

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

SN.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Product Name	Accident Suraksha	
2.	What I am covered for	<p>Primary Covers:</p> <ul style="list-style-type: none"> • Accidental Death • Permanent Total Disablement • Permanent Partial Disablement • Temporary Total Disablement <p>Inbuilt covers:</p> <ul style="list-style-type: none"> • Repatriation of remains and Funeral Benefit <p>Additional covers:</p> <ul style="list-style-type: none"> • Child Education Support • Life Support Benefit • Accidental Medical Expenses • Accidental Hospitalisation • Hospital Cash Allowance • Loan Protector • Adaptation Allowance • Family Transportation Allowance • Broken Bones • Road Ambulance Cover • Air Ambulance Cover • Adventure Sports Benefit • Chauffeur Plan Benefit 	Section C
3.	What are the major exclusions in the policy:	<p>We will not pay for any compensation, benefit or expenses under this Policy as a consequence of the following:</p> <p>Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</p> <p>Accident while under the influence of alcohol or drugs.</p> <p>Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion</p> <p>Any Accident of which a contributing cause was the Insured Person's actual or attempted commission of, or will full participation in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.</p> <p>Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.</p> <p>Participating in motor racing or trial run as a driver, co-driver or passenger</p> <p>Curative treatments or interventions that the Insured Person carries out or have carried out on his body</p> <p>Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these</p> <p>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</p> <p>Any existing disablement prior to the inception of the Policy</p> <p>(Note: the above is a partial listing of the Policy exclusions. Please refer to the Policy clauses for the full listing).</p>	<p>Section D</p> <p>Section D (1) (a)</p> <p>Section D (1) (c)</p> <p>Section D (1) (d)</p> <p>Section D (1) (e)</p> <p>Section D (1) (f)</p> <p>Section D (1) (g)</p> <p>Section D (1) (h)</p> <p>Section D (1) (i)</p> <p>Section D (1) (j)</p> <p>Section D (1) (l)</p>
4.	Waiting period	NA	

5.	Payment basis	Repatriation of remains and Funeral Benefit, Accidental Medical Expenses, Accidental Hospitalisation, Adaptation Allowance, Family Transportation Allowance, Road Ambulance Cover, Air Ambulance Cover on indemnity payment basis. Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, Child Education Support, Life Support Benefit, Hospital Cash allowance, Loan Protector, Broken Bones, Adventure Sports Benefit, Chauffeur Plan Benefit on benefit payment basis.													
6.	Loss Sharing	NA													
7.	Renewal Conditions	<ul style="list-style-type: none"> • Renewals will be lifelong except on ground of fraud, moral hazard or misrepresentation • In case of Renewal, Grace Period of 30 days is admissible for all the policies including policies with instalment option. • Loading in view of claims in the expiring Policy shall not be applied in Renewal premium 	Section E 4 a) Section E 4 d) Section E 4 c)												
8.	Renewal Benefits	<ul style="list-style-type: none"> • 5% increase in the Base Sum Insured for every continuous and claim free Policy Year, subject to a maximum of 25% of the Base Sum Insured including if Your policy is ported to Us. • In case a claim is made during a Policy Year, the Cumulative Bonus would reduce by 5% in the following year. However the Base Sum Insured will be maintained at all times. 	Section E 4 j) Section E 4 k)												
9.	Cancellation	<p>a) We may cancel this Policy by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.</p> <p>b) In case the Policy Period is of one year and You wish to cancel this Policy You should give Us 15 days notice in writing. We shall refund You balance premium after retaining premium as per the short term scale for the unexpired Policy Period as shown below:</p> <table border="1" data-bbox="422 1019 1082 1205"> <thead> <tr> <th>Policy Period</th> <th>Premium retained (% of annual rate)</th> </tr> </thead> <tbody> <tr> <td>Up to 1 month</td> <td>20%</td> </tr> <tr> <td>Up to 3 months</td> <td>40%</td> </tr> <tr> <td>Up to 6 months</td> <td>75%</td> </tr> <tr> <td>Up to 9 months</td> <td>90%</td> </tr> <tr> <td>Exceeding 9 months</td> <td>100%</td> </tr> </tbody> </table> <p>c) In case the Policy Period exceeds one year, this Policy may be cancelled by You at any time by giving at least 15 days written notice to Us. We will 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%.</p> <p>d) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy</p>	Policy Period	Premium retained (% of annual rate)	Up to 1 month	20%	Up to 3 months	40%	Up to 6 months	75%	Up to 9 months	90%	Exceeding 9 months	100%	Section E 2 vi) b) Section E 2 vi) c) Section E 2 vi) d) Section E 2 vi) e)
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Up to 1 month	20%														
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Exceeding 9 months	100%														
10.	Claims	<ul style="list-style-type: none"> • The Insured Person should intimate Us in writing immediately or in any event within 15 days • In case of the Insured Person's death, someone claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report, FIR or any other document that We ask for within 15 days • For claim under Accidental Hospitalisation, the Insured Person must give Notification of Claim in writing immediately, and in any event within 48 hours of the Injury. • The Insured Person must promptly and in any event within 30 days of discharge from a Hospital should send Us the claim documentation 	Section E 3 (i) b) Section E 3 (i) f) Section E 3 (iii) a) Section E 3 (iii) b)												

11.	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> • Company Officials: Grievance Redressal Officer (GRO) • Help lines: 1800-220-233 / 1860-500-3333 /022-67837800 • E-mail: Fgcare@futuregenerali.in • IRDAI/(IGMS/Call Centre): • Call Center: Toll Free Number (155255). • Complaint can be registered online at: HTTP://WWW.IGMS.IRDA.GOV.IN • Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx 	Grievance Redressal Procedure
12.	Insured's Rights	<ul style="list-style-type: none"> • Free Look: You will be allowed a period of at least 15 days from the date of receipt of the Policy, except for those policies with tenure of less than a year, to review the terms and conditions of the Policy and to return the same if not acceptable • Implied renewability: Your Policy shall be renewable lifelong except on grounds of fraud, moral hazard 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 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 Email: Fgcare@futuregenerali.in • Increase or decrease in Sum Insured is not allowed during the currency of the Policy. 	Section E 2 ix) a) Section E 4 a), b) Section E 4 m)
13.	Insured's Obligations	<ul style="list-style-type: none"> • The Insured Person must disclose all Pre-Existing Disease/s, injury/ disability 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.

ACCIDENT SURAKSHA

This **Policy** is issued to **You** based on the **Disclosure to information norm**, **Your Proposal to Us** and **Your** payment of the Premium. This **Policy** records the agreement between **Us** and **You** and sets out the terms of insurance and the obligations of each party.

A. OPERATION OF COVER

1. The cover provided by this **Policy** will only apply during the **Policy Period** stated in the **Schedule**.
2. The **Insured Person** is eligible to be covered under this **Policy** from 18 years upto the age of 70 years with lifelong renewability subject to continuous **Renewal** of the **Policy**. This **Policy** records the agreement between **Us** and **You** and sets out the terms of insurance and the obligations of each party. Child can be covered from 3 years to 25 years as a **Dependent Child**.

B. DEFINITIONS

Following words are phrases whenever they appear in bold in this **Policy** have special meanings as defined below against each of them:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accidental Death** means death due to **Accident**.
3. **Adventure sports** are activities having high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, skydiving, parachuting, scuba diving, riding or driving in races or rallies, mountain climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, aviation activities, ballooning, hand gliding, diving or under-water activity, river rafting, canoeing involving rapid waters, polo, yachting or boating.
4. **Assignee** means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under Section 38 of the Insurance Act, 1938 as amended from time to time.
5. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
6. **Base Sum Insured** means the sum insured for the Insured Person as stated in the Schedule of the first Accident Suraksha Policy taken with Us.
7. **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.
8. **Burn** is a type of injury to skin, or other tissues, caused by heat, electricity or chemicals.
9. **Coma of Specified Severity** means
 - a) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
 - b) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
10. **Condition Precedent** means a **policy** term or condition upon which the **Insurer's** liability under the **policy** is conditional upon.
11. **Common Carrier** means any civilian land conveyance operated under a valid license for the transportation of passengers for hire
12. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the **policyholder/** insured will bear a specified percentage of the admissible claims amount. A **co-payment** does not reduce the **Sum Insured**.
13. **Cumulative Bonus** means any increase or addition in the **Sum Insured** granted by the **insurer** without an associated increase in premium.
14. **Day Care Centre** means any institution established for **day care treatment of illness** and/ or **injuries** or a medical setup within a **hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **medical practitioner** AND must comply with all minimum criterion as under:-
 - a) has qualified nursing staff under its employment;
 - b) has qualified **medical practitioner/s** in charge;
 - c) has a fully equipped operation theatre of its own where **surgical procedures** are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
15. **Day Care Treatment** means medical treatment, and/ or **surgical procedure** which is:
 - a) undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
 - b) which would have otherwise required hospitalisation of more than 24 hours
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
16. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the **insurer** will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the **insurer**. A deductible does not reduce the **Sum Insured**.
17. **Dependent Child** refers to a child (natural or legally adopted), who is up to 25 years of age, financially dependent on the primary **Insured Person** or proposer and does not have his/ her independent sources of income.
18. **Disclosure to information norm** means that the **policy** shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
19. **Drowning** means the process of experiencing respiratory impairment from submersion/immersion in liquid/water.
20. **Family** means self, spouse and children.
21. **Fingers or Toes**, whether in the singular or plural, means the digits of a hand or foot.
22. **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.
23. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.
24. **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) of the said act **Or** complies with all minimum criteria as under:
 - a) has qualified nursing staff under its employment round the clock;
 - b) 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;
 - c) has qualified **medical practitioner(s)** in charge round the clock;

- d) has a fully equipped operation theatre of its own where **surgical procedures** are carried out;
- e) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
25. **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.
26. **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:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
27. **Insured Person** whether in singular or plural means the person(s) who come within the description of **Insured Persons** stated in the **Schedule**, who are nominated by **You** from time to time and for whom premium has been paid.
28. **Injury** means accidental physical bodily harm excluding **illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
29. **Inpatient Care** means treatment for which the **insured person** has to stay in a **hospital** for more than 24 hours for a covered event.
30. **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.
31. **IRDAI** means the Insurance Regulatory and Development Authority of India;
32. **Limb** whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle.
33. **Medical Advice** means any consultation or advice from a **Medical Practitioner** including the issue of any prescription or follow-up prescription.
34. **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.
35. **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 the scope and jurisdiction of license. The registered Medical Practitioner should not be the **Insured Person** or close family member.
36. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in **hospital** or part of a stay in **hospital** which
- is required for the medical management of the **illness** or **injury** suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a **medical practitioner**;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India
37. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
38. **Non-Network Provider** means any **hospital**, **day care centre** or other provider that is not part of the network.
39. **Nominee** shall mean the person selected by the policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.
40. **Notification of Claim** means the process of intimating a claim to the **insurer** or TPA through any of the recognized modes of communication.
41. **Occupation** means occupation of **Insured Persons** as shown in the **Schedule** or as declared to **Us** in the **Proposal**.
42. **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.
43. **Permanent Paralysis of Limbs** means total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
44. **Permanent Partial Disablement** means a bodily **Injury** caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the **Limbs** or organs of the body of the **Insured Person** and which falls into one of the categories listed in the "Table of Events" set out in the **Policy**.
45. **Permanent Total Disablement** means a bodily **Injury** caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the **Insured Person** from attending to any business or **Occupation** of any and every kind or if he/she has no business or **Occupation**, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the **Accident**, with no hopes of improvement at the end of that period.
46. **Policy** means the complete documents consisting of the **Proposal**, policy wording, **Schedule** and endorsements and attachments, if any.
47. **Policy holder** means the person stated in the **Schedule**.
48. **Policy Period** means the period starting with the commencement date mentioned in the **Schedule** till the end date mentioned in the **Schedule**.
49. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
50. **Pre-Existing Disease** means any condition, ailment or **injury** or related condition(s) for which there were signs or symptoms, and/ or were diagnosed, and/ or for which **medical advice/** treatment was received within 48 months to prior to the first **policy** issued by the **insurer** and renewed continuously thereafter.
51. **Pre-hospitalization Medical Expenses** means **medical expenses** incurred during pre-defined number of days preceding the **hospitalization** of the **Insured Person**, provided that:
- Such **Medical Expenses** are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and
 - The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company.
52. **Post-hospitalization Medical Expenses** means **medical expenses** incurred during pre-defined number of days immediately after the **insured person** is discharged from the **hospital** provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
53. **Principal Sum Insured** means the Sum Insured under **Accidental Death**, which would be highest Sum Insured under any cover
54. **Proposal** 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.
55. **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.
 56. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the **illness/ injury** involved.
 57. **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.
 58. **Schedule** means that portion of the **Policy** which sets out **Your/Insured Person's** 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**.
 59. **Sum Insured** means the amount stated in the **Schedule** for the **Insured Person** which represents **Our** maximum, total and cumulative liability for any and all claims during the **Policy Year** in respect of that **Insured Person**.
 60. **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**.
 61. **Temporary Total Disablement** means disablement which temporarily and totally prevents the **Insured Person** from attending to the duties of his usual business or **Occupation** and shall be payable for a maximum period of 100 weeks during such disablement from the date on which the **Insured Person** first became disabled.
 62. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
 63. **We, Our, Us, Insurer** – Future Generali India Insurance Company Limited.
 64. **You, Your, Yourself** – The **Policy holder** shown in the **Schedule**.

C. WHAT WE WILL PAY FOR

Following an **Injury** to the **Insured Person** which results in any of the events listed in the Table of Events, **We** will pay the **Insured Person** such percentage of the **Sum Insured** stated against the event in the Table of Events and specified in the **Schedule** provided that the **Schedule** mentions that **You** have opted for coverage against that event and paid premium for the same.

I. PRIMARY COVERS

The Primary Cover includes the following benefits. **We** will make payment for the benefits as specified in the **Schedule**.

1. **Accidental Death**
2. **Permanent Total Disablement**
3. **Permanent Partial Disablement**
4. **Temporary Total Disablement**

1. Accidental Death

If during the **Policy Year**, the **Insured Person** sustains **Injury** which directly and independently of all other causes results in death of the **Insured Person** within twelve (12) months from the date of **Accident**, then **We** will pay the **Sum Insured** as stated in the **Schedule**.

Special Condition:

a) Disappearance

In the event of the disappearance of the **Insured Person**, following a forced landing, stranding, sinking or wrecking of a civilian aircraft in which such **Insured Person** was known to have been travelling as an occupant or passenger, or as a result of any Act of God, it shall be deemed after twelve (12) months, that such **Insured Person** shall have died as a result of an **Accident**.

If, at any time, after the payment of the **Accidental Death** benefit, it is discovered that the **Insured Person** is still alive, all payments shall be reimbursed in full to the **Insurer**.

b) Drowning

In the event the body of the **Insured Person** is not found on account of **Drowning**, it shall be deemed as per the provisions of Indian Law that such **Insured Person** is dead as a result of an **Accident**.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Accidental Death	100%

2. Permanent Total Disablement

If during the **Policy Year**, the **Insured Person** sustains **Injury** which directly results in **Permanent Total Disablement** within twelve (12) months from the date of **Accident**, then **We** agree to pay the percentage of the **Sum Insured** shown in the Table of Events below and as specified in the **Schedule**.

It is clarified that for the purpose of this cover, **Permanent Total Disablement** shall entail one of the following:

- i. Permanent total loss of sight of both eyes
- ii. Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot
- iii. Permanent total loss and physical separation of or the loss of ability to use both hands or both feet
- iv. Permanent total loss and physical separation of or the loss of ability to use one hand and one foot

Special Conditions -

a) Coma of Specified Severity

- i. If an **Insured Person** sustains **Injury** which directly results in the **Insured Person** being in an **Intensive Care Unit** of a **Hospital** in a state of **Coma of Specified Severity**, within 30 days of the date of **Accident**, then **We** will pay to the **Insured Person** the **Sum Insured** stated in the Permanent Total Disablement section of the **Schedule**.
- ii. The **Coma of Specified Severity** should be for a minimum continuous period of 180 days or more for any benefits to be payable.

- b) **Permanent Paralysis of Limbs**
Permanent Paralysis of Limbs arising out of accident should be for a minimum continuous period of 12 months or more for any benefits to be payable. And should be confirmed by specialist medical practitioner.
- c) **Accidental Head injury**
The Accidental Head injury must result in an inability to perform at least four (4) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
The Activities of Daily Living are:
i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

We will pay the percentage of the Sum Insured shown in the table below:

Event	% of Permanent Total Disablement Sum Insured
Permanent Total Disablement:	150%
Permanent total loss of sight of both eyes	150%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or foot	150%
Permanent total loss and physical separation of or the loss of ability to use both hands or both feet	150%
Permanent total loss and physical separation of or the loss of ability to use one hand and foot	150%
Coma of Specified Severity due to Injury	150%
Permanent paralysis of Limbs	150%
Accidental Head injury	150%

3. Permanent Partial Disablement

If during the Policy Year, the **Insured Person** sustains **Injury** which directly results in **Permanent Partial Disablement** within twelve (12) months from the date of **Accident**, then **We** agree to pay the percentage of the **Sum Insured** shown in the Table of Events below and as specified in the **Schedule**. The Table of Events below sets out the events which constitute 'Permanent Partial Disablement'.

Special Conditions

a) Burns

If during the Policy Year, the Insured Person sustains Injury which results in Second Degree Burns or Third Degree Burns, then We agree to pay the percentage of the Sum Insured shown in the Table of Events below and as specified in the Schedule.

- Rule of nine - A system used by **Medical Practitioners** for assessing the percentage of the body surface affected by **Burns**. In this system, the head and each arm cover 9% of the body; the front of the body and the back of the body and each leg covers 18% of the body. The groin covers the remaining 1%.
- Second Degree Burns - **Burns** which penetrate beyond the epidermis, causing formation of blisters.
- Third Degree Burns – There must be third-degree burns with scarring that cover, at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Permanent Partial Disablement:	As Follows
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index Finger	10%
Any other Finger	5%
A leg above mid-thigh	75%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large Toe	5%
Any other Toe	2%
Permanent loss of sight of one eye	50%

Note:

Relevant Sum Insured refers to the Sum Insured of the primary covers, under which the claim is payable. Primary covers include Accidental Death/ Permanent Total Disablement/ Permanent Partial Disablement/ Temporary Total Disablement

Valid claim refers to the claim payable under primary covers i.e. Accidental Death/ Permanent Total Disablement/ Permanent Partial Disablement/ Temporary Total Disablement

d. Accidental Hospitalisation

If the **Insured Person** suffers an **Injury** during the **Policy Year** that requires the **Insured Person's Hospitalisation for Inpatient Care**, then **We** will reimburse the **Reasonable and Customary charges for Medical Expenses** incurred for the **Inpatient Care** of such **Insured Person** in India provided that the **Hospitalisation** commences within the same **Policy Year**. **Our** liability to meet **Medical Expenses of Hospitalisation** caused by such **Accident** will be limited to the **Sum Insured** of that **Policy Year**. This cover is independent of any claim under the Primary Covers and **Our** liability would be limited upto the **Sum Insured** mentioned in the **Schedule**.

The Insured Person can opt for Accidental Hospitalisation as a standalone cover. **We** shall reimburse such expenses up to a limit of **Sum Insured** as mentioned in the policy schedule subject to a maximum of Rs. 10 Lakhs.

Special exclusion for this section

- i. **Pre-hospitalization Medical Expenses** and **Post-hospitalisation Medical Expenses** are not covered.
- ii. **AYUSH** are not covered.

e. Hospital Cash Allowance

If the **Insured Person** suffers an **Injury** during the **Policy Year** that requires that **Insured Person's Hospitalisation** for Inpatient Care, then **We** will make payment of the sum mentioned in the **Schedule** for each completed day of **Hospitalisation** in India, for a maximum period of 30 days per **Policy Year** mentioned in the **Schedule** provided that the hospitalisation commences within the same policy year.

Special exclusion for this section

- i. **AYUSH** are not covered.

f. Loan Protector

- i. In the event of **Us** making a payment for **Accidental Death** or **Permanent Total Disablement**, **We** will also pay the sum mentioned in the **Schedule** against this benefit per month for the maximum period mentioned in the **Schedule**.
- ii. **We** will also make payment towards this benefit for each completed month of **Hospitalisation** within India in the event of the **Insured Person** meeting with an **Accident** and getting **hospitalized**. The maximum period for payment during the **Policy Period** shall be the number of months mentioned in the **Schedule**.

However, **We** reserve the right to pay the claim under this benefit as lump sum benefit.

g. Adaptation Allowance

If the **Insured Person** is required to modify his/her vehicle or make some changes in his/her house as necessitated by a **Permanent Total Disablement** which resulted from an **Accident** covered under this **Policy**, **We** shall reimburse such expenses up to a limit of 10% of the **Permanent Total Disablement Sum Insured** or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000 provided **We** have paid the claim towards **Permanent Total Disablement**.

h. Family Transportation Allowance

Following an **Injury** which results in **Accidental Death, Permanent Total or Permanent Partial Disablement** benefit payable under this **Policy**, if the **Insured Person** is confined in a **Hospital** outside 100 kms of his normal place of residence and the attending **Medical Practitioner** recommends the personal attendance of **Family** member, **We** shall reimburse the expenses incurred for the immediate **Family** member for transportation by the most direct route by a licensed common carrier to the place of **Hospitalization** of the **Insured Person**. The maximum amount payable for this cover shall be limited to 10% of the **Principal Sum Insured** or as mentioned in the policy schedule, whichever is less, subject to maximum Rs 50,000/.

i. Broken Bones

If an **Accident** causes an **Insured Person** to suffer a fracture (a break in the continuity of a bone) and this is certified by a **Specialist Medical Practitioner** and also confirmed by imaging investigations such as by X-ray, then **We** will pay the percentage of the **Sum Insured** specified in the table below.

SN.	FRACTURE	% OF SUM INSURED
1	Injury to vertebral body resulting in spinal cord damage	100%
2	Pelvis	100%
3	Skull (excluding nose and teeth)	30%
4	Chest (all ribs and breast bone)	50%
5	Shoulder (collar bone and shoulder blade)	30%
6	Arm	25%
7	Leg	25%
8	Vertebra – vertebral arch (excluding coccyx)	30%
9	Wrist (Colles' or similar fractures)	10%
10	Ankle	10%
11	Coccyx	5%
12	Hand	3%
13	Finger	3%
14	Foot	3%

15	Toe	3%
16	Nasal Bone	3%
17	Any other broken bone	Percentage as assessed by registered Medical Practitioner

Specific Conditions

- i. If an **Insured Person** suffers a fracture not mentioned in the table above, then **We** will assess the fracture with **Our** medical advisors and determine the amount of payment to be made.
- ii. **Our** maximum liability is limited to the **Sum Insured**, irrespective of the number of fractures caused by the same **Accident**.
- iii. If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, **Our** liability to make payment will be limited to the whole bone only and not any of its parts.

Note: In this benefit:

- Pelvis means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column.
- Skull means all skull and facial bones, (excluding nasal bones and teeth) which shall be treated as one bone.

j. Road Ambulance Cover

If the **Insured Person** suffers an **Injury** in India during the **Policy Year** and it is necessary to immediately transfer such person from the site of **Accident** to the nearest **Hospital/ Day Care Centre/ Nursing Home** by road in an ambulance offered by a healthcare or an ambulance service provider, then **We** shall reimburse the actual expenses of the transfer to the nearest **Hospital** or up to a maximum amount as mentioned in the **Schedule**, subject to a valid claim being admissible under the Primary Cover(s) of the **Policy**.

Specific Conditions

- a. Expenses for road ambulance transportation are restricted within India only.
- b. Return transportation to the **Insured Person's** home by ambulance is excluded.

k. Air Ambulance Cover

If the **Insured Person** suffers an **Injury** which causes emergency life threatening conditions during the **Policy Year** and it is necessary to immediately transfer such person from the site of **Accident** to the nearest **Hospital/ Day Care Centre/ Nursing Home**, then we will pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation as set out in the **Schedule**.

Specific Conditions

- i. Expenses for air ambulance transportation are restricted within India.
- ii. Return transportation to the **Insured Person's** home by ambulance is excluded.
- iii. Insured needs to make an intimation before availing the benefit under Air Ambulance Cover.

l. Adventure Sports Benefit

In case of **Injury** which causes **Accidental Death** or **Permanent Total Disablement** whilst engaged in **Adventure sports** in a non-professional capacity and under the supervision of a trained professional, during leisure trip, **We** will pay the **Sum Insured** as given in the **Schedule** under this benefit.

However, the **Sum Insured** for this cover shall be limited to 50% of **Sum Insured** under **Accidental Death** benefit to a maximum of ₹ 50,00,000/-.

m. Chauffeur Plan Benefit

If during the **Policy Year**, the **Insured Person** sustains an **Injury** and in the event of **We** making payment for a claim under **Permanent Partial Disablement** or **Temporary Total Disablement**, then **We** will pay the daily amount up to the **Sum Insured** upto a maximum of 30 days mentioned in the **Schedule**, for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the **Insured Person's** mobility to meet his/her work/**Occupational** commitments.

Specific conditions applicable to Additional Covers section:

- i. In case of claim paid under the **Accidental Death** or **Permanent Total Disablement**, the claim will also be paid under the respective **Additional Cover**, in case opted, as per the terms and conditions of the policy.
- ii. This **Policy** shall not be further renewed for the particular **Insured Person** on payment of a claim for **Accidental Death** or **Permanent Total Disablement** and **additional covers** related to **Accidental Death** or **Permanent Total Disablement**. In case of long term policies with single premium payment option, in the event of claim for Accidental Death or Permanent Total Disablement of that insured person, in a particular policy year, the premium for the subsequent (unutilized) Policy Year(s), if any, shall be refunded. In case of long term policies with instalment option, please refer to Section E 2 xv) of the Policy Wordings.

D. GENERAL EXCLUSIONS

1. Standard Exclusions

We shall not be liable to make any payment under this **Policy** directly or indirectly caused by, based on, arising out of or attributable to any of the following:

- a. Intentional self-**Injury** (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- b. Mental or nervous disorder, anxiety, stress or depression.
- c. **Accident** while under the influence of alcohol or drugs.
- d. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- e. Any **Accident** of which a contributing cause was the **Insured Person's** actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.
- f. 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.
- g. Participating in motor racing or trial run as a driver, co-driver or passenger.
- h. Curative treatments or interventions that the **Insured Person** carries out or have carried out on his body.
- i. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
- j. 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.

- k. Nuclear energy, radiation.
- l. Any existing disablement prior to the inception of the **Policy**.
- m. Whilst engaging in **Adventure sports**.
- n. Whilst engaging in hazardous activity.
- o. Venereal or sexually transmitted diseases, HIV (Human Immunodeficiency Virus) or HIV related **Illness** including AIDS (Acquired Immune Deficiency Syndrome) and / or mutant derivatives or variations however caused.
- p. Any **Medical Expenses**, services, supplies or treatment or **Hospital** stay which were not recommended or approved as **Medically Necessary Treatment** by a **Medical Practitioner**.
- q. Any expense incurred which is not exclusively medical in nature/ **Unproven/ Experimental treatment** of any description
- r. Expenses incurred for emergency medical evacuation, unless specifically insured.
- s. 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**.
- t. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.
- u. Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism
- v. Standard list of excluded items as mentioned in our website <https://general.futuregenerali.in>.
- w. Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website <https://general.futuregenerali.in/general-insurance/network-hospitals>.

2. Exclusion shall be waived on payment of additional premium

For the Exclusion D (i) (m) – We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or attributable to whilst engaging in Adventure Sports

E. CONDITIONS:

1. Condition Precedent to the contract

The fulfillment of the terms and conditions of this **Policy** (including the payment of premium by the due dates mentioned in the **Schedule**) insofar as they relate to anything to be done or complied with by **You** or any **Insured Person** shall be **Condition Precedent** to **Our** liability under this **Policy**.

2. Conditions applicable during the contract

i. Insured Person

Only those person(s) named as an **Insured Person** in the **Schedule** shall be covered under this **Policy**. Any person may be added during the **Policy Period** as an **Insured Person** after his/her application has been accepted by **Us**, additional premium has been paid and **We** have issued an endorsement confirming the addition of such person as an **Insured Person**.

ii. Nomination

The **Insured Person** is mandatorily 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 **Insured Person**. Any change of nomination shall be communicated to **Us** in writing and such change shall be effective only when an endorsement on the **Policy** is made.

iii. Assignment and Transfer of Insurance Policies

Any assignment or transfer of this Policy or any benefit thereunder shall be in accordance with the provisions of Section 38 of Insurance Act 1938, (as amended from time to time), which is set out as follows:

- a) A transfer or assignment of this Policy, wholly or in part, whether with or without consideration, may be made by an endorsement upon the Policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
- b) The Insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause a) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the Policy holder or in public interest or is for the purpose of trading of the Policy.
- c) The Insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the Policy holder not later than thirty days from the date of the Policy holder giving notice of such transfer or assignment.
- d) Any person aggrieved by the decision of the Insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Insurer containing reasons for such refusal, prefer a claim to the IRDAI.
- e) Subject to the provisions in sub-clause b) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Insurer, shall not be operative as against the Insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such Policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by the Insurer with written acknowledgement by the Insurer:
Provided that where the Insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the Policy is being serviced.
- f) The date on which the notice referred to in sub-clause e) hereinabove is delivered to the Insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the Policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause e) hereinabove are delivered:
Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the IRDAI.
- g) Upon the receipt of the notice referred to in sub-clause e) hereinabove, the Insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Insurer that he has duly received the notice to which such acknowledgement relates.
- h) Subject to the terms and conditions of the transfer or assignment, the Insurer shall, from the date of the receipt of the notice

referred to in sub-clause e) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the Policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the Policy, obtain a loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation.—Except where the endorsement referred to in sub-clause a) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause j) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

- i) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 4.
- j) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
 - i. The proceeds under the Policy shall become payable to the Policy holder or the Nominee or Nominees in the event of either the assignee or transferee predeceasing the Insured Person; or
 - ii. The Insured Person surviving the term of the Policy, shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the Policy or surrender a Policy.
- k) In the case of the partial assignment or transfer of the Policy under sub-clause a) hereinabove, the liability of the Insurer shall be limited to the amount secured by partial assignment or transfer and such Policy holder shall not be entitled to further assign or transfer the residual amount payable under the same Policy.

iv. Change of Occupation

You will give **Us** notice of any change in the business or **Occupation** of any **Insured Person** within 30 days of such change and **We** will issue an endorsement to this effect.

If at the time a claim arises under this **Policy** the **Insured Person** has changed his **Occupation** without **Us** being notified, then **Our** maximum liability will be limited to the amount that would have been payable for the premium paid and the new **Occupation**.

v. Alterations to the Policy

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

vi. Cancellation

- a) Cancellation will not be invoked by **Us** except on ground of fraud, moral hazard or misrepresentation
- b) **We** may cancel this **Policy** by giving **You** at least 15 days written notice, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy Period**.
- c) In case the **Policy Period** is of one year and **You** wish to cancel this **Policy**, **You** should give **Us** 15 days notice in writing. **We** shall refund **You** balance premium after retaining premium as per the short term scale for the unexpired **Policy Period** as shown below:

Policy Period	Premium retained (% of annual rate)
Up to 1 month	20%
Up to 3 months	40%
Up to 6 months	75%
Up to 9 months	90%
Exceeding 9 months	100%

- d) In case the **Policy Period** exceeds one year, this **Policy** may be cancelled by **You** at any time by giving at least 15 days written notice to **Us**. **We** will 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%.
- e) No refund of premium shall be due on cancellation if the **Insured Person** has made a claim under this **Policy**.

vii. Policy Period

- a) The **Policy** can be issued for tenure of 1 year, 2 years, 3 years.
- b) For providing coverage to specific events, the **Policy** can also be issued for less than 1 year

viii. Communication

- 1. **You/Insured Person** should send any communication meant to **Us** in writing to **Our** address shown in the **Schedule**.
- 2. **We** will send any communication meant to **You/Insured Person** (as the case may be) to the address shown in the **Schedule**.
- 3. **We** have agreed to issue this **Policy** based on the **Occupation** of the **Insured Person** that **You** have declared to **Us** while taking this **Policy**. If there is change in **Occupation** then **You** must tell **Us** in writing within 30 days of the change by filling a fresh **Proposal**. If **You** do not do this, then this **Policy** will cease as far as that **Insured Person** is concerned from the date of change of **Occupation**.

ix. Free Look Period

The free look period shall be applicable at the inception of the **Policy**.

- a. **You** will be allowed a period of at least 15 days from the date of receipt of the **Policy**, except for those policies with tenure of less than a year, to review the terms and conditions of the **Policy** and to return the same if not acceptable.
- b. If the **Insured Person** has not made any claim during the free look period, the **Insured Person** shall be entitled to:
 - i. A refund of the premium paid less any expenses incurred by the **Insurer** on medical examination of the **Insured Persons** and the stamp duty charges or;
 - ii. where the risk has already commenced and the option of return of the **Policy** is exercised by **You**, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk coverage during such period.

x. Multiple Policies

(Applicable only to indemnity sections under the **Policy**.)

- a. If two or more policies are taken by an **insured** during a period from one or more insurers to indemnify treatment costs, the **policyholder** shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
- b. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- c. The **policyholder** having multiple policies shall also have the right to prefer claims from other **policy/ policies** for the amounts disallowed under the earlier chosen policy/ policies, even if the **sum insured** is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other **policy / policies** so chosen.
- d. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the **policyholder** shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- e. Where an **insured** has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

xi. Fraud

We shall not be liable to make any payment under this **Policy** in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the **Insured Person** or by any other person acting on his behalf.

xii. Dispute Resolution

- a. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
- b. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

xiii. 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 here under.

xiv. Territorial Limits And Law

- a. **We** cover **Injury** sustained by the **Insured Person** during the **Policy Period** anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but **We** will make payment within India and in Indian Rupees.
- b. For sections - Accidental Medical Expenses, Accidental Hospitalisation and Hospital Cash Allowance, we will make payment for expenses incurred in India & in Indian rupees only.
- c. The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

xv. Special Conditions applicable for Policies Issued with Premium payment on Instalment basis

If **You** have opted for a **Policy Period** of more than one year, **You** can opt for payment of premium on an instalment basis. The following conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**):

- 1) In case of any claim, an amount equivalent to the balance of the instalment premiums payable in the **Policy Year**, would be recoverable from the admissible claim amount payable in respect of the **Insured Person**. In such case where the balance instalment premium is recovered, the policy shall continue for the remaining policy year.
- 2) If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.
- 3) In the event of claim for Accidental Death or Permanent Total Disablement of the insured person, in a particular **Policy Year**, the policy shall not continue for subsequent Policy Year(s) and further instalment premium shall not be applicable.
- 4) Relaxation Period is the extended period provided to the policyholder to pay the installment premium, post installment premium payment due date. The policyholder will be covered during the relaxation period
- 5) Relaxation period for the policies with installment option would be as under:

Instalment Option	Relaxation for payment of premium
Half yearly	15 days
Quarterly	15 days
Monthly	15 days

- 6) In case of instalment premiums not received within the relaxation period, the Policy will get cancelled and a fresh policy will be issued.

3. Condition when a Claim arises

i. Claims Procedure

If the **Insured Person** meets with an **Injury** that may result in a claim, then

- a. The **Insured Person** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends.
- b. The **Insured Person** or someone claiming on his/her behalf must inform **Us** in writing immediately and in any event within 15 days.
- c. The **Insured Person** must take reasonable steps immediately or at the earliest possible to lessen the consequences of his/her **Injury**.
- d. The **Insured Person** or someone claiming on his/her behalf must promptly give **Us** the documentation and other information **We** ask for to investigate the claim for **Our** obligation to make payment for it.
- e. The **Insured Person** must submit to examination by **Our** medical advisors if **We** ask, the cost for which will be borne by **Us**.
- f. In case of the **Insured Person's** death, the **Nominee** must inform **Us** in writing immediately and send **Us** a copy of the post-mortem report, FIR or any other document that **We** ask for within 15 days.
- g. **We** will make claim payment to the **Insured Person** or his/her **Nominee**, as the case may be. Any payment **We** make in good faith in this way will be a complete and final discharge of **Our** liability to make payment for the claim.

ii. Settlement of Claim

- a. **We** 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.
- b. Pending claims will be asked for submission of incomplete documents.

- c. Rejected claims will be informed to the **Insured Person** in writing with reason for rejection.
 - d. **We** will make claim payment to **You** or the **Insured Person** who met with the **Accident**.
 - e. Any payment **We** make in good faith in this way will be a complete and final discharge of **Our** liability to make payment for the claim.
 - f. **We** will make payment of the amount due within 30 days from the date of receipt of last 'necessary' document. However, in the circumstances where a claim warrant an investigation in **Our** opinion, **We** 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, **We** shall settle the claim within 45 days from the date of receipt of last 'necessary' document.
 - g. In the cases of delay in the payment of claim, **We** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
 - h. **We** will make all claim payments in Indian rupees within India only.
- iii. **Claims Procedure applicable only for Accidental Hospitalisation section**
 If **Insured Person** meets with any **Injury** that may result in a claim, then as a **Condition Precedent** to **Our** liability, the **Insured Person** must comply with the following:
- a. **Insured Person** must give **Notification of Claim** in writing immediately, and in any event within 48 hours of the aforesaid **Injury**. **Insured Person** must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
 - b. **Insured Person** must promptly and in any event within 30 days of discharge from a **Hospital** give **Us** the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/ death certificate (as applicable)) and other information **We** ask for to investigate the claim or in relation to **Our** obligation to make payment for it.
 - c. The periods for intimation or submission of any documents as stipulated under (a), and (b) will be waived in case of any hardships being faced by the **Insured Person** or his representative which is supported by some documentation.
- iv. **Claim Documents**
 The Insured / Insured Person or his / her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy. The documents mentioned below are an indicative list. Additional documents may be asked, if required, for specific claims.

Photocopies of any document submitted must be attested by the Future Generali Branch Manager/ Gazetted Officer.

- Duly Completed Personal Accident Claim Form signed by Insured/ Nominee along with completely filled Attending Physician's Statement
- Photocopy of Policy Schedule
- Copies of medical documents supporting the accidental injury and treatment taken related to the same
- Disability Certificate
 - For Physical Disabilities related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by Orthopedic Surgeon mentioning the type and percentage of disability
 - For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only
 - For Non - Physical Disabilities - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related speciality (e.g. Loss of memory, sense organs, vision, hearing etc.)
- Original Investigation Reports and copies of reports, X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any
- Photographs of the Insured Person highlighting the injury / disability
- Copy of FIR / MLC (if registered)/ Panchnama, wherever applicable
- Leave Records with seal and signature of Authorized signatory of the organization specifying the period of leave and reason for the same
- Copy of Photo ID and Address Proof of Insured Member for whom Claim is lodged
- Copy of Photo ID, Address Proof and Recent Photograph of Proposer (*if claimed amount is above INR 1 Lakh*).
- Copy of Death Summary, Treatment Papers & Investigation Reports, in case of Death Claim
- Copy of Death Certificate, in case of Death Claim
- Copy of Post Mortem / Viscera Report, in case of Death Claim
- Copy of Final Police Investigation Report, in case of Death Claim
- Photographs and Newspaper reports related to the accident, in case of Death Claim
- Original Discharge Summary of Hospital mentioning the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration, wherever applicable
- Original final hospital bill for hospitalization period, with pre numbered paid receipt with hospital seal and signature of authorized signatory, wherever applicable
- Original pharmacy bills along with copies of prescriptions, wherever applicable
- Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (**Mandatory** if Nominee name is not mentioned on policy schedule)

Claim Documentation Specific to Deaths/Disappearance/Coma Arising out of Causes Mentioned Below in Addition to above documentation

- **Driving** - Valid Driving License
- **Drowning** - In case the body is not found, then after an interval of 1 year from the date of loss, certificate issued by the appropriate authority that the member has died due to drowning is required.
- **Fire** - If the body is completely charred to ashes, certificate issued by the appropriate authority that the member has died due to fire will be required.
- **Stroke of Lightning or Electric Shock** - Report from the Electricity Supply Department certifying that the death is due to an electric shock
- **In case of claim for Disappearance of Civilian Aircraft:** Boarding/ Travel certificate from Registered Airlines mentioning necessary details, on letterhead with seal and signature of authorized signatory
- **Coma:** Certificate from Treating Neurophysician, on letterhead with seal and signature and Registration number, mentioning severity of Coma as specified and comatose state extending beyond 180 days, necessitating ICU care.

Air Ambulance cover:

- Original pre-numbered paid receipt and bill for availing Ambulance services
- Copy of registration certificate for Air ambulance

Broken Bones:

- X-ray/MRI/CT scan/any other radiological investigation films and reports supporting diagnosis.
- Other medical documents as per Temporary Total Disability check list, as above.

Family Transportation Allowance:

- Certificate from treating consultant recommending the personal attendance of one immediate family member.
- Original pre-numbered paid receipt and bill/ ticket for transportation of family member by most direct route and by licensed common carrier.

For claims for Accidental Burns:

- Certificate from Treating Consultant on his letterhead with seal and signature with registration number mentioning % of Burns as per rule of Nine and degree of burns sustained.

Chauffeur Plan cover:

- Original pre-numbered paid receipt and bill for hiring licensed Chauffer and/ or Taxi services, for Chauffeur Plan cover

4. Conditions for renewal of the contract

- Your Policy** shall be **Renewable** lifelong.
- Renewals will not be refused by Us except on ground of fraud, moral hazard or misrepresentation.
- Loading in view of claims in the expiring **Policy** shall not be applied in **Renewal** premium.
- In case of a **Renewal**, a **Grace Period** of 30 days is permissible for all the policies including policies with instalment option.
- Any claim incurred as a result of an **Accident** during the **Grace Period** will not be admissible under the **Policy**.
- The premium rates/ per mille rates as shown in the prospectus/ brochure are subject to revision as and when approved by the **IRDAI**. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
- Any change in benefit or premium will be done with the approval of the **IRDAI** and will be intimated to **You** at least 3 months in advance. In the likelihood of this **Policy** being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the **Policy**.
- We will not apply any additional loading on **Your Policy** premium at **Renewal** based on claim experience.
- The premium rates or loadings for the **Policy** would not be changed without approval from **IRDAI**.
- If **You Renew** this **Policy** with **Us** within 30 days of expiry of the **Policy**, **We** shall give **You** a **Cumulative Bonus** which shall be a 5% increase on the **Base Sum Insured** for each continuous and claim free **Policy Year**. The maximum increase shall be 25% of the **Base Sum Insured** including if **Your** policy has been ported to **Us**. **You** will be eligible for **Cumulative Bonus** only if the **Schedule** specifies that this option is in force.
- In case a claim is made during a **Policy Year**, the **Cumulative Bonus** would reduce by 5% in the following year. However the **Base Sum Insured** will be maintained at all times.
- If any **Dependent Child** has completed 25 years at the time of **Renewal**, then such person can be covered under a separate policy. The **Cumulative Bonus** will be passed on to the separate policy taken by such person
- No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/decrease in Sum Insured or change in cover, addition/deletion of Insured Persons, etc 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.

ISO No.: FGH/UW/RET/132/02

Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022- 67837800 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. Under license.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number:										
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INSURED DETAILS

Name of the Insured (in full):			
Address			
State		Pin code	
Mobile		Landline	
Email		Occupation	

DETAILS OF ACCIDENT

1. Date and time of Accident:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	M	M	AM / PM
---	---	---	---	---------

2. Please state the place of Accident : _____

3. Please provide brief details of accident/ incidence in a separate sheet and enclose with claim form (Mandatory)

TYPE OF CLAIM (Please tick the section/s under which the claim is lodged)

1. Primary Cover

Accidental Death Permanent Total Disablement Permanent Partial Disablement Temporary Total Disablement

2. Additional Cover

Accidental Medical Expenses* Accidental Hospitalization Broken Bones Chauffeur Plan Adventure Sports Benefit
 Air ambulance Cover Road Ambulance Cover Family Transportation Life Support Benefit Loan Protector
 Child Education Support Adaptation Allowance Hospital Cash Allowance

*Please provide details of Medical Expenses incurred in a separate sheet showing Bill Numbers, Expense Head, Dates and Amount.

3. In Case of Death: Please provide following details:

Name of Nominee: _____

Nominee's Mobile No. : _____ E Mail ID: _____

*In case nominee has been declared at the time of proposal, then no change will be accepted at the time of claim. Legal Heir Certificate is mandatory if nominee details are not available in policy.

4. In case of Confinement/ Away from work:

Please mention the period of confinement (This should be the actual days when away from work on Medical Advice)

Total Confinement Period: From: DD / MM / YYYY To: DD / MM / YYYY

5. Have the Police been informed about the accident? YES NO

If yes, please give following details and submit the FIR and Medico Legal Certificate (MLC) along with claim documents.

MLC No: _____ FIR No: _____

Name & Address of the Police Station: _____

6. Please provide following details of CASUALTY DOCTOR (*Doctor who has first treated the patient after the accident*)

Doctor Name: _____

Hospital / Clinic Name: _____

Hospital / Clinic Address: _____

Contact No: _____

DETAIL OF OTHER HEALTH / PERSONAL ACCIDENT POLICIES AND CLAIMS

7. Are you insured under any other Policy? YES NO
(If yes, Please provide following details)

Name of the Insurance Company: _____

Policy No: _____

Period of Insurance: _____

Policy Issuing Office: _____

Have you made any Claims in Past? YES NO
(If yes, please provide details including)

Nature of Accident: _____

Claim Amount: _____

DECLARATIONS

I / We _____ hereby declare that the details given above are true and correct to the best of my/our belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date: DD / MM / YYYY

Place: _____

Signature of Insured / Nominee

ATTENDING PHYSICIAN'S STATEMENT

(To be filled completely and signed by Attending Physician only. Incomplete Statement will lead to closure of claim)

1. Name of Injured Person: _____ Age of Injured Person: _____

2. Date of Accident: DD / MM / YYYY Time of Accident: AM / PM

3. History and Alleged Cause of Injury: _____

Nature of the Accident, Clinical Details of Injuries Sustained: _____

4. Provisional Diagnosis: _____

5. Does the Cause of Accident as stated by the Claimant tally as per your opinion? YES NO

6. Are the injuries solely due to the accident? YES NO

If yes, please provide the injury certificate: _____

7. Please specify exact anatomical site and extent of injury: _____

8. Do the injuries appear fresh or old? FRESH OLD

9. Please confirm probable duration since when the injury was sustained: _____

10. Was the Injured Person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his condition? YES NO

11. Was the claimant hospitalized? YES NO

12. If yes, then please provide period of hospitalization: From: DD / MM / YYYY To: DD / MM / YYYY

13. What treatment/ procedure/ operations were performed? _____

14. Was he/she under the influence of intoxicants or drugs at the time of accident? YES NO

15. Are you his Family Doctor? YES NO

16. If you have treated him for any previous illness or injury, please provide details: _____

17. Has this accident been reported to the Police Authorities? YES NO

18. MLC No: _____ FIR No: _____

19. Name & Address of the Police Station: _____

20. Please specify nature of Disability: _____

21. In case of Permanent Partial Disablement: Please mention Disability Percentage

22. Percentage: _____ (%) _____ (In words)

23. How long was or will the claimant be totally disabled? From: DD / MM / YYYY To: DD / MM / YYYY

24. Doctor's Name: _____ Signature: _____

25. Address and Contact No: _____

26. Date: DD / MM / YYYY Registration Number: _____

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER (NEFT)

Please attach any of the following documents carrying the required information (In case of Group Personal Accident policy, NEFT is to be provided only if the beneficiary is employee or individual)

Document List (Any One of the Following)	Required Information on the Document Submitted
1. Photocopy of cheque with printed name of Proposer / Employee / Nominee (in case of death)	1. Name of Proposer / Employee / Nominee (in case of death)
2. Bank Passbook	2. Bank Account Number
3. Bank Statement	3. Bank Account Type
4. Duly filled NEFT form authorized by the bank	4. IFSC Code
	5. Bank Name & Branch name

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd ("Company") or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Employee / Proposer: _____

Signature of Employee / Proposer: _____

Claimant Name: _____

Policy No.: _____

Date: DD / MM / YYYY

Place: _____

FEEDBACK AND SUGGESTIONS

We thank you for choosing Future Generali as your Insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavor, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.





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?

A “Grievance/Complaint” is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

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		E-mail	fgcare@futuregenerali.in
	GRO at each branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO)		Website	https://general.futuregenerali.in

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 write directly to our **Customer Service Cell at our Head office:**

	Customer Service Cell	<p>Customer Service Cell Future Generali India Insurance Company Ltd. Corporate & Registered Office: 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013</p> <p><i>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.</i></p>
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What should I do, if I face difficulty in registering a grievance?

While we constantly endeavor 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:

We have established a separate channel to address the grievances of Senior Citizens. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction.

You may reach the nearest insurance ombudsman office. 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 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079-27546150/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in	Gujarat, 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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596461 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	Orissa
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@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, 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@gbic.co.in	Tamilnadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.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@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part 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@gbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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 Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928/26106552 Fax: 022- 26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301 Tel: 0120-2514250/51/53 E-mail: bimalokpal.noida@gbic.co.in	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, 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 – 800006 Tel: 0612-2680952 E-mail: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3 rd 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@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website <https://general.futuregenerali.in> or from any of our offices

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website:
<https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in.

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

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Customer Name _____

Address _____

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

Detailed Description _____

Date

D	D	M	M	Y	Y	Y	Y
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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: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. 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 #

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Comments: _____

