

FUTURE TRAVEL SURAKSHA Customer Information Sheet/Know Your Policy

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

| SI No | Title | Description | Policy Clause Number | |
|----------|--|---|----------------------------|--|
| 1 | Name of Insurance Product /Policy | Future Travel Suraksha Select | | |
| 2 | Policy Number | Not Applicable | | |
| 3 | Type of Insurance Product/Policy | | | |
| 4 | Sum Insured (Basis) | Plans- Standard Select, Silver Select, Prime Care Select Sum Insured Options: Standard Select- ₹50,000, Silver Select- ₹ 1 Lac Prime Care Select- ₹ 50,000 | | |
| 5 | Policy | Expenses in respect of: | | |
| | Coverage (What the policy covers?) | Medical Care Medical Expenses for the treatment of an injury or illness sustained by You while this policy is in effect. Emergency Medical Evacuation -Expenses incurred in respect of transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation. Repatriation of Remains - Reimburse for the costs of transporting the remains of the deceased back to the Republic of India or for cost of a burial in the overseas country where the death occurred subject to the maximum limit as USD 10000. Continuation of Medical Treatment in India by You up to 90 days from Accident or the first diagnosis of illness in respect of which You are receiving medically necessary treatment. Daily allowance in case of Hospitalization for at least 2 consecutive days due to an illness or injury sustained during period of insurance. | Section II (A) | |
| | | Travel inconvenience Hijack Benefit – compensation in event the common carrier in which you are travelling is hijacked for period of more than 12 consecutive hrs. on the trip abroad during the Period of Insurance and your journey is interrupted or disrupted for more than 24 hours Trip Delay - compensation in event of Trip Delay, for more than 12 hours due to Covered Hazard. | Section II (B) | |

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| IONS | | |
|--|---------|----|
| Trip Cancellation - compensation in event of cancellation of Trip in India prior to its commencement towards non-refundable expenses on cancellation of the Travel Tickets, Hotel Booking or Scheduled Tour Bookings. Trip Curtailment - compensation in event of curtailment of trip overseas towards non-refundable expenses on cutting short the Travel Tickets, Hotel Booking or Scheduled Tour Booking. Missed Connection - compensation if the aircraft on which you have booked to travel from India is cancelled or delayed in event of inclement weather beyond 12 hours than the original scheduled arrival time, resulting in you missing the connecting flight at the destination of the connecting flight Loss of Passport - expenses necessarily incurred by you in obtaining a by duplicate /temporary passport overseas. Personal Care | Section | II |
| Baggage Loss (Checked in baggage) - reinstate or replace the Checked Baggage in respect of the complete and permanent total loss or destruction of Your checked in Baggage. Baggage Delay (Checked in baggage) – if Your Checked in Baggage is delayed or misdirected by a common carrier by more than 12 hours beyond the time of Your arrival at the intended destination outside India, we will pay You in respect of Your emergency purchase of toiletries, medication, and clothing to replace those contained in Checked Baggage. Compassionate Visit - indemnify the actual cost of economy class ticket by the most direct route on a common carrier for one immediate | (C) | |
| family member to travel from that immediate family member's place of residence to insured's place of hospitalization. Financial Emergency Assistance - In the event you require financial emergency Assistance following incidents like burglary/ theft of luggage/ money. The Service provider shall co-ordinate with your relatives in India to provide emergency cash assistance to You as per Your requirement. Personal Accident | Section | II |
| Accidental Death and Permanent Total Disability occur within 12 months from the date of Accident, which caused the Injury. Accidental Death (Common Carrier) occur within 12 months from the date of Accident, which caused the Injury while You are riding as a passenger in or on, boarding or alighting on a common carrier, during the course of Your overseas Journey while this policy is in effect. Accidental Death (Air Travel only) - if You sustain Accidental Bodily Injury during the course of Your Journey while this policy is in effect results in Your Accidental Death, while You are riding as a passenger in or on boarding or elighting from any commonsist cirling. | (D) | |
| in or on, boarding or alighting from any commercial airline. Special Care | Section | Ш |
| Golfers Hole in One Celebration - expenses incurred in celebration of | (E) | |

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| | achieving a hole-in-one by you in a United States Golfers Association (USGA) recognized golf course. Automatic extension of the period of insurance up to a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by common carrier, which is beyond your control, and no alternative air transportation is made available to you. Burglary (Home Contents) - indemnify for loss of or damage to contents in event of a burglary at the residence normally occupied by You in India (located at the address mentioned in the Schedule) during the period of travel overseas. | |
|---|---|-------------------|
| | Legal Liability Personal Liability - Legal liability incurred by you in your private capacity to pay damages for the third-party civil claims arising out of Accidental bodily injury or Accidental Property Damage occurring during Your Trip overseas. | Section II (F) |
| | Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan. | |
| 6 Exclusions (What the policy does not cover) | Any Pre-Existing Disease Any claim relating to events occurring before the commencement of | Section III |

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| | 1 | | |
|---|--|---|-------------------|
| 7 | Waiting period | Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed. Any treatment related to alcoholism or drug dependency. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), any bodily contact sport, any other potentially dangerous sport participation in any professional sports. Act of Terrorism by the Insured or which is abetted by the Insured in any manner. Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). Not Applicable | Not |
| ' | waiting period | Not Applicable | Applicable |
| 8 | Financial Limits of Coverage i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit) | 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. Please refer to point no. 14 (Benefit Chart) | |
| | ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to | Not Applicable | Not Applicable |

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| | be paid by | | | |
|----|--|--|---|---|
| | policy | | | |
| | holder/ | | | |
| | Insured) | | | |
| | iii. Deductible- | | | |
| | (It is a | Benefit | Deductible (in USD) | |
| | specified | Medical Expenses | 75 | |
| | amount | Daily Hospital allowance | 1 Day | |
| | up to which | Emergency Sickness Dental Relief | 100 | |
| | an | Hijack Benefit | 1 Day | |
| | insurance | Trip Delay | 12 hours | |
| | company | Trip Cancellation | 100 | |
| | will not pay | Trip Curtailment | 100 | |
| | any claim, | Missed Connection | 50 | |
| | and | Loss of Passport | 25 | |
| | which will be | Baggage Delay | 12 hours | |
| | deducted from | | 25 | |
| | total claim | Baggage Loss | | |
| | amount (if | Compassionate Visit | 200 | |
| | claim amount is | Personal Liability | 0.1% of limit of indemnity | |
| | more than the | | | |
| | specified | | | |
| | amount) | | | |
| | Any other limit | Not Applicable | | NI-4 |
| | | NOT Applicable | | Not |
| | , | Not Applicable | | |
| 9 | (as applicable) Claims/ Claims | | up to specified limits. Fixed | Applicable Section V |
| 9 | (as applicable) | Reimbursement of covered expenses amount on the occurrence of covered expenses | • | Applicable |
| 9 | (as applicable) Claims/ Claims | Reimbursement of covered expenses | • | Applicable |
| 9 | (as applicable) Claims/ Claims | Reimbursement of covered expenses amount on the occurrence of covered expenses | vents. | Applicable |
| 9 | (as applicable) Claims/ Claims | Reimbursement of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for | vents. or following: | Applicable |
| 9 | (as applicable) Claims/ Claims | Reimbursement of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for i. Helpline Number (toll free) - 1800 20 | vents. or following: | Applicable |
| 9 | (as applicable) Claims/ Claims | Reimbursement of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for i. Helpline Number (toll free) - 1800 20 ii. Downloading/getting claim form - | vents. or following: 9 1016 / 1800-103-8889 | Applicable |
| | (as applicable) Claims/ Claims Procedure | Reimbursement of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for i. Helpline Number (toll free) - 1800 20 ii. Downloading/getting claim form - https://general.futuregenerali.in/custo | vents. or following: 9 1016 / 1800-103-8889 | Applicable |
| 9 | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the second of the occurrence of covered expenses in the second of the occurrence of covered expenses in the second of the occurrence of the occurr | or following: 9 1016 / 1800-103-8889 omer-service/downloads | Applicable |
| | (as applicable) Claims/ Claims Procedure | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for i. Helpline Number (toll free) - 1800 20 ii. Downloading/getting claim form - https://general.futuregenerali.in/customatical control of the control of | or following: 9 1016 / 1800-103-8889 omer-service/downloads | Applicable |
| | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the second of the covered expenses in the second of th | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 | Applicable |
| | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses. Please find below the details /web link for i. Helpline Number (toll free) - 1800 20 ii. Downloading/getting claim form - https://general.futuregenerali.in/custor ii. Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/180 | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 | Applicable |
| | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the second of the covered expenses in the second of the second of the covered expenses in the second of the se | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 | Applicable |
| | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the second of the covered expenses in the second of the second of the covered expenses in the second of the se | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 | Applicable |
| | (as applicable) Claims/ Claims Procedure Policy | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the second of the covered expenses in the second of the second of the covered expenses in the second of the se | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 | Applicable |
| 10 | (as applicable) Claims/ Claims Procedure Policy Servicing | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses in the property of th | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 | Applicable Section V |
| | (as applicable) Claims/ Claims Procedure Policy Servicing Grievances | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses and the covered expenses of t | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 licy Schedule | Applicable Section V Grievance |
| 10 | (as applicable) Claims/ Claims Procedure Policy Servicing | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses and the covered expense of the covere | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 licy Schedule urer: | Applicable Section V Grievance Redressal |
| 10 | (as applicable) Claims/ Claims Procedure Policy Servicing Grievances | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses and the covered expenses of t | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 licy Schedule urer: | Applicable Section V Grievance |
| 10 | (as applicable) Claims/ Claims Procedure Policy Servicing Grievances | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses are also as a covered expense of covered expenses and the occurrence o | or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 licy Schedule urer: er-service/grievance- | Applicable Section V Grievance Redressal |
| 10 | (as applicable) Claims/ Claims Procedure Policy Servicing Grievances | Reimbursement of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses amount on the occurrence of covered expenses and the covered expenses of t | vents. or following: 9 1016 / 1800-103-8889 omer-service/downloads 0 500 3333/ 022-67837800 00 209 1016 licy Schedule urer: er-service/grievance- Department: | Applicable Section V Grievance Redressal |

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| | | Email: Fgcare@futuregenerali.in Website: www.futuregenerali.in 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 remember | Free Look Cancellation Policy Renewal Migration & Portability Change in Sum Insured Moratorium Period | Not Applicable |
| 13 | Your Obligations | Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. | Section V |
| 11 | Ronofit Chart | | |

14 | Benefit Chart

| Benefits | | Single Trip Plans | | |
|------------------------|---|-----------------------------|-----------------------------|-------------------------|
| All figures are in USD | | Standard Select | Silver Select | Prime Care Select |
| Medical Care | Medical Expenses | 50000 | 100000 | 50000 |
| | Emergency Medical Evacuation | Included | Included | Included |
| | Repatriation of remains. (limited to USD 10000) | Included | Included | Included |
| | Continuation of medical treatment in India* | Included | Included | Included |
| | Daily Hospital Allowance | 25 per day (max 5 days) | 25 per day (max 5 days) | NA |
| | Emergency Sickness Dental relief | 300 | 300 | NA |
| Travel Inconvenience | Hijack Benefit | 50 per day (max 7 days) | 50 per day (max 7 days) | 50 per day (max 7 days) |
| | Trip Delay | 20 per hrs (max 120 hrs) | 20 per hrs (max 120 hrs) | NA |
| | Trip Cancellation | 500 | 500 | NA |
| | Trip Curtailment | 300 | 300 | NA |
| | Missed Connection | 500 | 500 | NA |
| | Loss of Passport | 200 | 200 | 200 |

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| Personal Care | Baggage Delay (Checked in | 50 | 50 | 50 |
|--|---|------------------|------------------|-------------------------|
| reisonal Care | Baggage) Baggage Loss*** (Checked in Baggage) | 250 | 500 | 500 |
| | Compassionate Visit | Up to max of 500 | Up to max of 500 | NA |
| | Financial Emergency Assistance** | Available | Available | Available |
| Personal | Accidental Death & Permanent Total | 5000 | 5000 | 5000 |
| Accident | Disablement | | | |
| | Accidental Death -Common Carrier | 3000 | 5000 | 5000 |
| | Accidental Death- Air Travel Only | 5000 | 5000 | 5000 |
| Legal Liability | Personal Liability | 100000 | 100000 | 100000 |
| | Golfers Hole-in - one celebration | 100 | 100 | NA |
| Special Care | Automatic Extension for 7 Days | Available | Available | NA |
| ************************************** | Burglary (Home Contents) | | INR 100000 | NA Andiest Care subject |

^{*}This cover is applicable subject to balance sum insured being available under Medical Care subject to policy terms & conditions.

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

^{**} Financial Emergency Assistance -Service provider will assist in coordination for a cash assistance up to USD 100 for standard Select Plan and up to USD 200 for Silver Select Plan and Prime Care Select Plan subject to policy terms and conditions.

^{***-} per baggage max 50% & pe item in the baggage max 10%. The Policy would be as per the "Days of Travel "opted for.



Note

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of FGII, is at 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. Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.

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