

## KEY INFORMATION SHEET

SN	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Coronavirus Insurance	
2	What I am covered for	<p>We will pay the Insured Person the Sum insured as a lump sum amount as specified below in case of insured being <b>quarantined</b> for, or <b>diagnosed</b> with COVID-19.</p> <ol style="list-style-type: none"> <li>1. Insured is eligible for a lump sum benefit of 100% of Sum Insured if diagnosed positive of COVID-19 infection. The diagnosis should be confirmed by a Medical Practitioner along with a submission of a confirmatory test* from a Government approved laboratory or WHO approved laboratory (wherever applicable).</li> <li>2. Insured will be eligible for a lump sum benefit of 50% of Sum Insured, if he/she is required to be quarantined at a Government or Military Hospital or any Private/ Government hospital approved by the respective Government(s) or WHO, for quarantine purpose (for COVID-19). The quarantine period specified is at least 14 days for suspected COVID-19 infection. Insured will also be eligible for an additional benefit of 10% of Sum Insured in case of Quarantine, towards incidental expenses.</li> <li>3. In case of a claim for COVID-19 positive infection following a claim for quarantine, our liability will be restricted to 100% of Sum Insured <b>ONLY</b> for both the claims.</li> </ol> <p>* For claims admissibility, date of sample collection for Test report, post 30 days <b>ONLY</b> (from policy inception) shall be valid.</p>	Section B
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> <li>• Any condition other than quarantined for, or diagnosed with COVID-19 infection.</li> <li>• Any condition with respect to the covered benefits, for which the insured had signs or symptoms, and was diagnosed, and/or received medical advice/treatment within the waiting period.</li> <li>• If the insured has travelled to those countries for which the Government has issued travel advisory. The list of countries will be updated from time to time by Government of India</li> <li>• Crew members/ staff of any Airlines, Crew members of Ships, Hospital and Health Care staff.</li> <li>• Home Quarantine</li> <li>• In case sample collection date for test report is within the waiting period (30 days from inception date of Policy with Us)</li> </ul>	Section C.2
4	Applicable Waiting periods	We are not liable for any claim arising from insured being quarantined for or diagnosed with COVID-19 infection within 30 days from inception date of Policy with Us.	Section C. 1
5	Payment basis	Fixed amount on the occurrence of a covered event.	Section B
6	Your Share	Not Applicable	
7	Renewal Conditions	This Policy may be renewed by mutual consent and in such event; the renewal premium, as per our renewal quote, shall be paid to us on or before the date of expiry of the Policy or of the subsequent renewal thereof.	Section D : 4
8	Cancellation	<ul style="list-style-type: none"> <li>• We may cancel this Policy by giving You at least 15 days written notice on the grounds of fraud, moral hazard or misrepresentation or non-cooperation and if no claim has been made then, We shall refund a pro-rata premium for the unexpired Policy Period.</li> <li>• The Insured may cancel this insurance by giving Us at least 15 days written notice and if no claim has been made then We shall refund</li> </ul>	Section D:2.v

		<p>premium on short term rates for the unexpired Policy.</p> <table border="1"> <thead> <tr> <th>Period on risk</th> <th>Rate of premium refunded</th> </tr> </thead> <tbody> <tr> <td>Up to one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Up to three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>No refund shall be available on cancellation if there has been a claim under this Policy.</li> </ul>	Period on risk	Rate of premium refunded	Up to one month	75% of annual rate	Up to three months	50% of annual rate	Up to six months	25% of annual rate	Exceeding six months	Nil	
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Up to six months	25% of annual rate												
Exceeding six months	Nil												
9	Claims	<ul style="list-style-type: none"> <li>We must be informed of any event or occurrence that may give rise to a claim under this Policy within 15 days of the illness. You can intimate us through letter, email, fax or telephone.</li> <li>Our liability will be restricted to 100% of sum insured for that member under the policy, irrespective of the number of claims. Once claim is paid, the insurance cover for that member will cease to exist.</li> </ul>	Section D:3										
10	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> <li>Company Officials Grievance Redressal Officer (GRO): <ul style="list-style-type: none"> <li>Helplines : 1800-220-233/ 1860-500-3333/ (022) 67837800</li> <li>Email: <a href="mailto:Fgcare@futuregenerali.in">Fgcare@futuregenerali.in</a></li> <li>Website: <a href="http://www.futuregenerali.in">www.futuregenerali.in</a></li> </ul> </li> <li>IRDAI/(IGMS/Call Centre): <ul style="list-style-type: none"> <li>Call Centre: Toll Free Number (155255).</li> <li>Compliant can be registered online at: <a href="http://WWW.IGMS.IRDA.GOV.IN/">HTTP://WWW.IGMS.IRDA.GOV.IN/</a></li> </ul> </li> <li>Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available on: <a href="http://www.policyholder.gov.in/Ombudsman.aspx">http://www.policyholder.gov.in/Ombudsman.aspx</a></li> </ul>											
11	Insured's Rights	Renewability is subject to continuous renewal of the group policy.											
12	Insured's Responsibilities	The Insured Person must disclose any material information during the Policy Period.											

## Coronavirus Insurance

Whereas the Insured Person designated in the Schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Future Generali India Insurance Company Ltd. (herein after called the Company) for the insurance herein after set forth in respect of Employees/ Members (including their eligible Family Members) named in the schedule hereto (herein after called the Insured Person) and has paid premium as consideration for such insurance.

The Insured Person is eligible to be covered under this policy up to the age of 75 years with renewability subject to continuous renewal of the Coronavirus Insurance policy. This Policy records the agreement between the Company and the Insured Person and sets out the terms of insurance and the obligations of each party.

### A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **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.
2. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
4. **COVID – 19** is a viral infection which is caused by a type of human Corona Virus called SARS-CoV-2 (Severe Acute Respiratory Syndrome Corona Virus 2).
5. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
6. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
7. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
8. **Family** means and includes You, Your Spouse, maximum up to 3 dependent children up to the age of 25 years and two dependent parents.
9. **Hospital:** A 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 in the respective countries and in case of India it means any institution 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) and the said act Or complies with all minimum criteria as under:
  - i. has qualified nursing staff under its employment round the clock;
  - ii. 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;
  - iii. has qualified medical practitioner(s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
10. **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.
11. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
  - a. **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** is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
    - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    - ii. it needs ongoing or long-term control or relief of symptoms
    - iii. it requires Your rehabilitation or for You to be specially trained to cope with it
    - iv. it continues indefinitely
    - v. it comes back or is likely to come back.
12. **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.

13. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
14. **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 its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.  
  
Note: In case the Medical practitioner is practicing outside India, he/ she should be a licensed medical practitioner acting within scope of his license and who holds a degree of a recognized institution and is registered by the authorized Medical Council of the respective country.
15. **Medically necessary treatment** is defined as 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.
16. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
17. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
18. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
19. **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 prior to the first policy issued by the insurer and renewed continuously thereafter.
20. **Proposal form** 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.
21. **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.
22. **Quarantine** means separation and restriction of the movement of people who were exposed to a contagious disease, until it can be determined whether they have become sick or no longer pose a risk to others
23. **Schedule** means that portion of the **Policy** which sets out **Your** 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**.
24. **Sum Insured** means the amount specified in the Policy Schedule, which We will pay for claim made by You under the Policy Year in respect of the Insured Person(s).
25. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
26. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
27. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

## B. SCOPE OF COVER

This product is offered on Individual **Sum Insured** basis only.

We will pay the Insured Person the Sum insured as a lump sum amount as specified below in case of insured being **quarantined** for, or **diagnosed** with COVID-19.

- Insured is eligible for a lump sum benefit of 100% of Sum Insured if diagnosed positive for COVID-19 infection. The diagnosis should be confirmed by a Medical Practitioner along with a submission of a confirmatory test\* from a Government approved laboratory or WHO approved laboratory (wherever applicable)
- Insured will be eligible for a lump sum benefit of 50% of Sum Insured, if he/she is required to be quarantined at a Government or Military Hospital or any Private/ Government hospital approved by the respective Government(s) or WHO, for quarantine purpose (for COVID-19). The quarantine period specified is at least 14 days for suspected COVID-19 infection. Insured will also be eligible for an additional benefit of 10% of Sum Insured in case of Quarantine, towards incidental expenses.
- In case of a claim for COVID-19 positive infection following a claim for quarantine, our liability will be restricted to 100% of Sum Insured ONLY for both the claims.

\* For claims admissibility, date of sample collection for Test report, post 30 days ONLY (from policy inception) shall be valid.

## C. EXCLUSIONS

### 1. Waiting Periods

We are not liable for any claim arising from insured being quarantined for or diagnosed with COVID-19 infection within 30 days from inception date of Policy with **Us**.

### 2. Standard Exclusions

**We** will not pay for any expenses incurred by **Insured Person** in respect of claims arising out of or howsoever related to any of the following:

- (i) Any condition other than **quarantined** for, or **diagnosed** with COVID-19 infection.
- (ii) Any condition with respect to the covered benefits, for which the insured had signs or symptoms, and was diagnosed, and/or received medical advice/treatment within the waiting period.
- (iii) If the insured has travelled to those countries for which the Government has issued travel advisory. The list of countries will be updated from time to time by Government of India.
- (iv) Crew members/ staff of any Airlines, Crew members of Ships, Hospital and Health Care staff.
- (v) Home Quarantine
- (vi) In case sample collection date for test report is within the waiting period (30 days from inception date of Policy with **Us**)

## D. CONDITIONS

### 1. Condition Precedent to the contract

- (i) The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company

### 2. Conditions applicable during the contract

- (i) **Due Care**  
Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.
- (ii) **Addition and deletion of members**
  - a) The new members can be added at periodic intervals in this group Policy. However the insurance coverage for every member of the Group Health Insurance shall not exceed the maximum policy term.
  - b) The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.
  - c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

### (iii) Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy Period** after his application has been accepted by **Us**, an additional premium has been paid and **Our** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured.

(iv) **Communications**

Every notice of communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.

(v) **Cancellation**

- a) Cancellation will not be invoked by the Company except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the Insured
- b) The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.
- c) The Insured Person may cancel this insurance by giving the Company at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- d) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy.

(vi) **Policy Period**

The **Policy** can be issued for tenure of 1 year.

(vii) **Territorial Limits and Law**

- a) We cover 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) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

(viii) **Fraud**

The Company 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.

(ix) **Endorsements**

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

3. **Conditions when a claim arises**

A. **Claims Procedure**

- a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 15 days of the illness. You can intimate us through letter, email, fax or telephone.
- b) **You** or someone claiming on **Your** behalf must give **Us** the necessary documents, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it
  - i. Our original claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
  - ii. Photocopies of first consultation paper and Medical certificate confirming the diagnosis/treatment of Illness from Medical Practitioner.
  - iii. Medical Certificate certified by Government or Military Hospital or any Private/ Government hospital approved by the respective Government(s) or WHO, for quarantine purpose (for COVID-19)
  - iv. Photocopies of test reports from Government approved laboratories (currently it is NIV (Pune), NCDC (Delhi), VRDL in various states). For Worldwide cover, reports from respective Government(s)/ WHO approved laboratories would be valid. The report should mention the sample collection date
  - v. Photocopies of treatment records
  - vi. KYC documents, wherever applicable

B. **Claims Payment**

- a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- b) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.



- c) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.
- d) Our liability will be restricted to 100% of sum insured for that member under the policy, irrespective of the number of claims. Once claim is paid, the insurance cover for that member will cease to exist.

#### C. Settlement of Claims

- a) Our Medical Practitioners 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 specified in Section 3. A. b above
- b) In case of 'pending' claims, We will ask for submission of incomplete documents.
- c) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
- d) 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.
- e) In the cases of delay in the payment of a 'settled' 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 which is 2% above the bank rate prevalent at the beginning of the financial year.

#### D. Multiple Policies

In case of multiple policies which provide fixed benefits, the insured can claim in accordance with the terms and conditions of the policies. Each insurer shall make the claim payments independent of payments received under other similar policies. Our Maximum liability for an insured, considering all the policies with Us, will be restricted to ₹ 300000/-

#### E. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

#### F. 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 hereunder

#### G. Examination of Records

We may examine Your records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy

#### 4. Conditions for renewal of the contract

##### (i) Renewal

- a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- b) The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed
- c) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
- d) The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis.

#### In case of any claims contact

##### Claims Department

##### Future Generali Health (FGH)

##### Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building, G - O – Square

S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

**Toll Free Number: 1800 103 8889**

**Toll Free Fax: 1800 103 9998**

**Email: [fgf@futuregenerali.in](mailto:fgf@futuregenerali.in)**



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**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: [fgf@futuregenerali.in](mailto:fgf@futuregenerali.in). Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

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?

“Complaint” or “Grievance” means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

*Explanation: An Inquiry/Query or Request would not fall within the definition of the “complaint” or “grievance”.*

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel

### If you have a complaint or grievance you may reach us through the following avenues:


	<b>Help - Lines</b>	1800-220-233 / 1860-500-3333 / 022-67837800	 	<b>Email</b>	<a href="mailto:Fgcare@futuregenerali.in">Fgcare@futuregenerali.in</a>
				<b>Website</b>	<a href="https://general.futuregenerali.in/">https://general.futuregenerali.in/</a>
	<b>GRO at each Branch</b>	Walk-in to any of our branches and request to meet the <b>Grievance Redressal Officer (GRO)</b> .			

### 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 directly contact our **Grievance Redressal Officer** at our Head office.
  - ⇒ **You can email to : [fggro@futuregenerali.in](mailto:fggro@futuregenerali.in) or call at: 7900197777**
  - ⇒ You can write directly to our **Grievance Redressal Cell at our Head office:**

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

While we constantly endeavour 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/](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 dissatisfied with the resolution provided or if it is already 30 days since you filed your complaint, you can approach the office of Insurance Ombudsman, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, along with their addresses are available on the consumer education website of the IRDAI. <http://www.policyholder.gov.in/Ombudsman.aspx>

For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below.



Office of the Ombudsman	Contact Details	Areas of Jurisdiction
<b>AHMEDABAD</b>	Office of the Insurance Ombudsman 6 <sup>th</sup> Floor, Jeevan Prakash Building, Tilak Marg, Relief Road, <b>AHMEDABAD - 380 001</b> Tel: 079-25501201/02/05/06 E-mail: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b>	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.: 26652048 / 26652049 E-mail: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
<b>BHOPAL</b>	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b>BHOPAL - 462 003</b> Tel: 0755 - 2769201 / 2769202 Fax: 0755- 2769203 E-mail: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh & Chhattisgarh
<b>BHUBANESHWAR</b>	Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR - 751 009</b> Tel: 0674-2596461/2596455 Fax: 0674-2596429 E-mail: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa
<b>CHANDIGARH</b>	Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017</b> Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
<b>CHENNAI</b>	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI - 600 018</b> Tel:044-24333668 /5284 Fax: 044-24333664 E- mail: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
<b>DELHI</b>	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, <b>NEW DELHI - 110 002</b> Tel: 011- 2323481/23213504 Fax: 011-23230858 E-mail: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi
<b>GUWAHATI</b>	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, <b>GUWAHATI - 781 001</b> Tel:0361-2132204/05 Fax: 0361- 2732937 E-mail: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b>	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, <b>HYDERABAD - 500 004</b> Tel: 040-65504123/23312122 Fax: 040- 23376599 E-mail: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
<b>JAIPUR</b>	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, <b>Jaipur - 302 005</b> . Tel : 0141-2740363 E-mail: <a href="mailto:bimalokpal.jaipur@ecoi.co.in">bimalokpal.jaipur@ecoi.co.in</a>	Rajasthan

<b>ERNAKULAM</b>	Office of the Insurance Ombudsman 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM - 682 015</b> Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
<b>KOLKATA</b>	Office of the Insurance Ombudsman Hindusthan Bldg. Annexe, 4 <sup>th</sup> Floor,4, C.R.Avenue, <b>KOLKATA - 700 072</b> Tel: 033- 22124339 /40 Fax: 033-22124341 E-mail : <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
<b>LUCKNOW</b>	Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan, Phase 2, Nawal Kishore Road, Hazratganj, <b>LUCKNOW - 226 001</b> Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	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
<b>MUMBAI</b>	Office of the Insurance Ombudsman 3rd Floor, Jeevan Seva Annexe, S.V.Road, Santacruz (W), <b>MUMBAI -</b> <b>400 054</b> Tel: 022-26106960/26106552 Fax: 022- 26106052 E - mail: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
<b>NOIDA</b>	Office of the Insurance Ombudsman Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, <b>U.P-201301.</b> Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA</b>	Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>Patna. Bihar, 800006</b> Tel.: 0612-2680952, Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	Bihar and Jharkhand
<b>PUNE</b>	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, <b>Pune – 411 030.</b> Tel: 020-41312555 E-mail: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: [www.irdai.gov.in](http://www.irdai.gov.in), on the website of Office of Executive Council of Insurers: <http://www.ecoi.co.in/>, our website [www.futuregenerali.in](http://www.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](mailto: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 \_\_\_\_\_  
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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](mailto: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:

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