> </ol>               | Description | Amount | Gross Loss Assessed | 10000 | Less: Depreciation, if applicable | 1000 | Less: Salvage, if applicable | 500 | <b>Gross Loss</b> | <b>8500</b> | NA |
| Description                       | Amount                                     |   |             |        |                     |       |                                   |      |                              |     |                   |             |    |
| Gross Loss Assessed               | 10000                                      |   |             |        |                     |       |                                   |      |                              |     |                   |             |    |
| Less: Depreciation, if applicable | 1000                                       |   |             |        |                     |       |                                   |      |                              |     |                   |             |    |
| Less: Salvage, if applicable      | 500  |   |             |        |                     |       |                                   |      |                              |     |                   |             |    |
| <b>Gross Loss</b>                 | <b>8500</b>                                |   |             |        |                     |       |                                   |      |                              |     |                   |             |    |

|  |  | Less: Under Insurance*, if applicable<br>20%  | 1700        |  |             |        |                                   |              |                              |              |            |              |  |     |
|--|--|---|-------------|--|-------------|--------|-----------------------------------|--------------|------------------------------|--------------|------------|--------------|--|-----|
|  |  | <b>Gross Assessed Loss</b>  | <b>6800</b> |  |             |        |                                   |              |                              |              |            |              |  |     |
|  |  | Less: Excess, if applicable   | 1000        |  |             |        |                                   |              |                              |              |            |              |  |     |
|  |  | <b>Net Loss Payable</b>   | <b>5800</b> |  |             |        |                                   |              |                              |              |            |              |  |     |
|  |  | <b>Calculation of Under Insurance -</b>   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
|  |  | <table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Value at risk of Insured property</td> <td>Rs. 5,00,000</td> </tr> <tr> <td>Sum Insured opted by Insured</td> <td>Rs. 4,00,000</td> </tr> <tr> <td>Difference</td> <td>Rs. 1,00,000</td> </tr> <tr> <td>Under Insurance % (Rs. 1,00,000 divided by Rs. 5,00,000)</td> <td>20%</td> </tr> </tbody> </table>   |             |  | Description | Amount | Value at risk of Insured property | Rs. 5,00,000 | Sum Insured opted by Insured | Rs. 4,00,000 | Difference | Rs. 1,00,000 | Under Insurance % (Rs. 1,00,000 divided by Rs. 5,00,000) | 20% |
| Description  | Amount   |   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
| Value at risk of Insured property                        | Rs. 5,00,000                                       |   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
| Sum Insured opted by Insured                             | Rs. 4,00,000                                       |   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
| Difference   | Rs. 1,00,000                                       |   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
| Under Insurance % (Rs. 1,00,000 divided by Rs. 5,00,000) | 20%  |   |             |  |             |        |                                   |              |                              |              |            |              |  |     |
| 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>Email: <a href="mailto:fgclaims@futuregenerali.in">fgclaims@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<br/>For example –<br/><i>Branch Manager</i><br/><i>Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode:380008.</i><br/><i>Phone: +91 079-25464166 &gt;&gt;&gt;</i></li> <li>&lt;&lt;&lt;Direct Policy –<br/><i>Future Generali India Insurance,</i><br/><i>Ph: 1800 220 233 / 1860-500-3333 / 022-67837800</i><br/><i>Email: fgclaims@futuregenerali.in</i><br/><i>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&gt;&gt;&gt;</i></li> <li>Details of procedure to be followed for reimbursement of claim <ul style="list-style-type: none"> <li>- Intimate claims immediately upon occurrence of any event.</li> <li>- To intimate claim, send email to <a href="mailto:fgclaims@futuregenerali.in">fgclaims@futuregenerali.in</a> or call at our helpline number 1800-220-233/1860-500-3333.</li> <li>- Customer to use the same claim number for all communications.</li> <li>- Surveyor appointment as per regulatory guidelines.</li> <li>- Preserve all records of damages, purchases invoices, reinstatement invoices, reports of police and other authorities concerned, photographs &amp; any other documents may be called for.</li> <li>- Do not take any actions that may compromise your claim as well as deny any opportunity to assess the claim.</li> </ul> </li> </ul> |             |  | NA          |        |                                   |              |                              |              |            |              |  |     |

|       |   | <ul style="list-style-type: none"> <li>- Upon completion of all formalities, Insurance company shall confirm decision on acceptance of liability.</li> <li>- If claim is admissible and KYC/AML documents are already available with Insurer; claims payment shall be processed by NEFT mode of payment.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT) for claims settlement</b></li> </ul> <table border="1"> <thead> <tr> <th>S. No</th> <th>Stages of claim</th> <th>Times lines for settlement of claims</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Appointment of surveyor, if applicable.</td> <td>Immediately, in any case within 24 hours of the receipt of intimation from the insured</td> </tr> <tr> <td>2.</td> <td>Submission of survey report</td> <td>within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document</td> </tr> <tr> <td>3</td> <td>Settlement of claim</td> <td>Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.</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> | S. No | Stages of claim | Times lines for settlement of claims | 1. | Appointment of surveyor, if applicable. | Immediately, in any case within 24 hours of the receipt of intimation from the insured | 2. | Submission of survey report | within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document | 3 | Settlement of claim | Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim. |  |
|-------|---|---|-------|-----------------|--------------------------------------|----|---|--|----|-----------------------------|--|---|---------------------|---|--|
| S. No | Stages of claim                                   | Times lines for settlement of claims  |       |                 |                                      |    |   |  |    |                             |  |   |                     |   |  |
| 1.    | Appointment of surveyor, if applicable.           | Immediately, in any case within 24 hours of the receipt of intimation from the insured  |       |                 |                                      |    |   |  |    |                             |  |   |                     |   |  |
| 2.    | Submission of survey report                       | within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document  |       |                 |                                      |    |   |  |    |                             |  |   |                     |   |  |
| 3     | Settlement of claim                               | Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.   |       |                 |                                      |    |   |  |    |                             |  |   |                     |   |  |
| 13.   | Grievance Redressal and Policy holders 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> <p>Material information is very subjective and below are few examples:</p> <ul style="list-style-type: none"> <li>• Risk location</li> <li>• Security measures</li> <li>• Risk occupancy</li> <li>• Case specific material facts or risk details</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)

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**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.