

Policy No.: **HTO-28-22-7066751-02-000**

Date : **08/10/2022**

Mr Jential Ukabhai Sorathiya

**Khodiyar Krupa 5, Alka Society, Opp Sraddha Bakery, Bh, Vishveshwar Temple.,
rajkot,**

Rajkot, Gujarat, Pincode:360004

Telephone(Mob) : **9586538246**

Email : **bhpipaliya@gmail.com**

Intermediary Name : **HINABEN BABULAL PIPALIA-IAG**

Dear **Mr Jential Ukabhai Sorathiya**

Welcome to the Future Generali Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **HTO-28-22-7066751-02-000**.

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 the proposal form. 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. Please confirm that the proposal form contains the correct information and is signed by you.

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 our In-House Health Administrator, Future Generali Health(FGH). Cashless facility can be availed on producing the FGH - Health ID Card along with a photo identification proof. In case cashless facility is not availed, the claim documents can be submitted directly to the below mentioned address, for reimbursement.

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 - fgf@futuregenerali.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.

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.

If undelivered, please return to:

Future Generali India Insurance Company Limited

208, Nath Edifice

Dr.Yagnik Road

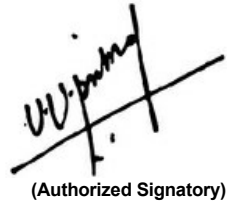
Opp. Police Commissioner Off.

Rajkot

Gujarat, 360001



For Future Generali India Insurance Co. Ltd.



(Authorized 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

For any service request please sms **SERVE** to 9222211100. To provide feedback on our service, kindly sms **HAPPY** or **UNHAPPY** to 9222211100. We will call you back.

Tax Invoice

INSURED DETAILS

Policy Number	: HTO-28-22-7066751-02-000	Address of Service Provider	: Off Code- 28, 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., Rajkot, Gujarat - 360001. Phone: Fax: +91 22 67001606
Invoice Number	: 202224ENT0165318	Area Code	: Rajkot, Branch Office,
Reverse Charge	: No	FGI State Code	: 24
Name of Insured/Proposer	: Mr Jential Ukabhai Sorathiya	FGI GSTIN Number	: 24AABCF0191R1ZF
Address	: Khodiyar Krupa 5, Alka Society, Opp Sraddha Bakery, Bh, Vishveshwar Temple., Rajkot, Rajkot, Gujarat, Pincode:360004	Intermediary Name/Code	: HINABEN BABULAL PIPALIA/60026294
Place of Supply(State Code)	: 24	Date of Issue/Invoice Date	: 08/10/2022
GSTIN/ UIN Number	:	HSN	: 997133
Period of Insurance	: From 12:00 10/10/2022 To midnight of 09/10/2023	Nature of Service	: General Insurance Service

Received with thanks from Mr Jential Ukabhai Sorathiya a sum of Rs 21050.00 towards Premium on the above mentioned policy.

PARTICULARS	Tax(%)	PREMIUM(Rs)
Gross Premium		17839.20
Add:CGST	9.00 %	1605.53
Add:SGST	9.00 %	1605.53
Kerala Flood Cess	0.00 %	0.00
Total (Rounded to nearest rupee)		21050.00

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

NOTE:

- In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
- Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.

For Future Generali India Insurance Co. Ltd.


 (Authorized Signatory)

Signature Not Verified

Digitally signed by DS FUTURE GENERALI
 INDIA INSURANCE COMPANY LIMITED 01
 Date: 2022.10.08 13:23:26 +05:30
 Reason: Reason
 Location: Location

Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 08/10/2022

Health Total -Individual Policy Schedule

Policy Servicing Office : Off Code- 28, 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., Rajkot, Gujarat Pincode:360001. Phone:	
Policy No. : HTO-28-22-7066751-02-000	Period of Insurance : From 12:00 10/10/2022 To 09/10/2023
Name of Insured / Proposer : Mr Jentilal Ukabhai Sorathiya	Policy Term : 1 Year
Address : Khodiyar Krupa 5, Alka Society, Opp Sraddha Bakery, Bh, Vishveshwar Temple., Rajkot, Rajkot, Gujarat, Pincode:360004	Renewal Due Date : 10/10/2023
GSTIN Number :	Intermediary Name/Code : HINABEN BABULAL PIPALIA/60026294
	Telephone (Mob,Hom) : ,,
	Email Id : bhpipaliya@gmail.com
	Previous Policy No : HTO-28-21-7053123-01-000
	FGI GSTIN Number : 24AABCF0191R1ZF

Details of Insured Person(s)

Name of the Insured Person/s	Age	Gender	Relation of the Insured with the Proposer	Plan Name	Sum Insured (Rs.)	Voluntary Deductible (Rs.)	Cumulative Bonus (Rs.)	Pre-Existing Condition	Underwriting Loading	Specific Conditions
MR JENTILAL SORATHIYA	54 Y	Male	Self	Vital	500000	0	500000	YES	20%-Diabetes	Right Tennis Elbow

Nominee Details

Name of the insured person's	Nominee Name	Relation with the Insured Person/s
MR JENTILAL SORATHIYA	RAVI	Son

Policy Loadings and Discount		Schedule of Premium	
Installment Loading (%)	0.00	Gross Premium	(₹)17839.20
Long Term Discount (%)	0.00	Goods and Services Tax	(₹)3211.06
Family Discount (%)	0.00	Total Premium	(₹)21050.00
Discount (%)	0.00		

Special Clauses, Conditiions, Exclusion and Warranties

For Mr Jentilal -This policy has been issued basis the health declaration/s provided over Tele MER. In case of any disagreement or objection or any changes with respect to information provided, we request you to please revert back within a period of 15 days from date of receipt of your policy, failing which it will be deemed that you are satisfied with the correctness of the policy details

.For each member, waiting periods for time bound exclusions will be waived off for continuous period of cover.

.This is applicable for the Sums Insured + Cumulative Bonus(if any).

.For any enhancement of sum insured, waiting periods will apply afresh according to the respective dates of enhancement.

.If the sum insured opted is lesser than the previous sum insureds then the continuity will be offered to the lesser Sum Insured +Cumulative Bonus(if any).

Important:-

- In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
- 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.
- 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.
- Terms/conditions and exclusions as per the Policy clause and Endorsement wordings .
- In case of change in Goods and Services Tax the premiums will stand revised.
- Kindly refer to the attached policy wording for sublimits, Co-pay limits, Voluntary Deductible, if any.
- For complete terms, conditions and exclusions, please visit <https://general.futuregenerali.in/customer-service/downloads/>
- For any redressal of grievance and for escalation matrix <https://general.futuregenerali.in/customer-service/grievance-redressal>

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 - 411 057
Toll free number - 1800 209 1016 / 1800 103 8889
Toll free Fax - 1800 209 1017 / 1800 103 9998
Email ID - fgh@futuregenerali.in

For FUTURE GENERALI INDIA INSURANCE CO. LTD.



(Authorized Signatory)

Receipt No: Y6064387

Date of Issue: 08/10/2022

Place of Issuance: Mumbai*

*Address as mentioned below

**Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory
of Future Generali India Insurance Company Limited on 08/10/2022**

Stamp duty of Rs. 50.00 is paid as provided under Article Policy of Insurance 47C(b) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, MUMBAI-400001., vide this Order No. (NO. LOA/CSD/413/2022/(Validity Period Dt. 25/07/2022 To Dt. 31/03/2023)/3176, Dated 21-07-2022.)

Product UIN :FGIHLIP22189V032122

Premium details for the purpose of deduction under Section 80D of Income Tax Act

This is to certify that Mr Jentilal Ukabhai Sorathiya has paid the premium for Health Total policy No. HTO-28-22-7066751-02-000

for the period- 10/10/2022 to 09/10/2023. premium Installment details are as the under -

Installment Frequency	Not Applicable	
No of Installments	00	
Premium Amount	Payment Status	Date of Payment/Payment Due
21050.00	Paid	08/10/2022

Note :

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. 80 D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.
3. The benefit is available only to the extent of the premium paid during the financial year. The receipt for payment of subsequent installment premiums will be the proof to claim this benefit subject to Section 80 D of the Income Tax Act, 1961.

For Future Generali India Insurance Co. Ltd.


(Authorized Signatory)

HEALTH TOTAL - TRANSCRIPT/DECLARATION

Dear Mr Jential Ukabhai Sorathiya

1. We wish to inform you that the Insurance policy number **HTO-28-22-7066751-02-000** has been issued on the basis of the proposal(via e-proposal/distance marketing/online/physical) and any other subsequent documents, submitted by you post understanding the Terms & Conditions of the policy and consequences of the risk proposed, to the Company for issuance of the policy.
2. You have agreed to issue this policy, subject to the Company's Board approved Underwriting Policy and that the Policy will come into force only after the Company is in receipt and realisation of full prescribed premium.
3. The Company shall have no liability under the Policy/contract of insurance if it is found that any of your statements, particulars, information, declarations, warranties, submitted in proposal or other documents are incorrect and/or untrue or any information is suppressed or the information provided is misleading or false in any respect on any matter [whether material or not material] which forms the base to issue the policy by the Company.
4. In case of any disagreement or objection or any changes with respect to the information mentioned in the transcript below, we request you to please revert back within 15 days from the date of receipt of this transcript or the policy start date whichever is earlier, failing which it shall be deemed that you are satisfied with the correctness of the details mentioned in the transcript.

Policy No : HTO-28-22-7066751-02-000

Date of Proposal : 08/10/2022

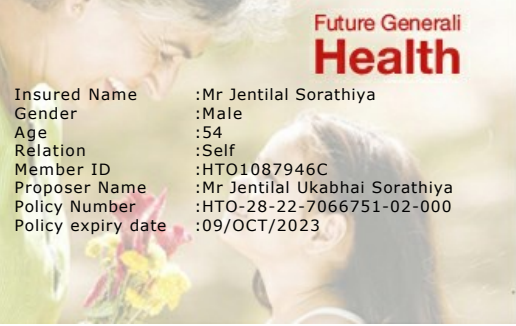
Proposer's Details

Name of proposer	Mr Jential Ukabhai Sorathiya
Date of Birth	01/04/1968
Gender	Male
Nationality	Indian
Occupation	Businessman
Marital Status	Married
Address	Khodiyar Krupa 5, Alka Society, Opp Sraddha Bakery, Bh, Vishveshwar Temple., rajkot, Rajkot, Gujarat, Pincode:360004
Mobile	9586538246
Land Line No	
Email ID	bhpipaliya@gmail.com
Alternative Email ID	
Date of Declarations	08/10/2022
Your Health Policy Period	1 Year
Plan type	Vital

Insured Details	Self
Name	Mr Jential Sorathiya
Date of Birth	01/04/1968
Gender	Male
Height	163
Weight	75
Occupation	Retired
Sum Insured	500000
Voluntary Deductible	0
Underwriting Loading	20%-Diabetes
Nominee	RAVI
Nominee Age	24
Relationship of Nominee with Insured	Son
Appointee Name	NA
Appointee relationship with Nominee	NA

Member Health Details	Self
1. Do you have an existing Health Total Policy?	No
2. Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	No
3. Do you regularly consume tobacco /alcohol or smoke?- (please specify – yes/no. If yes please mention –quantity / day,number of years since consuming/smoking)	No
4. Does any person to be insured suffer or has suffered in the past from any of the following? Disorder of the heart including ischemic heart disease / rheumatic heart disease, or circulatory system, chest pain, high blood pressure, stroke, asthma, any	

respiratory condition,cancer or tumour / lump of any kind, diabetes, hepatitis,disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy), slipped disc, backache,any congenital / birth defects / disease, AIDS or tested positive for HIV, or any other disease – yes / no. If yes,indicate in the table.	Yes
5. Name of disease /illness/ injury suffering from,in the past or at present. Any other diseases or ailments not mentioned? If "yes" give details in the table.	No
6. Disease/illness/ injury/suffering since when/ when first treated. If applicable please mention details. If not applicable please mention "no" in the table.	No
7. Treatment/medication received/receiving.If applicable please mention details. If not applicable please mention "no" in the table.	No
8. Are you fully cured?(Yes /No)	Yes
Installment Facility	Not Opted
Installment Frequency	Not Applicable
Loading on Standard Premium in case of Installment payment(%)	0.00
Long Term discount (In case of Single payment of premium for long term policy)(%)	0.00
Family discount(%) (Individual SI policies)	0
Discount(%)	0.00
Premium charged Including Goods and Services Tax	21050.00



**Future Generali
Health**

Insured Name : Mr Jential Sorathiya
 Gender : Male
 Age : 54
 Relation : Self
 Member ID : HTO1087946C
 Proposer Name : Mr Jential Ukabhai Sorathiya
 Policy Number : HTO-28-22-7066751-02-000
 Policy expiry date : 09/OCT/2023

24x7 Toll Free Phone 1800 209 1016 / 1800 103 8889

"We are always listening. How you feel is important to us. Simply SMS "HAPPY" or "UNHAPPY" to 9222211100 and we will be in touch with you."
 fgh@futuregenerali.in

Scan this barcode using QR Code Reader
 from your smart phone to access FGH



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED
 Office No -3, 3rd Floor, "A" Building, G-O-Square, S.No. 249 & 250, Aurang - Hinjewadi link road, Wakad, Pune - 411 057
 CIN: U66030MH2006PLC165287

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