

Policy No.: **FHA-28-23-7120709-00-000**

Date : **12/09/2023**

Mr Shaileshbhai Babubhai Khunt

**Shree Ram, 3 Madhuram Park, End Of 2, Master Society,, Kothariya Road.,
rajkot,**

Rajkot, Gujarat, Pincode:360002

Telephone(Mob) : **9904087516**

Email :

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

Dear **Mr Shaileshbhai Babubhai Khunt**

Welcome to the Future Generali Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **FHA-28-23-7120709-00-000**.

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 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	: FHA-28-23-7120709-00-000	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	: 202324ENT0196355	Area Code	: Rajkot, Branch Office,
Reverse Charge	: No	FGI State Code	: 24
Name of Insured/Proposer	: Mr Shaileshbhai Babubhai Khunt	FGI GSTIN Number	: 24AABCF0191R1ZF
Address	: Shree Ram, 3 Madhuram Park, End Of 2, Master Society,, Kothariya Road., Rajkot, Rajkot, Gujarat, Pincode:360002	FGI PAN Number	: AABCF0191R
Place of Supply(State Code)	: 24	Intermediary Name/Code	: HINABEN BABULAL PIPALIA/60026294
GSTIN/ UIN Number	:	Date of Issue/Invoice date	: 12/09/2023
Period of Insurance	: From 00:00 04/09/2023 To midnight of 03/09/2024	HSN	: 997133
		Nature of Service	: General Insurance Service

Received with thanks from Mr Shaileshbhai Babubhai Khunt a sum of Rs 44765.00 towards Premium on the above mentioned policy.

PARTICULARS	Tax(%)	PREMIUM(Rs)
Gross Premium		37936.20
Add:CGST	9.00 %	3414.26
Add:SGST	9.00 %	3414.26
Kerala Flood Cess	0.00 %	0.00
Total (Rounded to nearest rupee)		44765.00

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:

- 1.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 seperate communication is sent or not.
- 2.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)

Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 12/09/2023

Signature Not Verified
 Digitally signed by: DS FUTURE GENERALI
 INDIA INSURANCE COMPANY LIMITED 01
 Date: 2023.09.12 22:23:41 +05:30
 Reason: Reason
 Location: Location

FG Health Absolute -Family Floater Policy Schedule

Policy Servicing Office : Off Code- 28, 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., Rajkot, Gujarat Pincode:360001. Phone:			
Policy Number	FHA-28-23-7120709-00-000	Period of Insurance	From 00:00 04/09/2023 To midnight of 03/09/2024
Name of Insured/ Policyholder	Mr Shaileshbhai Babubhai Khunt	Policy Term	1 Year
Address	Shree Ram, 3 Madhuram Park, End Of 2, Master Society., Kothariya Road., Rajkot, Rajkot, Gujarat, Pincode:360002	Intermediary Name/ Code	HINABEN BABULAL PIPALIA/60026294
		Telephone (Mob,Hom)	„
		Email Id	bhpiipaliya@gmail.com
		Previous Policy No	
		First Inception Date	04/09/2021
GSTIN Number:		FGI GSTIN Number:	24AABCF0191R1ZF

Details of Plan			
Plan Type	Floater	Deductible	0
Sum Insured	1000000	Cumulative Bonus	0.00
Details of Insured Person(s)			

Name of the Insured Person/s	Age	Gender	Relation of the Insured with the Proposer	NOMINEE NAME	Relation of Nominee With Insured	Pre-Existing Condition	Underwriting Loading	Specific Conditions
MR SHAILESHBHAI BABUBHAI KHUNT	50 Y	Male	Self	JYOTIBEN	Spouse	NIL		NIL
MRS JYOTIBEN SHAILESHBHAI KHUNT	50 Y	Female	Spouse	SHAILESHBHAI	Spouse	NIL		NIL
MR DARSHIL SHAILESHBHAI KHUNT	23 Y	Male	Son	SHAILESHBHAI	Father	NIL		NIL
MISS KRINAL SHAILESHBHAI KHUNT	25 Y	Female	Daughter	SHAILESHBHAI	Father	NIL		NIL

Policy Loadings and Discount		Schedule of Premium	
Installment Loading (%)	0.00	Gross Premium	(₹)37936.20
Long Term Discount (%)	0.00	Goods and Services Tax	(₹)6828.52
Discount (%)	0.00	Total Premium	(₹)44765.00

Special Clauses, Conditons, Exclusion and Warranties	
NA	

Previous Insurance Policy Details					
Name of Person	Policy Details	Inception Date	Expiry Date	Sum Insured	Cumulative Bonus
	First Inception Date 04/09/2021				
MR SHAILESHBHAI BABUBHAI KHUNT	2022-2023	04/09/2022	03/09/2023	500000.00	250000.00
MR SHAILESHBHAI BABUBHAI KHUNT	2021-2022	04/09/2021	03/09/2022	500000.00	0.00
	First Inception Date 04/09/2021				
MRS JYOTIBEN SHAILESHBHAI KHUNT	2022-2023	04/09/2022	03/09/2023	500000.00	250000.00
MRS JYOTIBEN SHAILESHBHAI KHUNT	2021-2022	04/09/2021	03/09/2022	500000.00	0.00
	First Inception Date 04/09/2021				
MR DARSHIL SHAILESHBHAI KHUNT	2022-2023	04/09/2022	03/09/2023	500000.00	250000.00
MR DARSHIL SHAILESHBHAI KHUNT	2021-2022	04/09/2021	03/09/2022	500000.00	0.00
	First Inception Date 04/09/2021				
MISS KRINAL SHAILESHBHAI KHUNT	2022-2023	04/09/2022	03/09/2023	500000.00	250000.00
MISS KRINAL SHAILESHBHAI KHUNT	2021-2022	04/09/2021	03/09/2022	500000.00	0.00

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 /or 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.Any claim as a result of disease/ conditions contracted during the break period stands excluded.
- 5.All terms, conditions and exclusions as per standard Policy Wordings and Endorsement wordings attached with this schedule.
- 6.Kindly refer to policy wordings for, sub-limits and co-payments applicable.
- 7.In case of change in Goods and Services tax the premiums will stand revised.

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@futuregeneralial.in	In case of any claims related to 'Medical treatment Abroad' 'Emergency Ambulance Services (Outside India)' and 'Repatriation of Mortal Remains' please contact Europ Assistance India Pvt. Ltd. 7th Floor, Star Hub, Bldg No. 2, Near ITC Maratha Hotel, Sahar Andheri East, Mumbai – 400059 Email ID: fgi@europ-assistance.in India Helpline Number: 18002092333 Worldwide Helpline Number: +91 2267347841
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For FUTURE GENERALI INDIA INSURANCE CO. LTD.

Receipt No: Y8246121


(Authorized Signatory)

Date of Issue: 12/09/2023

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 12/09/2023

Stamp duty of Rs. 100.00 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/113/2023/(Validity Period Dt. 28/08/2023 To Dt. 31/03/2024)/3579/23, Dated 28-08-2023.)

Product UIN :FGIHLIP23059V012223

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

This is to certify that Mr Shaileshbhai Babubhai Khunt has paid the premium for FG Health Absolute policy
No. FHA-28-23-7120709-00-000
for the period- 04/09/2023 to 03/09/2024. premium Installment details are as the under -

Installment Frequency	Not Applicable	
No of Installments	00	
Premium Amount	Payment Status	Date of Payment/Payment Due
44765.00	Paid	12/09/2023

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 ABSOLUTE - TRANSCRIPT/DECLARATION
Dear Mr Shaileshbhai Babubhai Khunt
Important Note:

1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form.
2. The information in this transcript are a replication of the responses given by the Proposer in the Proposal Form, which forms the basis on which We have issued the Policy bearing Policy number **FHA-28-23-7120709-00-000**
3. The Proposer / Policyholder is requested to review this transcript. In case of any disagreement or objection or any desired change with respect to information mentioned in this transcript, We request the Proposer / Policyholder to inform US, in writing, within a period of 15 days from date of receipt of this transcript, failing which it will be deemed that the Proposer / Policyholder is satisfied with the correctness of the information herein.
4. Suppression of facts that are material to the assessment of the risk or provision of misleading/partial information may cause rejection of Proposal / cancellation of Policy

Policy No : FHA-28-23-7120709-00-000
Date of Proposal : 08/09/2023
Proposer's Details

Name of proposer	Mr Shaileshbhai Babubhai Khunt
Date of Birth	04/05/1973
Marital Status	Married
Nationality	IND
Gender	Male
Email ID	bhpipaliya@gmail.com
Occupation	Businessman
PAN	
Address	Shree Ram, 3 Madhuram Park, End Of 2, Master Society,, Kothariya Road., rajkot, Rajkot, Gujarat, Pincode:360002
Telephone (M)	

PLAN DETAILS

Cover Type	Family Floater			
Policy Period	1 Year			
PROPOSED INSURED DETAILS*	Self	Spouse	Child 1	Child 2
Name	Mr Shaileshbhai Babubhai Khunt	Mrs Jyotiben Shaileshbhai Khunt	Mr Darshil Shaileshbhai Khunt	Miss Krinal Shaileshbhai Khunt
Gender	Male	Female	Male	Female
Date of Birth	04/05/1973	26/08/1973	14/01/2000	18/11/1997
Relationship with Proposer	Self	Spouse	Son	Daughter
Height (In CM)	168	164	166	167
Weight (in Kgs)	72	56	60	62
Occupation	Businessman	Housewife	Student	Student
Plan Name	Classic	Classic	Classic	Classic
Sum insured	1000000			
Voluntary Deductible	0			

NOMINEE DETAILS

Nominee	JYOTIBEN	SHAILESHBHAI	SHAILESHBHAI	SHAILESHBHAI
Nominee Age	50	50	50	50
Relationship of Nominee with Insured	Spouse	Spouse	Father	Father
Appointee Name	NA	NA	NA	NA
Appointee relation with Nominee	NA	NA	NA	NA

MEDICAL AND HEALTH INFORMATION	Self	Spouse	Child 1	Child 2
1. Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Yes	Yes	Yes	Yes
2. Do you consume tobacco in any form? Type – Gutkha/ Others.– Since when?	No	No	No	No
3. Do you consume alcohol in any form? Type – BeerHard liquorWineOthers?	No	No	No	No
4. Has any person to be insured is currently suffering from suffered in the past taking treatment for any illness disease or injury for following medical conditions? a PsychiatricMentalSleep Disorder b StrokeEpilepsyParalysis or other brain nervous tem				

disorders c Disease related to EarNoseThroat d TuberculosisAsthma or any lung respiratory disorder e HypertensionChest painHeart Disease f Liver DiseaseUlcers stomachduodenum Gall stonesHepatitisother digestive Disorders g Kidney FailureDialysisKidney Stones Prostate other kidney disorders h HIVAIDS Sexually Transmitted Disease i Diabetes Thyroid or any other endocrine disorders j Arthritis, Spondylitis, Joint Pain, Slip Disc, Spinal Disorder or any other disorder of muscle bone joint k CancerTumour- Benign or Malignant l Anaemia or any other blood disorder m Females Specific – Fibroid Cyst Fibroadenoma Breast disorder or any other Gynaecological Disorder n Any accidental injury that has caused disability hospitalization o Treatment for Infertility or has been advised for? p Others Please Specify with diagnosis Option for entering further details on date of diagnosis of IllnessInjury.	No	No	No	No
5. Is any of the female insured pregnant? If yes, please mention the expected date of delivery?	No	No	No	No

ADDITIONAL INFORMATION

CONCURRENT/PREVIOUS INSURANCE POLICY DETAILS

Are you having existing Health Poli cy of Future Generali or are you insured under any other Health Insurance Policy?	
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PREMIUM PAYMENT AND BANK DETAILS

Installment Facility	Not Opted
Installment Frequency	Not Applicable
E-mandate/E-NACH*(Mandate Type)	

Payment Details :

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	44765.00

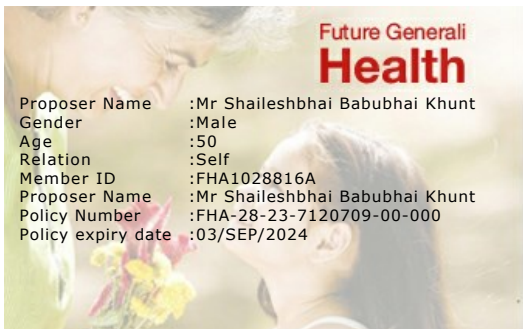
True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still need a physical copy, please confirm

DECLARATION

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: ☐ 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. ☐ 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. ☐ 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

Optional Declaration:

I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors.
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 by the Intermediary/Agent to my/our satisfaction (*to download a copy of the Prospectus and for further details about the product, please visit our website https://general.futuregenerali.in/ 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.



**Future Generali
Health**

Proposer Name : Mr Shaileshbhai Babubhai Khunt
Gender : Male
Age : 50
Relation : Self
Member ID : FHA1028816A
Proposer Name : Mr Shaileshbhai Babubhai Khunt
Policy Number : FHA-28-23-7120709-00-000
Policy expiry date : 03/SEP/2024

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

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fgh@futuregenerali.in

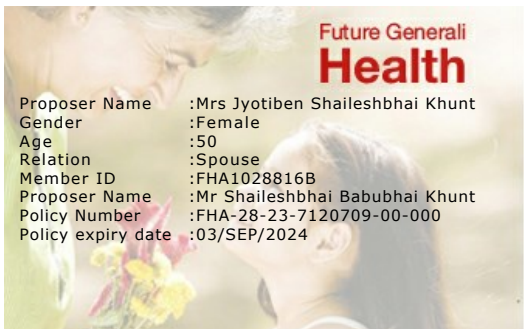
Scan this barcode using QR Code Reader
from your smart phone to access FGH



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



24x7 Toll Free Fax 1800 209 1017 / 1800 103 9998



**Future Generali
Health**

Proposer Name :Mrs Jyotiben Shaileshbhai Khunt
Gender :Female
Age :50
Relation :Spouse
Member ID :FHA1028816B
Proposer Name :Mr Shaileshbhai Babubhai Khunt
Policy Number :FHA-28-23-7120709-00-000
Policy expiry date :03/SEP/2024

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

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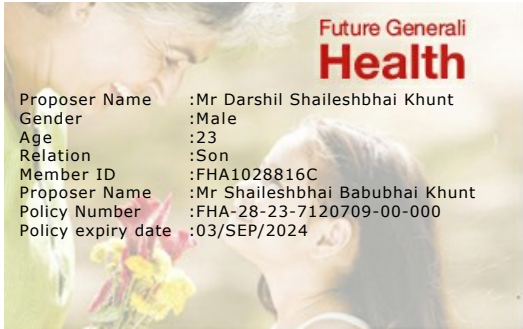
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CIN: U66030MH2006PLC165287



24x7 Toll Free Fax 1800 209 1017 / 1800 103 9998



**Future Generali
Health**

Proposer Name : Mr Darshil Shaileshbhai Khunt
Gender : Male
Age : 23
Relation : Son
Member ID : FHA1028816C
Proposer Name : Mr Shaileshbhai Babubhai Khunt
Policy Number : FHA-28-23-7120709-00-000
Policy expiry date : 03/SEP/2024

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

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CIN: U66030MH2006PLC165287

24x7 Toll Free Fax 1800 209 1017 / 1800 103 9998



**Future Generali
Health**

Insured Name : Miss Krinal Shaileshbhai Khunt
Gender : Female
Age : 25
Relation : Daughter
Member ID : FHA1028816D
Proposer Name : Mr Shaileshbhai Babubhai Khunt
Policy Number : FHA-28-23-7120709-00-000
Policy expiry date : 03/SEP/2024

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

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CIN: U66030MH2006PLC165287



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