



FUTURE GENERALI INDIA
Insurance Company Limited

ACCIDENT SURAKSHA POLICY WORDINGS

UIN:IRDA/NL-HLT/FGII/P-P/V.I/73/13-14

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Accident Suraksha Customer Information Sheet

(Description is illustrative and not exhaustive)

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER										
1	Product Name	Accident Suraksha											
2	What am I covered for:	<p>Primary covers.</p> <ul style="list-style-type: none"> • Accidental Death • Permanent Total Disablement. • Permanent Partial Disablement • Temporary Total Disablement. <p>Additional covers:</p> <ul style="list-style-type: none"> • Child Education Support. • Life Support Benefit. • Accidental Medical expenses • Accidental Hospitalisation • Hospital Cash Allowance • Loan Protector • Repatriation Benefit and Funeral Expenses • Adaptation Allowance • Family Transportation Allowance 	Section (C)1 & C(2)										
3	What are the major exclusions in the Policy:	We will not pay for any compensation, benefit or expenses under this Policy as a consequence of the following:	Section D										
		Intentional self Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)	Section D(a)										
		Accident while under the influence of alcohol or drugs.	Section D(b)										
		Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion	Section D(c)										
		Any Accident of which a contributing cause was the <i>Insured Person's</i> 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.	Section D(d)										
		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.	Section D(e)										
		Participating in motor racing or trial run as a driver, co-driver or passenger	Section D(f)										
		Curative treatments or interventions that the Insured Person carries out or have carried out on his body	Section D(g)										
		Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these	Section D(h)										
		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	Section D(i)										
		Any existing disablement prior to the inception of the Policy	Section D(k)										
		(Note: the above is a partial listing of the Policy exclusions. Please refer to the Policy clauses for the full listing).											
4.	Settlement of Claim	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. Pending claims will be asked for submission of incomplete documents Rejected claims will be informed to the Insured Person in writing with reason for rejection.	Section E (2a) Section E (2b) Section E (2c)										
5.	Cost Sharing	Contribution (In case of Multiple Policies) Applicable only to indemnity sections under the Policy.	Section I										
6.	Renewal Conditions	Renewals will be lifelong and will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. Loading in view of claims in the expiring Policy shall not be applied in Renewal premium. Other terms and conditions of Renewal	Section H										
	Cancellation	<p>a) 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.</p> <p>b) 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:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Policy Period not exceeding</th> <th>% of annual rate</th> </tr> </thead> <tbody> <tr> <td>1 month</td> <td>20%</td> </tr> <tr> <td>3 months</td> <td>40%</td> </tr> <tr> <td>6 months</td> <td>75%</td> </tr> <tr> <td>9 months</td> <td>90%</td> </tr> </tbody> </table>	Policy Period not exceeding	% of annual rate	1 month	20%	3 months	40%	6 months	75%	9 months	90%	Section H
Policy Period not exceeding	% of annual rate												
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and Policy document. In case of any conflict between the CIS and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

ACCIDENT SURAKSHA

This **Policy** is issued to **You** based on **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 upto the age of 70 years with lifelong renewability subject to continuous **Renewal** of the **Policy**. This **Policy** records the agreement between the Company and the **Insured Person** and sets out the terms of insurance and the obligations of each party. Child can be covered from 5 years to 25 years as dependent.
3. The **Policy** will not be valid unless a **Schedule** signed by one of **Our** Authorised Representatives.

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:

You, Your, Yourself	The Policy holder shown in the Schedule
We, Our, Us, Insurer	Future Generali India Insurance Company Limited
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 .
Proposal	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
Policy	The complete documents consisting of the Proposal , Policy wording, Schedule and Endorsements and attachments, if any.
Occupation	Occupation of Insured Persons as shown in the Schedule or as declared to Us in the Proposal
Policy Period	The period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule
Accident	Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Injury/ Accidental Bodily Injury	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 .
Medical Practitioner	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.
Accidental Death	Death due to Accident .
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.

Permanent Disablement	Partial	A Medical Practitioner certified total and continuous loss or impairment of a body part or sensory organ specified in the "Table of events."
Temporary Disablement	Total	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.
Total Sum Assured		The amount stated in the Schedule , 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 .
Principal Sum Insured		The highest of the sum insured mentioned for Accidental Death or Permanent Total Disablement or Permanent Partial Disablement Benefit.
Reasonable & Customary Charges	&	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.
Hospital		Hospital/ Nursing Home 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: <ul style="list-style-type: none"> • 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 Accidental Bodily Injury(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.
Fingers or Toes		Whether in the singular or plural, means the digits of a hand or foot
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.
Policy Holder		Organization stated in the Schedule
Limb		Whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle
Day Care Treatment		Day Care Treatment refers to medical treatment, and/ or surgical procedure which is: <ol style="list-style-type: none"> a. undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and b. which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-

	patient basis is not included in the scope of this definition.
Intensive Care Unit	Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Accidental Bodily Injury(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.
Inpatient Care	Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
Emergency Care	Emergency Care means management for a severe 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.
Grace Period	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.
Pre-Existing Disease	Any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, and/ or were diagnosed, and/ or received Medical Advice/ treatment within 48 months to prior to the first Policy issued by the Insurer .
Qualified Nurse	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.
Medical Advice	Medical Advice means Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
Medical expenses	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 Accidental Bodily Injury , 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.
Co-Payment	A Co-Payment is a cost-sharing requirement under a health insurance Policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum insured
Deductible	A Deductible is a cost-sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer . A Deductible does not reduce the sum insured.
Dependent Child	A 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.
Medically Necessary	Medically Necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which <ul style="list-style-type: none"> • 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 Accidental Bodily Injury, • must conform to the professional standards widely accepted in international medical practice or by the medical community in India
Network Provider	Network Provider means hospitals or health care providers enlisted by an Insurer or by a TPA and Insurer together to provide medical services to an insured on payment by a cashless facility.
Non- Network	Any Hospital, Day care centre or other provider that is not part of the network.
Surgery	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 of suffering or prolongation of life, performed in a Hospital or Day care centre by a Accidental Bodily Injury .
OPD treatment	OPD treatment 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 Accidental Bodily Injury . The Insured is not admitted as a day care or in-patient.
Hospitalisation	Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Illness	Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Day care centre	A 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:- <ul style="list-style-type: none"> • has qualified nursing staff under its employment • has qualified Accidental Bodily Injury/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.
Unproven/ Experimental treatment	Unproven/ Experimental treatment including drug experimental therapy which is not based on established medical practice in India, is Unproven/ Experimental treatment .
Condition Precedent	Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is

	conditional upon.
Notification of Claim	Notification of Claim is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.
Disclosure 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.
Subrogation	Subrogation shall mean the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from another source.
Contribution	Contribution is essentially the right of an Insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
Renewal	Renewal defines 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 all waiting periods.
Room rent	Room rent means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical expenses .
Alternative treatments	Alternative treatments are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
Portability	Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/ she chooses to switch from one Insurer to another.

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**.

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

Table of Events

Event	Percentage of Sum insured
Accidental Death	100%
Permanent Total Disablement:	100%
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 one 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 one foot	100%
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%
Temporary Total Disablement	1 % (per week upto a maximum of 100 weeks or as mentioned in the schedule)

For any other **Permanent Partial Disablement** event not provided above **We** shall pay an appropriate percentage of sum insured as decided by **Us**.

If a claim has already been settled for any of the primary covers the amount payable for the subsequent claims/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**.

If more than one loss results from any **Accident**, only one amount, the largest, will be paid.

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**.

2. ADDITIONAL COVERS

We will make payment for the following additional benefits if the **Schedule** mentions that **You** have availed the same and paid the additional premium wherever applicable.

i. 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 insured mentioned against this benefit per month for the maximum period as stated in the **Schedule** This benefit shall be limited to the maximum as stated in the **Schedule** irrespective of the number of children.

ii. Life Support Benefit

In the event of **We** making payment for a claim for **Permanent Total Disablement**, **We** will also make payment towards **Your** life support the sum insured mentioned against this benefit per month for the number of months mentioned in the **Schedule**.

iii. Accidental Medical expenses

In the event of a valid claim under this **Policy** for **Accidental Death**, **Permanent Total Disablement** or **Permanent Partial Disablement**, **Temporary Total Disablement** **We** will reimburse the **Reasonable & Customary Charges**, subject to **Deductibles** if any shown in the **Policy Schedule**, for medical treatment or **Surgery** for the **Injury** sustained, provided the treatment is availed in a **Hospital** or **Day care centre** in India including as **OPD treatment/ Day Care Treatment**. The maximum amount payable shall be 40% of the valid Personal **Accident** claim amount or 20% of the relevant sum insured whichever is less subject to maximum of Rs.500,000(Rupees five lacs only).

iv. Accidental Hospitalisation

If **You** are hospitalised on the advice of a **Medical Practitioner** because of **Accidental Bodily Injury** sustained during the **Policy Period**, then **We** will reimburse to **You**, **Reasonable & Customary Charges** for **Medical expenses** for treatment or **Surgery** incurred upto the maximum sum insured shown in the **Schedule** for this section, in aggregate, in any one **Policy Period**. The **Medical expenses**

reimbursable would include the **Reasonable & Customary Charges** that **You** necessarily incur on the advice of a **Medical Practitioner** as day-care treatment or an in-patient (minimum 24 hrs) in a **Hospital** for accommodation including **Room rent**; nursing care; the attention of medically qualified staff; undergoing **Medically Necessary** procedures and medical consumables

This cover is independent of any claim under the primary covers.

* Special exclusion for this section

- i. Pre and Post **Hospitalisation** expenses are not covered under **Accidental Hospitalisation** cover.
- ii. **Alternative treatments** are not covered.
- iii. Standard exclusions are applicable under this section.

v. **Hospital Cash Allowance**

In the event of **Us** paying a claim for **Accidental Bodily Injury**, and in the event of the injured person requiring treatment in a **Hospital** as an inpatient **We** will also make payment of the sum mentioned in the **Schedule** for each completed day of **Hospitalisation** for a maximum period mentioned in the **Schedule**.

vi. **Loan Protector**

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

vii. **Repatriation Benefit and Funeral Expenses**

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

- a. Expenses incurred for preparing **Your** body for burial or cremation and transportation of **Your** body to **Your** city of residence.
- b. **Your** funeral expenses.

The benefit payable towards a & b together shall be limited to 1 % of the **Principal Sum Insured** subject to maximum of Rs 12500/-

(No additional premium will be charged for this cover.)

viii. **Adaptation Allowance**

If **You** are required to modify **Your** vehicle or make some changes in **Your** house as necessitated by a **Permanent Total Disablement** which resulted from an **Accident** covered under this **Policy**, **We** shall reimburse such expenses up to a limit of 10% of the **Principal Sum Insured** subject to a maximum of Rs.50,000 provided **We** have paid the claim towards **Permanent Total Disablement**.

ix. **Family Transportation Allowance**

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

D. **EXCLUSIONS**

We will not pay for any compensation, benefit or expenses under this **Policy** 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. 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.
- m. Any **Medical expenses**, services, supplies or treatment or **Hospital** stay which were not recommended or approved as **Medically Necessary** by a **Medical Practitioner**.
- n. Any expense incurred which is not exclusively medical in nature/ **Unproven** or **Experimental treatment** of any description.
- o. Expenses incurred for emergency medical evacuation
- p. Standard list of excluded items as notified by IRDA attached as annexure 1.

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 sub-regulation (5) of the **(Protection of Policyholders' Interest) Regulations, 2000** 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.

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. FREE LOOK PERIOD

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

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

H. RENEWAL & CANCELLATION

- a. This **Policy** may be renewed by mutual consent and in such event; the **Renewal** premium as per **Our Renewal** quote shall be paid to

Us on or before the date of expiry of the **Policy** or of the subsequent **Renewal** thereof. The **Policy** may be renewed on annual basis or short term basis.

- b. **Renewals** will be lifelong and will not be refused or cancellation will not be invoked by **Us** except on ground of fraud, moral hazard or misrepresentation.
- c. Loading in view of claims in the expiring **Policy** shall not be applied in **Renewal** premium
- d. In case of a **Renewal** a **Grace Period** of 30 days is permissible.
- e. Any claim incurred as a result of an **Accident** during the **Grace Period** will not be admissible under the **Policy**.
- f. **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**.
- g. 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 not exceeding	% of annual rate
1 month	20%
3 months	40%
6 months	75%
9 months	90%

- h. The premium rates/ per mille rates as shown in the prospectus/ brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
- i. If **You** renew this policy with **Us** within 30 days of expiry of the policy **We** shall give **You** 5% increase on the primary covers (excluding temporary total disablement cover) for each continuous claim free year. Maximum increase shall be 25% of the original policy sum insured for all policies including portability proposals. (**You** will be eligible for this benefit only if the Schedule mentions it).

I. CONTRIBUTION IN CASE OF MULTIPLE POLICIES

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

If **You** or any of **Your** family members covered under the **Policy** hold two or more policies from one or more insurers to indemnify treatment costs, **We** will not apply the **Contribution** clause, and **You** will have the right to require a settlement of **Your** claim in terms of any of the policies **You** or **Your** family members hold with any **Insurer**.

- a. In all such cases if **You** or **Your** family members covered choose to claim under **Our Policy** then **We** shall settle the claim without insisting on the **Contribution** clause as long as the claim is within the limits of and according to the terms of the **Policy**.
- b. 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 other concurrent insurers by whom the claim can be settled. In such cases, **We** will settle the claim with **Contribution** clause.

J. SUBROGATION

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

The **Insured Person** and any claimant under this **Policy** shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Insured Person's** indemnification by the Company.

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. PORTABILITY

Members covered under any individual personal **Accident Policy** of a non-life insurance company shall have the right to migrate from such an individual **Policy** to a personal **Accident Policy** with another **Insurer/Us**.

Individual members covered under Group Personal **Accident Policy** of Future Generali India Insurance Company shall have the right to migrate from such a group **Policy** to individual **Accident Suraksha Policy**.

M. WHAT YOU SHOULD NOT DO

1. **You** or the **Insured Person** should not make any claim knowing it to be false or fraudulent in any way.
2. **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.
3. 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.

N. 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.

O. 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.

P. 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**.

Q. USE OF MASCULINE PRONOUN

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

R. 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.

ANNEXURE 1: NON PAYABLE ITEMS

Sr. No.	Expense Head	Special Remarks
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cozy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturizer Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack / Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges	Payable for Site Preparations
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	If CD is specifically sought by Insurer, then Payable
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gauze Soft	Not Payable

54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast / Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
59	Weight Control Programs/ Supplies/ Services	Not Payable
60	Cost Of Spectacles / Contact Lenses / Hearing Aids	Not Payable
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Not Payable
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility / Subfertility / Assisted Conception Procedure	Not Payable
65	Obesity (Including Morbid Obesity)	Not Payable
66	Psychiatric & Psychosomatic Disorders	Not Payable
67	Corrective Surgery For Refractive Error	Not Payable
68	Treatment Of Sexually Transmitted Diseases	Not Payable
69	Donor Screening Charges	Not Payable
70	Admission / Registration Charges	Not Payable
71	Hospitalisation For Evaluation / Diagnostic Purpose	Not Payable
72	Expenses For Investigation / Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not Payable
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From HIV / AIDS Etc Is Detected / Directly Or Indirectly	Not Payable
74	Stem Cell Implantation / Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
75	Ward And Theatre Booking Charges	Payable under OT Charges, not Payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital Payable. Purchase of instruments not Payable
77	Microscope Cover Payable Under OT	Payable under OT Charges, not Payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not Payable separately
79	Surgical Drill	Payable under OT Charges, not Payable separately
80	Eye Kit	Payable under OT Charges, not Payable separately
81	Eye Drape	Payable under OT Charges, not Payable separately
82	X - Ray Film	Payable under Radiology Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Payable under OT Charges, not Payable separately
85	Blood Grouping And Cross Matching Of Donors Samples	Not Payable, Part of cost of blood
86	Antiseptic Or Disinfectant Lotions	Not Payable, Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable, Part of Dressing Charges
88	Cotton	Not Payable, Part of Dressing Charges
89	Cotton Bandage	Not Payable, Part of Dressing Charges
90	Micropore / Surgical Tape	Not Payable, Part of Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable, Part of Hospital Services / Disposable Linen to be part of OT / ICU Charges
93	Torniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable, Part of Dressing Charges
95	Urine Container	Not Payable
96	Luxury Tax	Actual tax levied by government is Payable. Part of charge for room sub limits
97	HVAC	Not Payable, part of room charge
98	Housekeeping Charges	Not Payable, part of room charge
99	Service Charges Where Nursing Charge Also Charged	Not Payable, part of room charge
100	Television & Air Conditioner Charges	Not Payable, part of room charge
101	Surcharges	Not Payable, part of room charge
102	Attendant Charges	Not Payable, part of room charge
103	IM IV Injection Charges	Not Payable, part of Nursing charges
104	Clean Sheet	Not Payable, part of laundry / housekeeping
105	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is Payable
106	Blanket / Warmer Blanket	Not Payable, part of room charge
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable

111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	Not Payable. To be claimed by patient under post hospitalisation expenses, if admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 Hours. Shifting charges not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
131	External Durable Devices	Not Payable
132	Walking Aids Charges	Not Payable
133	Bipap Machine	Not Payable
134	Commode	Not Payable
135	CPAP / CAPD Equipments	Not Payable
136	Infusion Pump - Cost	Not Payable
137	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
138	Pulse Oxymeter Charges	Not Payable
139	Spacer	Not Payable
140	Spirometer	Not Payable
141	SpO2 Probe	Not Payable
142	Nebulizer Kit	Not Payable
143	Steam Inhaler	Not Payable
144	Arm Sling	Not Payable
145	Thermometer	Not Payable
146	Cervical Collar	Not Payable
147	Splint	Not Payable
148	Diabetic Foot Wear	Not Payable
149	Knee Braces (Long / Short / Hinged)	Not Payable
150	Knee Immobilizer / Shoulder Immobilizer	Not Payable
151	Lumbosacral Belt	Essential and may be paid specifically for cases who have undergone surgery of lumbar spine
152	Nimbus Bed Or Water Or Air Bed Charges Payable For Any ICU	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200/ day
153	Ambulance Collar	Not Payable
154	Ambulance Equipment	Not Payable
155	Microshield	Not Payable
156	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
157	Betadine \ Hydrogen Peroxide \ Spirit \ Disinfectants Etc.	May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital
158	Private Nurses Charges- Special Nursing Charges	Post hospitalisation nursing charges not Payable
159	Nutrition Planning Charges - Dietician Charges / Diet Charges	Not Payable
160	Sugar Free Tablets	Payable. Sugar free variants of admissible medicines are not excluded
161	Creams Powders Lotions	Toiletries are not Payable, only prescribed medical pharmaceuticals Payable
162	Digestion Gels	Payable when prescribed
163	ECG Electrodes Upto 5 Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be Payable
164	Gloves	Sterilized Gloves Payable. Unsterilized Gloves not Payable

165	HIV Kit	Payable for pre operative screening
166	Listerine / Antiseptic Mouthwash	Payable when prescribed
167	Lozenges	Payable when prescribed
168	Mouth Paint	Payable when prescribed
169	Nebulisation Kit	If used during hospitalisation is Payable reasonably
170	Novarapid	Payable when prescribed
171	Volini Gel / Analgesic Gel	Payable when prescribed
172	Zytee Gel	Payable when prescribed
173	Vaccination Charges	Routine Vaccination not Payable. Post Bite Vaccination Payable
174	AHD	Not Payable. Part of hospital's own internal cost
175	Alcohol Swabs	Not Payable. Part of hospital's own internal cost
176	Scrub Solution / Sterillium	Not Payable. Part of hospital's own internal cost
177	Vaccine Charges For Baby	Not Payable
178	Aesthetic Treatment / Surgery	Not Payable
179	TPA Charges	Not Payable
180	Visco Belt Charges	Not Payable
181	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
182	Examination Gloves	Not Payable
183	Kidney Tray	Not Payable
184	Mask	Not Payable
185	Ounce Glass	Not Payable
186	Outstation Consultant's / Surgeon's Fees	Not Payable, except for telemedicine consultations where covered by policy
187	Oxygen Mask	Not Payable
188	Paper Gloves	Not Payable
189	Pelvic Traction Belt	Not Payable
190	Referral Doctor's Fees	Not Payable
191	Accu Check (Glucometry/ Strips)	Not Payable pre hospitalisation or post hospitalisation / Reports and Charts required
192	Pan Can	Not Payable
193	Sofnet	Not Payable
194	Trolley Cover	Not Payable
195	Urometer, Urine Jug	Not Payable
196	Ambulance	Payable-Ambulance from home to hospital or inter hospital shifts is Payable / RTA as specific requirement is Payable
197	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
198	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
199	Softovac	Not Payable
200	Stockings	Essential for case like CABG etc. where it should be paid.

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>
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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 (155255).**
- **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 & Rajasthan
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 : iombbspa@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

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.

ACCIDENT SURAKSHA CLAIM FORM



FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

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

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

Policy Number

INSURED DETAILS

1. Name of the Insured (in full):

2. Address of the Proposer:

State		Pin code
Mobile	Landline	
Email		

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

3. Bank Details:

Bank Name				
Branch				
Type of A/c	A/c no			
Pan No				
IFSC Code	MICR code			

DETAILS OF ACCIDENT

4. Date and time of Accident:

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

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

5. Please state the place of Accident

6. Please provide brief details of accident/ incidence

DETAILS OF INJURIES SUSTAINED

7. Please specify the section under which the claim is lodged

Primary Covers

- Accidental Death
- Permanent Total Disablement
- Permanent Partial Disablement
- Temporary Total Disablement

- Child Education Support
- Life Support Benefit
- Accidental Medical expenses
- Accidental Hospitalisation
- Hospital Cash Allowance

Additional Covers

- Loan Protector
- Repatriation Benefit and Funeral Expenses
- Adaptation Allowance
- Family Transportation Allowance

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

a. Name of Nominee: _____

b. Address of Nominee: _____

9. Specify injured parts of the body: _____

10. Please specify nature of Disability: _____

11. In case of Permanent Partial Disablement: Please mention disability percentage

Percentage: _____ (%) _____ (In words)

12. In case of Confinement/ Away from work: Please mention the period of confinement (This should be the actual days when fully confined to bed on Medical Advise)

Total Confinement: From _____ To _____

Partial Confinement: From _____ To _____

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

If YES, please give following details

MLC No: _____ FIR No: _____

Name & Address of the Police station: _____

14. Was the injured person under the influence of alcohol/ drugs at the time of accident? YES NO

15. Please provide details of medical expense (if covered):

Date	Receipt No.	Particulars	Amount

Please attach separate sheet for additional bills / receipt details

16. Please provide following details of Witnesses

Name: _____

Address: _____

Contact No: _____

Name: _____

Address: _____

Contact No: _____

17. Please provide following details

CASUALTY DOCTOR

Name: _____

Address: _____

Contact No: _____

FAMILY DOCTOR

Name: _____

Address: _____

Contact No: _____

HOSPITAL DETAILS

Name: _____

Address: _____

Contact No: _____

DETAIL OF OTHER INSURANCES

18. Are you insured under any other Policy? YES NO. If YES, Please give following details

Name of company: _____

Policy no: _____

Period of insurance: _____

Policy issuing office: _____

DETAILS OF PREVIOUS CLAIMS

19. Have you made any Claims in Past? YES NO. If YES, Please give details including

Nature of Accident: _____

Insurance details: _____

Claim amount: _____

DECLARATIONS

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

Date: _____

Insured/ Nominee Signature: _____

ATTENDING PHYSICIAN'S STATEMENT

(To be filed by attending Physician only)

1. Name of insured Person: _____
2. Age of insured Person: _____
3. Nature of the Accident and Details of Injuries Sustained: _____

4. Does the cause of Accident as stated by the Claimant tally as per your opinion? YES NO
5. Are the injuries solely due to the accident? YES NO
If No pls. provide the details _____
6. Was the injured person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his condition? YES NO
7. Was the claimant hospitalized? YES NO
If YES, then please provide period of hospitalization: From: _____ To: _____
8. What treatment/ procedure/ operations performed? _____

9. Give all dates of treatment:
Home: From: _____ To: _____
Clinic/ Hospital: From: _____ To: _____
10. Was he/she under the influence of intoxicants or drugs at the time of accident? YES NO
11. Are you his family doctor? YES NO
If you have treated him for any previous illness or injury, please give details

12. Have other Doctors been in Attendance or Consultation? YES NO
If yes, Please give details: _____

13. Has this accident been reported to the Police Authorities? YES NO
If yes, Case No: _____ Police Station: _____
14. Is this claimant totally disabled from each and every occupation? YES NO
15. How long was or will the claimant be totally disabled from current occupation? From: _____ To: _____
16. How long was or will the claimant be partially disabled from current occupation? From: _____ To: _____
17. Estimated date of return to Work: _____
18. What is the Prognosis?

Doctor's Signature: _____
Doctors Name: _____
Address and Tel. no. : _____
Date: _____
Regn No: _____

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

Corporate & Registered Office: - 6th Floor, Tower 3, Indiabulls Finance Centre, 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

COMPLAINT FORM

POLICY TYPE MOTOR HEALTH PERSONAL ACCIDENT
 TRAVEL HOME MARINE
 OTHERS _____

POLICY DETAILS EXISTING SERVICE REQUEST POLICY NO CUSTOMER ID
 COVER NOTE HEALTH CARD APPLICATION NO

CUSTOMER NAME _____
 FIRST NAME MIDDLE NAME LAST NAME

ADDRESS _____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description of the problem: _____

 Customer's Signature

_____ Date

You may submit your complaint to the Nearest Branch Office or mail to our Customer Cell at:

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
Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 **Email:-** fgcare@futuregenerali.in **Website:-** www.futuregenerali.in

Office Use Only:

Service / Case #

Comments: _____

