

To renew SMS, REN to 9222211100

Policy No.: PAL-17-24-8963277-00-000

Mr. SHUBHAM ARUN RAJPANDE
C/O INNOVATIVE SURFACE COATING,
TECHNOLOGY, E/20 HSG BOARD ,
COLONY, SUJATA NAGAR,
Nagpur,
MAHARASHTRA, Pincode: 440017
Telephone(Mob) : 9326605194
Email Id : isct2010@yahoo.in

Intermediary Name : SHARAD DEORAO NAWGHARE-IAG
PAL

Dear Mr. SHUBHAM ARUN RAJPANDE

Welcome to the Future Generali Experience.

We thank you for choosing us for your insurance requirements. Your Policy No. is **PAL-17-24-8963277-00-000**.

Our initiatives will provide you with the highest standards of service, convenience and quality in insurance and it is our endeavour to constantly better your experience by innovating and evolving our basket of conveniences.

The policy has been issued on the basis of Information provided by you . A copy has been enclosed for your reference. We would request you to peruse the policy and satisfy yourself that it meets your requirements fully.

In case of any service requirement, do call our care lines below:
1800-220-233, 1860-500-3333, 022-67837800.

The claims would be serviced through In-House Health Administrator ,Future Generali Health(FGH)Team. The claim documents can be submitted directly to the below mentioned address.

It is mandatory to intimate the accidents to Future Generali through: Email ID - fgh@futuregenerali.in

Note: The Customer Information Sheet is a part of this policy document. It tells you about the basic features in your policy and provides necessary information on it. Please read its contents for easy and quick understanding of your policy and send us your acknowledgement for it, by clicking on

<https://online.fggeneral.in/CustomerDeclaration/CustomerCareWeb/index?policyno=PAL-17-24-8963277-00-000&Source=ASIA>

Claims Department, Future Generali Health (FGH), Future Generali India Insurance Company Ltd, Office No. 3, 3rd Floor, Building A G - O - Square, Sr. No. 249 + 250, Near Mankar Chowk, Aundh Hinjewadi Link Road, Wakad Pune, Maharashtra - 411 057.

For any claim related queries please call :

Toll free number - 1800 209 1016 / 1800 103 8889

Toll free Fax - 1800 209 1017 / 1800 103 9998

Email ID - fgh@futuregenerali.in

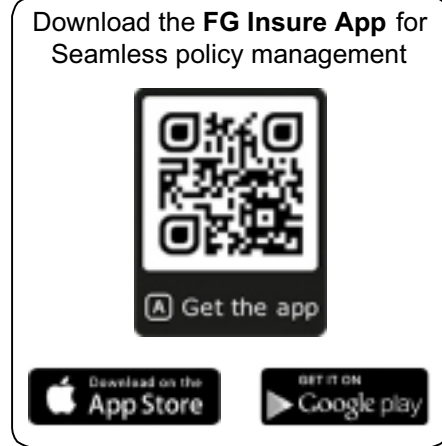
As a part of the government's Digital India drive, you can now store your insurance policy documents digitally and securely under **DigiLocker** . Download and install the App "DigiLocker" from Playstore and with your Aadhaar number and mobile number create a User ID using an OTP. Under Banking and Insurance submenu, you will find **Future Generali Total Insurance** Tab wherein when you can select the product and update our policy number, the Policy PDF of the active policy can be viewed. For more details on DigiLocker, visit <https://digitallocker.gov.in/>

We would like to assure you that the electronic copy of your policy is as authentic and valid as the physical copy and it can be used as a proof of insurance wherever required.

For Future Generali India Insurance Co. Ltd.

Once again, thank you for choosing to insure with Future Generali and we look forward to being of service to you.

Assuring you of our best services at all times.



(Authorised Signatory)

Please review the communication address, email or contact nos. noted on this letter for correctness. In case of any change please contact our nearest branch or call our care lines mentioned above. This will ensure you do not miss out on 'Service Updates' and 'Renewal Reminders'.

Now you can buy Health, Personal Accident, Travel, Home, Motor insurance & also renew your Future Generali Private Car Insurance policy online. Visit us at www.futuregenerali.in

Tax Invoice

INSURED DETAILS	
Policy Number : PAL-17-24-8963277-00-000	Address of Service Provider: Off Code-17,Future Generali India Insurance Co Ltd, 3rd Flr, Milestone, 12 Wardha Road, Near, Panchsheel Square, Ramdaspath, Nagpur, Maharashtra, Pincode - 440010
Invoice Number :	
Reverse Charge : No	Area Code : Ramdaspath Branch Office
Name of Insured/Proposer : Mr. SHUBHAM ARUN RAJPANDE	FGI State Code : 27
Address : C/O INNOVATIVE SURFACE COATING, TECHNOLOGY, E/20 HSG BOARD , COLONY, SUJATA NAGAR, Nagpur, MAHARASHTRA, Pincode- 440017	FGI GSTIN Number : 27AABCF0191R2Z8 FGI PAN Number : AABCF0191R
Place of Supply(State Code): 27	Intermediary Name \ Code: SHARAD DEORAO NAWGHARE \ 60103085
GSTIN / UIN Number :	Date of Issue / Invoice : 27/05/2024 Date
Period of Insurance : From 00:00 hours of 27/05/2024 To Midnight of 26/05/2025	HSN : 997133 Nature of Service : General Insurance Service

Received with thanks from Mr. SHUBHAM ARUN RAJPANDE a sum of ₹ 1711.00 towards Premium on the above mentioned policy.

PARTICULARS	TAX(%)	PREMIUM (₹)
Gross Premium		1450.00
Add : CGST	9%	130.50
Add : SGST	9%	130.50
Add : Cess		-
Total (Rounded to nearest rupee)		1711.00

For FUTURE GENERALI INDIA INSURANCE CO. LTD.



(Authorised Signatory)

Note:This document is digitally signed by Mr Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 27/05/2024

Accident Suraksha- Policy Schedule

Policy Servicing Office	Off Code-17,Future Generali India Insurance Co Ltd, 3rd Flr, Milestone, 12 Wardha Road, Near, Panchsheel Square, Ramdaspath, Nagpur, Maharashtra, Pincode- 440010. ,Tel_No :		
Policy No	PAL-17-24-8963277-00-000	Period of Insurance	: From 00:00 hours of 27/05/2024 To Midnight of 26/05/2025
Name of Insured / Proposer	SHUBHAM ARUN RAJPANDE	Policy Term	: 1 Year
CKYC_No.		Intermediary Name/Code	: SHARAD DEORAO
Address	C/O INNOVATIVE SURFACE COATING, TECHNOLOGY, E/20 HSG BOARD , COLONY, SUJATA NAGAR, , Nagpur, MAHARASHTRA, 440017	Telephone(Mob,Off)	: NAWGHARE/60103085
		Email Id	: 7350573699 /7350573699 SNAWGHARE31180@GMAIL.COM
GSTIN Number		FGI GSTIN Number	: 27AABCF0191R2Z8

Details of Insured Persons

Name of Insured Person's	Age	Gender	Relation of the Insured with the Proposer	Cumulative Bonus(Rs.)	Pre-existing Condition/ deformity	Specific Conditions
SHUBHAM RAJPANDE	30 Y	Male	Self	NIL	NIL	NIL

Nominee Details

Name of the Insured	Nominee	Nominee Name	Nominee's Relation with insured person	% of Sum Insured	Appointee Name	Appointee Relationship with Nominee
SHUBHAM RAJPANDE	Nominee	NANDA RAJPANDE	Mother	100%		

For members other than self, 100% nomination will be to the proposer.

Coverage and Sum Insured:

Coverage and Sum Insured	Insured No. 1
Primary Covers	
Accidental Death	1000000
Permanent Partial Disablement	1000000
Permanent Total Disablement	1000000
Temporary Total Disablement	NA
Additional Covers	
Child Education Support	Not opted
Life Support Benefit	Not opted
Accidental Medical expenses	Not Opted
Accidental Hospitalisation	100000
Hospital cash Allowance	Not opted
Loan Protector	Not opted
Adaptation Allowance	Not opted
Family Transportation Allowance	Not opted
Broken Bones	Not opted
Road Ambulance Cover	Not opted
Air Ambulance Cover	Not opted
Adventure Sports Benefit	Not opted
Chauffer Plan Benefit	Not opted
Repatriation of Remains And Funeral Benefit	Inbuilt cover

LOADINGS AND DISCOUNT
SCHEDULE OF PREMIUM

Instalment Loading (%)	Premium / Instalment Premium (Rs.)
	1450.00
Professional Sports Loading (%)	Goods and Services Tax (for instalment) (Rs.)
	261

Long Term Discount (%)		Premium / Instalment Premium with GST (Rs.)	1711.00
Family Discount (%)	0.00		
Discount (%)	0.00%		

Special Clauses, Conditions and Warranties

IMPORTANT -

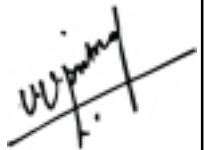
1. If the payment of premium amount has been made through a cheque or in online mode and (i) such cheque is dishonoured, for any reason whatsoever, upon presentation, or (ii) the online payment does not yield a credit to the bank account of FGII, or (iii) the policyholder reverses the premium amount through a chargeback, the insurance cover evidenced through this policy schedule shall stand cancelled, from its inception, with immediate effect, irrespective of whether a separate communication is sent by FGII or not.
2. The above records the information of pre-existing illness/ hospitalization etc. details given by the insured, pursuant to Clause 8(2) of the IRDAI (Protection of Policyholder's interest) Regulations, 2017. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non-disclosure of material information.
3. This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and / liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of Claim under the policy.
4. Coverage will be as specified in the schedule and relevant part of the clause will be applicable.
5. Terms/conditions and exclusions as per the Policy clause and Endorsement wordings attached.
6. For complete terms, conditions and exclusions, please visit <https://general.futuregenerali.in/customer-service/downloads/>
7. For any redressal of grievance and for escalation matrix <https://general.futuregenerali.in/customer-service/grievance-redressal>
8. In case of change in Goods and Services Tax the premiums will stand revised.
9. Kindly refer to the attached policy wording for sublimits, Co-pay limits, Voluntary Deductible, if any.

Claims assistance

This policy is administered by:- In-house Administrator - Future Generali Health(FGH). Future Generali India Insurance Co. Ltd. Office No. 3, 3rd Floor Building A, G - O - Square, Sr. No. 249 + 250, Near Mankar Chowk, Aundh Hinjewadi Link Road, Wakad, Pune, Maharashtra - 411057
 Toll free number - 1800 209 1016 / 1800 103 8889, Toll free fax - 1800 209 1017 / 1800 103 9998, Email ID - fgf@futuregenerali.in
 It is mandatory to intimate accidents to Future Generali through :Email ID: fgf@futuregenerali.in

For FUTURE GENERALI INDIA INSURANCE CO. LTD

Receipt No : X0305938
 Date of Issue : 27/05/2024
 Place of Issuance : Mumbai*



*Address as mentioned below.

(Authorized Signatory)

Note: This document is digitally signed by Mr Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 27/05/2024

Stamp Duty of Rs50

Transcript

Dear Mr. SHUBHAM ARUN RAJPANDE

We wish to inform you that the Insurance policy number PAL-17-24-8963277-00-000 has been issued on the basis of the information and declaration given by you, the transcript where of is mentioned below. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this transcript or the policy start date whichever is earlier, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Please be informed that this Policy shall be construed to be void ab initio/invalid in the event we find that you have not disclosed material or correct information required for the purpose of providing the below insurance cover and in case of any claim arising under the policy in such a scenario, we shall be under no obligation whatsoever to settle such claim to you and the premium paid by you under this policy shall stand fully forfeited

Accident Suraksha

Policy No : PAL-17-24-8963277-00-000		Date of Proposal : 27/05/2024
Proposer's Details		
Name of proposer :	SHUBHAM ARUN RAJPANDE	
Date of Birth :	15/05/1994	
Gender :	Male	
Occupation :	Engineer	
Address :	C/O INNOVATIVE SURFACE COATING, TECHNOLOGY, E/20 HSG BOARD , COLONY, SUJATA NAGAR, Nagpur, MAHARASHTRA, 440017	
Contact Details		
Telephone (M) :	+91-9326605194	
Email ID :	isct2010@yahoo.in	
Alternative Email ID :		
Product Name :	Accident Suraksha	
Policy Duration :	1 Year	
Are You an Indian National?	Yes	

Insured Name	Relationship with applicant	Age	ABHA Number	Gender	Nominee Name	Nominee's Relationship with Insured	Pre-Existing Injuries/Disabilities (if any)	Occupation	Annual Income
SHUBHAM RAJPANDE	Self	30		Male	NANDA RAJPANDE	Mother	NIL	Engineer	200000

Main Covers

Relationship with insured	Accidental Death (Sum Insured)	Permanent Partial Disablement (Sum Insured)	Permanent Total Disablement (Sum Insured)	Temporary Total Disablement (Sum Insured)
Self	1000000	1000000	1000000	NA

Additional Covers

Relationship with insured	Child Education Support (Sum Insured)	Life Support Benefit (Sum Insured)	Accidental Medical Expenses (Sum Insured)	Accidental Hospitalisation (Sum Insured)	Hospital Cash Allowance (Sum Insured)	Loan Protector (Sum Insured)	Adaptation Allowance (Sum Insured)
Self	Not opted	Not opted	Not Opted	100000	Not opted	Not opted	Not opted
Relationship with insured	Family Transportation Allowance	Broken Bones (Sum Insured)	Road Ambulance Cover (Sum Insured)	Air Ambulance Cover (Sum Insured)	Adventure Sports Benefit (Sum Insured)	Chauffer Plan Benefit (Sum Insured)	Repatriation Benefit And Funeral Expenses (Sum Insured)
Self	Not opted	Not opted	Not opted	Not opted	Not opted	Not opted	Inbuilt cover

Have you taken any personal accident policy? No
 Have you read the Proposal thoroughly? Yes

Premium Details

Gross Premium	1450.00
Goods and Service Tax	261
Total Premium	1711.00

In case of Disagreement or objection any changes with respect to information and contents mentioned here in above, please contact our Help Line numbers & register your objections/changes/disagreement to the content of this transcript or you may also send us email or written correspondence at the below address within a period of 15 days from date of receipt of this transcript or the policy start date whichever is earlier

DECLARATION (as has been made by you / agreed to)

- 1.I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- 2.I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- 3.I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 4.I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5.I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6.I further declare that: <input type="checkbox"/> There is no other material / relevant information, that has not been disclosed to FGIICL and if any information given in this proposal is found to be untrue, the insurance policy shall be void ab initio and the premium shall be forfeited to FGIICL. <input type="checkbox"/> I agree to receive Service related information from FGIICL and its service providers, through electronic and telecom modes including Whatsapp and further understand that no unsolicited information will be sent to me. <input type="checkbox"/> The information/data provided by me through this Proposal Form, to FGIICL and / or FGIICL authorized personnel/ agency shall be stored by FGIICL, throughout the currency of my relationship with FGIICL and used for the purpose relating to my proposal for insurance cover and or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.	
7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that FGIICL reserves the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.	
8. I/We hereby confirm that the premium payment have been paid by a person having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account. <div style="text-align: right;">SHUBHAM ARUN RAJPANDE</div>	
9. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Future Generali India Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on a confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.	
10. I am <input type="checkbox"/> HNI <input type="checkbox"/> NRI <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Jeweller <input type="checkbox"/> NGO <input type="checkbox"/> Film Actor <input type="checkbox"/> Producer <input type="checkbox"/> Others	
Optional Declaration: (as has been made by you / agreed to)	
I hereby give my consent to the Company to use my personal information for quality and data analysis purpose which may be carried out by any empaneled third party vendor(s)	
I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product Wordings by the Intermediary/Agent to our satisfaction (*to download a copy of the Prospectus or Policy Wordings and for further details about the product, please visit our website https://general.futuregenerali.in/)	
Date	27/05/2024
Place	
Proposer Name	SHUBHAM ARUN RAJPANDE
Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof) 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers. 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.	

Accident Suraksha

Customer Information Sheet/Know Your Policy

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

SI No	Title	Description	Policy Clause Number														
1	Name of the Insurance Product /Policy	Accident Suraksha	Not Applicable														
2	Policy Number	PAL-17-24-8963277-00-000	Not Applicable														
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable														
4	Sum Insured (Basis)	<ul style="list-style-type: none"> • Individual Sum Insured – <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: center;">Insured Name</th> <th colspan="4" style="text-align: center;">Sum Insured (Rs.)</th> </tr> <tr> <th style="text-align: center;">Accidental Death</th> <th style="text-align: center;">Permanent Partial Disablement</th> <th style="text-align: center;">Permanent Total Disablement</th> <th style="text-align: center;">Temporary Total Disablement</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">SHUBHAM RAJPANDE</td> <td style="text-align: center;">1000000</td> <td style="text-align: center;">1000000</td> <td style="text-align: center;">1000000</td> <td style="text-align: center;">NA</td> </tr> </tbody> </table>	Insured Name	Sum Insured (Rs.)				Accidental Death	Permanent Partial Disablement	Permanent Total Disablement	Temporary Total Disablement	SHUBHAM RAJPANDE	1000000	1000000	1000000	NA	Not Applicable
Insured Name	Sum Insured (Rs.)																
	Accidental Death	Permanent Partial Disablement	Permanent Total Disablement	Temporary Total Disablement													
SHUBHAM RAJPANDE	1000000	1000000	1000000	NA													
5	Policy Coverage (What the policy covers?)	<p>Expenses in respect of:</p> <p>Primary Covers:</p> <ul style="list-style-type: none"> • Accidental Death • Permanent Total Disablement • Permanent Partial Disablement • Temporary Total Disablement <p>Inbuilt Covers:</p> <ul style="list-style-type: none"> • Repatriation of remains and Funeral Benefit • Accidental Hospitalisation 	Section C														

		<p>similar external aid /devices, the use of which has been necessitated following an accident.</p> <ul style="list-style-type: none"> • 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 • Standard list of excluded items as mentioned in our website https://general.futuregenerali.in. • Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website https://general.futuregenerali.in/hospital-locator. 																
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage 	<ul style="list-style-type: none"> • Not applicable 																
8	<p>Financial Limits of Coverage</p> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment – (It is a specified amount)</p>	<p>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1"> <tr> <td>Repatriation of remains and Funeral Benefit</td> <td>1% of the Principal Sum Insured subject to maximum of Rs 12500/-.</td> <td>Section C.ii</td> </tr> <tr> <td>Accidental Medical Expenses</td> <td>40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only.</td> <td>Section C.iii.c</td> </tr> <tr> <td>Accidental Hospitalisation</td> <td>subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less</td> <td>Section C.iii.d</td> </tr> <tr> <td>Adaptation Allowance</td> <td>10% of the Permanent Total Disablement Sum Insured or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000</td> <td>Section C.iii.g</td> </tr> <tr> <td>Adventure Sports Benefit</td> <td>50% of Sum Insured under Accidental Death benefit to a maximum of ₹ 50,00,000/-</td> <td>Section C.iii.i</td> </tr> </table>	Repatriation of remains and Funeral Benefit	1% of the Principal Sum Insured subject to maximum of Rs 12500/-.	Section C.ii	Accidental Medical Expenses	40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only.	Section C.iii.c	Accidental Hospitalisation	subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less	Section C.iii.d	Adaptation Allowance	10% of the Permanent Total Disablement Sum Insured or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000	Section C.iii.g	Adventure Sports Benefit	50% of Sum Insured under Accidental Death benefit to a maximum of ₹ 50,00,000/-	Section C.iii.i	
Repatriation of remains and Funeral Benefit	1% of the Principal Sum Insured subject to maximum of Rs 12500/-.	Section C.ii																
Accidental Medical Expenses	40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only.	Section C.iii.c																
Accidental Hospitalisation	subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less	Section C.iii.d																
Adaptation Allowance	10% of the Permanent Total Disablement Sum Insured or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000	Section C.iii.g																
Adventure Sports Benefit	50% of Sum Insured under Accidental Death benefit to a maximum of ₹ 50,00,000/-	Section C.iii.i																

	<p>/percentage of the admissible claim amount to be paid by policy holder/ Insured)</p> <p>iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Co-payment - Not Applicable</p> <p>Voluntary Deductible -Not Applicable</p>	
9	<p>Claims/ Claims Procedure</p>	<p>The Insured Person should intimate Us in writing immediately or in any event within 15 days. In case of the Insured Person's death, someone claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report, FIR or any other document that We ask for within 15 days. For claim under Accidental Hospitalisation, the Insured Person must give Notification of Claim in writing immediately, and in any event within 48 hours of the Injury.</p> <p>The Insured Person must promptly and in any event within 30 days of discharge from a Hospital should send Us the claim documentation.</p> <p>Provide the details /web link for following:</p> <p>i. Helpline Number -1800-209-1016/1800-103-8889</p> <p>ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://general.futuregenerali.in/hospital-locator</p> <p>iii. Downloading/getting claim form - https://general.futuregenerali.in/customer-service/downloads</p>	<p>Section E.ii.11</p>
10	<p>Policy Servicing</p>	<p>a) Call Centre number of Insurer</p>	<p>Not Applicable</p>

		<p>Policy Servicing: 1800-220-233/1860-500-3333/022-67837800 Timing:7 am to 10 pm Claims Servicing:1800-209-1016/1800-103-8889 Timing:24*7</p> <p>b) Details of company officials</p> <p>Policy Servicing Office: Off Code-17,Future Generali India Insurance Co Ltd, 3rd Flr, Milestone, 12 Wardha Road, Near, Panchsheel Square, Ramdaspath, Nagpur, Maharashtra, Pincode- 440010., Tel_No :</p>	
11	Grievances /Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://general.futuregenerali.in/customer-service/grievance-redressal -Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: Fgcare@futuregenerali.in • Website: https://www.futuregenerali.in <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx</p>	Grievance Redressal Procedure
12	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of policy. <p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 	<p>Section E.I.3</p> <p>Section E. ii.12</p> <p>Section E.i.4</p>

		<ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. • Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. <p>The e-mail and address to be contacted for outward portability is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: Fgcare@futuregenerali.in</p> <p>For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide to Portability and Migration 25-Mar2020.pdf</p> <ul style="list-style-type: none"> • Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. 	Section E.13.i				
13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <table border="1" data-bbox="459 1543 1281 1693"> <thead> <tr> <th data-bbox="459 1543 852 1637">Name of the Insured Person/s</th> <th data-bbox="852 1543 1281 1637">Pre-Existing Condition/Deformity</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 1637 852 1693">SHUBHAM RAJPANDE</td> <td data-bbox="852 1637 1281 1693">NIL</td> </tr> </tbody> </table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	SHUBHAM RAJPANDE	NIL	Section E.i.1
Name of the Insured Person/s	Pre-Existing Condition/Deformity						
SHUBHAM RAJPANDE	NIL						

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policy)

Note

- i. Insurer shall provide web- link where the product related documents including the Customer Information sheet are available on the website of the insurer
<https://general.futuregenerali.in/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**