

GROUP PERSONAL ACCIDENT (REVISED) POLICY WORDINGS



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in, IRDA Regn. No. 132, CIN - U66030MH2006PLC165287

GROUP PERSONAL ACCIDENT (REVISED)

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the Premium. This **Policy** records the agreement between **Us** 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 up to the age of 70 years with renewable up to 70 years. 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. Child can be covered from 2 years to 25 years as a **Dependent Child**
3. The **Policy** will not be valid unless a **Schedule** signed by one of **Our** Authorised Representatives is attached.

B. DEFINITIONS

Following words are phrases whenever they appear in bold in this **Policy** wording 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. **Any One Accident (AOA)** means the limit of indemnity (Sum Insured) is fixed per accident
5. **Any One Year (AOY)** means the limit of indemnity (Sum Insured) is fixed per policy period
6. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **Burn** is a type of injury to skin, or other tissues, caused by heat, electricity or chemicals.
8. **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of goods or passengers by air, sea, road or rail for a fee
9. **Cashless facility** means a facility extended by the **Insurer** to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the **Policy** terms and conditions, are directly made to the **Network Provider** by the **Insurer** to the extent pre-authorization is approved.
10. **Coma of Specified Severity** means
 - I. 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.
 - II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
11. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.
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. **Day care centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set-up 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 criteria as under:-
 - has qualified nursing staff under its employment
 - has qualified **Medical Practitioner/s** in charge
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
14. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:
 - i) undertaken under General or Local Anesthesia in a **Hospital/Day care centre** in less than 24 hrs because of technological advancement, and
 - ii) which would have otherwise required a **Hospitalisation** of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
15. **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 of the covered expenses, which will apply before any benefits are payable by the **Insurer**. A **Deductible** does not reduce the sum insured.
16. **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.
17. **Disclosure to information norm** 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.
18. **Drowning** means the process of experiencing respiratory impairment from submersion/immersion in liquid/water.
19. **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.
20. **Fingers or Toes** Whether in the singular or plural, means the digits of a hand or foot
21. **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.
22. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.

- 23. 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:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - has qualified **Medical Practitioner(s)** in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 24. Hospitalisation** 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.
- 25. 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:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- 26. Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
- 27. Inpatient Care** means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.
- 28. 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.
- 29. 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.
- 30. Limb** Whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle
- 31. Medical Advice** means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
- 32. 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.
- 33. Medical Practitioner** is 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 his licence. The registered practitioner should not be the insured or close family members.
- 34. 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.
- 35. 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**.
- 36. Non- Network** means any **Hospital**, **Day care centre** or other provider that is not part of the network.
- 37. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 38. Occupation of Insured Persons** as shown in the **Schedule** or as declared to **Us** in the **Proposal**
- 39. 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.
- 40. Policy** The complete documents consisting of the **Proposal**, **Policy** wording, **Schedule** and Endorsements and attachments if any.
- 41. 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.
- 42. Permanent Partial Disablement** means a **Medical Practitioner** certified total and continuous loss or impairment of a body part or sensory organ specified as per Table of events.
- 43. Permanent Total Disablement** means disablement which entirely prevents an **Insured Person** from attending to any Business or **Occupation** of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement at the end of that period.
- 44. Policy Holder** Organization stated in the **Schedule**

45. **Policy Period** The period commencing with the start date mentioned in the **Schedule** till the end date mentioned in the **Schedule**
46. **Policy Year** means every annual period within the Policy Period starting with the commencement date
47. **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
48. **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.
49. **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.
50. **Principal Sum Insured** is the highest of the sum insured mentioned for **Accidental Death** or **Permanent Total Disablement** or **Permanent Partial Disablement** Benefit.
51. **Proposal** means the application (**Proposal**) form for insurance cover submitted to **Us** along with all information which has enabled **Us** in considering whether and on what terms to offer this insurance
52. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
53. **Reasonable & 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.
54. **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.
55. **Room rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated medical expenses.
56. **Schedule** 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**.
57. **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**.
58. **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**.
59. **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.
60. **Total Sum Insured** The amount stated in the **Schedule**, which is the maximum amount we will pay for claims made by **You** in one **Policy Period** irrespective of the number of claims **You** make or the number of years that **You** have had Personal **Accident Policy** with **Us**.
61. **Unproven/ Experimental treatment** including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
62. **We, Our, Us, Insurer** Future Generali India Insurance Company Limited
63. **You, Your, Yourself** The Policyholder shown in the **Schedule**

C. WHAT WE WILL PAY FOR

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

1. PRIMARY COVERS

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

i. 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%

ii. 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

- i. **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	Percentage of Sum insured
Permanent total loss of sight of both eyes	100%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or foot	100%
Permanent total loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent total loss and physical separation of or the loss of ability to use one hand and foot	100%
Coma of Specified Severity due to Injury	100%
Permanent paralysis of Limbs	100%
Accidental Head injury	100%

iii. 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.

- i. 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%.
- ii. Second Degree Burns - Burns which penetrate beyond the epidermis, causing formation of blisters.
- iii. 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%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%
Burns as calculated on Rule of nine for each area of body affected	As Follows
Burns at least 18% of the body surface area.	30% of Sum Insured
Burns at least 27% of the body surface area.	50% of Sum Insured
Burns at least 45% of the body surface area.	100% of Sum Insured

If the **Permanent Partial Disablement** event not listed above, then the disability percentage certified by the Government Civil Surgeon would be considered under this section.

If there is more than one **Permanent Partial Disablement** due to an **Injury**, the claim amount payable for all such losses put together should not exceed the **Sum Insured** as opted by the **Insured Person** under this section

iv. Temporary Total Disablement

If during the **Policy Year**, the **Insured Person** sustains **Injury** which directly results in **Temporary Total Disablement** which completely prevents the **Insured Person** from performing each and every duty pertaining to employment or **Occupation**, then **We** will pay a weekly benefit, provided that:

- i. The **Temporary Total Disablement** is certified by a **Medical Practitioner**, and

- ii. Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period as specified in the Policy Schedule and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and
- iii. We will not pay any amount in excess of the Sum Insured mentioned in the Policy Schedule.
- iv. We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation

Specific conditions applicable to Primary Covers section:

- i. If a claim has already been settled for any of the primary covers the amount payable for the subsequent claim/s under the primary covers shall be reduced by this amount/s already paid. Regardless of one or more claims during the **Policy Period**, the maximum amount payable towards the Primary Cover shall be restricted to the **Principal Sum Insured**.
- ii. If more than one loss results from any Accident, only the one amount, the largest, will be paid.
- iii. This Policy shall cease for the particular **Insured Person** on payment of a claim for **Accidental Death** or **Permanent Total Disablement** of that **Insured Person**.

v. INBUILT COVERS

i. Repatriation and Funeral Benefit

In the event of **We** making payment for a claim for **Accidental Death**, **We** will also make payment towards

- a. Expenses for burial or cremation and transportation of **Insured Person's** body to his/her city of residence
- b. **Insured Person's** funeral expenses.

The benefit payable towards a & b together shall be limited to 1% of the **Principal Sum Insured** subject to maximum of Rs. 12,500

(No additional premium will be charged for this cover)

ii. Child Education Support

In the event of **We** making payment for a claim for **Accidental Death** or **Permanent Total Disablement**, **We** will also make payment towards the education support of the deceased person's **Dependent Child** the sum equivalent to 1% of the total sum insured subject to maximum of Rs.10,000 (Rupees Ten Thousand Only). This benefit shall be limited to the maximum as stated irrespective of the number of children.

(No additional premium will be charged for this cover)

2. OPTIONAL COVERS:

Optional Covers are available on payment of additional premium, the details of optional covers are mentioned in Annexure I.

D. EXCLUSIONS

We will not pay for any compensation, benefit or expenses in respect of **Accidental Death, Injury** or Disablement, **Accidental Medical expenses** of the **Insured Person** as a consequence of the following

- a. Intentional self-**Injury** (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- b. **Accident** while under the influence of alcohol or drugs.
- c. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
- d. 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.
- e. 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.
- f. Participating in motor racing or trial run as a driver, co-driver or passenger
- g. Curative treatments or interventions that the **Insured Person** carries out or have carried out on his body
- h. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these
- i. 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
- j. Nuclear energy, radiation
- k. Any existing disablement prior to the inception of the **Policy**
- l. Whilst engaging in **Adventure sports**, unless specifically insured
- m. Whilst engaging in hazardous activity
- n. 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.
- o. Any **Medical expenses**, services, supplies or treatment or **Hospital** stay which were not recommended or approved as **Medically Necessary** by a **Medical Practitioner**.
- p. Any expense incurred which is not exclusively medical in nature/ Unproven or Experimental treatment of any description.
- q. Expenses incurred for emergency medical evacuation, unless specifically insured
- r. 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**
- s. 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, unless specifically insured
- t. 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
- u. Standard list of excluded items as mentioned in our website <https://general.futuregenerali.in>.

E. CLAIMS PROCEDURE:

1. If the **Insured Person** meets with an **Accidental Bodily Injury** that may result in a claim, then
 - a) **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends
 - b) **You** or someone claiming on **Your** behalf must inform **Us** in writing immediately and in any event within 15 days.
 - c) **You** must take reasonable steps to lessen the consequences of **Your** bodily **Injury**.
 - d) **You** or someone claiming on **Your** 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) **You** must have yourself examined by **Our** medical advisors if **We** ask for this and as often as **We** consider this to be necessary.
 - f) In case of **Your** death, someone claiming on **Your** 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.
 - g) **We** will make claim payment to **You** or the **Insured Person** who met with the **Accident**. 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.

2. 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. Upon acceptance of an offer of settlement as stated in regulation 9(6) of IRDA (Protection of Policyholders' Interest) Regulations, 2002 by **You**, **We** will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.
- g. **We** will make all claim payments in Indian rupees within India only.

3. Claims Procedure applicable only for Accidental Hospitalisation section

If **Insured Person** meets with any **Accidental Bodily Injury** that may result in a claim, then as a **Condition Precedent** to the Company's liability, **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 Bodily Injury. Insured Person must immediately consult a Doctor 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 the Company 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 the Company asks for to investigate the claim or the Company's 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 or his representative which is supported by some documentation.

4. 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)

F. COMMUNICATION:

1. **You** 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** to **Your** 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** form. If **You** do not do this, then this insurance will cease as far as that **Insured Person** is concerned from the date of change of **Occupation**.

G. RENEWAL & CANCELLATION

- a) Your policy shall be renewed up to the age of 70 years and will not be refused or cancellation will not be invoked by **Us** except on ground of fraud, moral hazard or misrepresentation. The **Policy** may be renewed on annual basis or short term basis
- b) In case of a **Renewal Grace Period** of 30 days is permissible.
- c) Any claim incurred as a result of an **Accident** during the **Grace Period** will not be admissible under the **Policy**.
- d) We may cancel this insurance 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**.
- e) If **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	25%
Up to 3 months	40%
Up to 6 months	75%
Up to 9 months	90%
Exceeding 9 months	100%

In case the Policy Period exceeds one year, this Policy may be cancelled by the Insured Person 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 cover is provided, subject to a minimum retention of premium of 25%.

- f) 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
- g) 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.
Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.
- h) 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
- i) **Addition and Deletion of members**
 - a. The new members of the Group Insurance Policy can be added at periodic intervals. However the insurance coverage for every member of the group insurance policy 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.
- j) **Adjustment of Premium (Category of Persons Insured)**
 - a. The **Insured** acknowledges that the premium payable hereon has been determined by reference to the **Insured's** estimate of the number of persons within a category of Insured, as stated in the **Schedule**. It is hereby agreed that during the **Policy Period** the **Insured** shall maintain a proper and contemporaneous record of the actual number of persons within such category, which record shall be available for inspection by the **Company** at any reasonable time.
 - b. Within one month from the expiry of this **Policy**, the **Insured** shall provide the **Company** with a written record of the actual amount of actual number of persons within such category during the **Policy Period** and any information or supporting documentation in respect thereof that the **Company** may request. If the actual number of persons within such category ascertained after the expiry of this **Policy** shall differ from the **Insured's** estimate thereof, then:
 - c. if the actual number of persons within such category exceeds the **Insured's** estimate of the same, the **Insured** shall pay to the **Company** any additional premium that the **Company** may determine by reference to the differential, or
 - d. if the actual number of persons within such category is less than the **Insured's** estimate of the same, the **Company** will reimburse the **Insured** by reference to the differential but subject to minimum retention of premium of 25%.

H. DISCOUNT PERCENTAGE FOR GROUP SIZE:

The group discount rates are as given in the table below.

Group Size	Discount %
101 – 1000	5
1001 – 10000	7.5
10001 – 50000	10
50001 – 100000	12.5
100001 – 200000	15
200001 – 500000	20
500001 – 1000000	25
Above 1000000	30

I. POLICY PERIOD

- The **Policy** can be issued for tenure of 1 year
- For providing coverage to specific events, the **Policy** can be issued for less than 1 year.
- The **Policy** can be issued for a maximum term of up to 5 years or up to the loan period, whichever is less, in case it is credit linked.

J. CONTRIBUTION IN CASE OF MULTIPLE POLICIES

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

- If two or more policies are taken by you during a period from one or more insurers to indemnify treatment costs, **You** will have the right to require a settlement of **Your** claim in terms of any of the policies.
- You or Your family members covered under the Policy hold two or more policies from one or more insurers shall have the right to prefer claims from Our Policy for the amounts disallowed under the earlier chosen policy/ policies, even if the sum insured is not exhausted. We shall settle the claim subject to the terms and conditions of the policy.
- If the amount claimed under our **Policy** exceeds the sum insured after considering the **Deductibles** or **Co-Payment**, then **You** shall have the right to choose insurers by whom the balance claim amount can be settled.
- If You or any of Your family members covered under the Policy hold two or more policies to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

K. 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.

L. DISCOUNT PERCENTAGE FOR FAVORABLE CLAIM RATIO (BONUS):

Low claim Ratio Discount at the following scale will be allowed on the Total premium at **Renewal** only, depending upon the incurred claims ratio for the entire group insured under the Group Personal **Accident** (Revised) **Policy** for the preceding 3 completed years excluding the year immediately preceding the date of **Renewal**. Where the Group Personal **Accident** (Revised) **Policy** has not been in force for 3 completed years, such shorter period of completed years excluding the years immediately preceding the date of **Renewal** will be taken in to account.

Incurring Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	25
21 % - 35 %	15
36 % - 50 %	10
51 % - 60 %	5

M. LOADING PERCENTAGE FOR HIGH CLAIM RATIO (MALUS):

The Total Premium payable at **Renewal** of the group **Policy** will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Personal **Accident** (Revised) **Policy** for the preceding 3 completed years excluding the year immediately preceding the date of **Renewal**. Where the Group Personal **Accident** (Revised) **Policy** has not been in force for the 3 completed years, such shorter periods of completed years excluding the year immediately preceding the date of **Renewal** will be taken in to account.

Incurring Claim Ratio under the Group Policy	Loading Percentage (%)
Between 80% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

N. LONG TERM DISCOUNT

The Group Personal Accident (Revised) policy can be issued on long term basis, up to a maximum term of 5 years or up to the loan period, whichever is less, in case the policy is a credit linked policy. The long term discount rates are as given in the table below:

Policy Period	Discount percentage
1 year	Nil
2 year	7.5%
3 year	10%

4 year	12.5%
5 year	15%

O. WHAT YOU SHOULD NOT DO

You or the **Insured Person** should not make any claim knowing it to be false or fraudulent in any way. **You** or the **Insured Person** should also not conceal, misrepresent intentionally or otherwise any fact or circumstance that **We** consider as material to this insurance. If **You** or the **Insured Person** do so then the **Policy** shall be void and all claims or payments due under it shall be lost.

P. DISPUTE RESOLUTION

1. 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.
2. 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.

Q. 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.

R. EXAMINATION OF BOOKS AND RECORDS

We may examine **Your** books and 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**.

S. USE OF MASCULINE PRONOUN

A masculine personal pronoun as used in this **Policy** includes the feminine, wherever the context requires.

T. TERRITORIAL LIMITS AND LAW

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

FGH/UW/GRP/57/02

Grievance Redressal Procedures





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		Email	Fgcare@futuregenerali.in
				Website	www.futuregenerali.in
	GRO at each Branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO) .			

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.

What do I do, if I am unhappy with the Resolution?

- 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>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.</p>
--	------------------------------	---

How do I Escalate?

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 **IRDA (Insurance Regulatory and Development Authority)**.

- **CALL CENTER: TOLL FREE NUMBER (152555).**
- **REGISTER YOUR COMPLAINT ONLINE AT: [HTTP://WWW.IGMS.IRDA.GOV.IN/](http://www.igms.irda.gov.in/)**

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. The list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596455 Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh

CHENNAI	Insurance Ombudsman 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: chennaiinsuranceombudsman@gmail.com	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23239633 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com	Delhi & Rajashtan
GUWAHATI	Insurance Ombudsman 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: ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman 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 Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759 Fax: 0484-2359336 E-mail: lokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman 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 : iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa
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@qbic.co.in	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffar nagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram nagar, 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@qbic.co.in	Bihar and 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@qbic.co.in	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

CUSTOMERNAME _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description

 Customer's Signature Date

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

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.
 Corporate & Registered Office:- 6th Floor, Tower 3, India bulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
 Care Lines: 1800-220-233/ 1860-500-3333/ 022-6783 7800. Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in

Office Use Only: Service / Case #

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Comments:

