

Policy No. :FVB-28-25-7003191-04-000

Date : 11/04/2025

Mr. Dayabhai Nathubhai Hapaliya

Ansh Avkar Avenue A, Bh Rajshungar Party Plot, 150ft Ring Road, , RAJKOT, GUJARAT, INDIA, 360005

Telephone(Mob) :9825407077

Email :bhpipaliya@gmail.com

Intermediary Name :HINABEN BABULAL PIPALIA-F01

Dear Mr. Dayabhai Nathubhai Hapaliya

Welcome to the Future Generali Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **FVB-28-25-7003191-04-000**.

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.

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

<https://online.fggeneral.in/CustomerDeclaration/CustomerCareWeb/index?policyno=FVB-28-25-7003191-04-000&Source=TCS>

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



Tax Invoice

INSURED DETAILS			
Policy Number	: FVB-28-25-7003191-04-000	Address of Service Provider	: 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., RAJKOT, GUJARAT - 360001
Invoice Number	: 242504I000001552	Area Code	: RAJKOT,Branch Office,
Reverse Charge	: No	FGI State Code	: 24
Name of Insured/Proposer	: Mr. Dayabhai Nathubhai Hapaliya	FGI GSTIN Number	: 24AABCF0191R1ZF
Address	: Ansh Avkar Avenue A, Bh Rajshungar Party Plot, 150ft Ring Road, , RAJKOT, GUJARAT, INDIA, 360005	FGI Pan Number	: AABCF0191R
Place of Supply (State Code)	: 24	Intermediary Name/Code	: HINABEN BABULAL PIPALIA-60026294
GSTIN / UIN Number	: NA	Date of Issue/Invoice date	: 11/04/2025
Pan Number	: ADKPH6605F	HSN	: 997133
Period of Insurance	: From 00:00 hours of 11/04/2025 To Midnight of 10/04/2026	Nature of Service	: Health Insurance Service

Received with thanks from Mr. Dayabhai Nathubhai Hapaliya a sum of Rs 27506 towards Premium on the above mentioned policy.

PARTICULARS	TAX (%)	PREMIUM (Rs)
Gross Premium		23310.00
Add : CGST	9%	2097.90
Add : SGST	9%	2097.90
Total (Rounded to the nearest rupee)		27506

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 subrule (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: 2025.04.11 12:48:59 IST

Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 11/04/2025 .



FUTURE VARISHTA BIMA - FLOATER POLICY SCHEDULE

Policy Servicing Office	: 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., RAJKOT, GUJARAT - 360001		
Policy No.	: FVB-28-25-7003191-04-000	Period of Insurance	: From 00:00 hours of 11/04/2025 To Midnight of 10/04/2026
Name of Insured/ Proposer	: Mr. Dayabhai Nathubhai Hapaliya	Policy Term	: 1 Year
CKYC No.	: NA	Renewal Due Date	: 11/04/2026
Address	: Ansh Avkar Avenue A, Bh Rajshungar Party Plot, 150ft Ring Road, , RAJKOT, GUJARAT, INDIA, 360005	Intermediary Name/ Code	: HINABEN BABULAL PIPALIA-60026294
GSTIN Number	: NA	Telephone	: 9904087516
		First Inception Date	: 11/04/2021
		Previous Policy No	: FVB-28-24-7003191-03-000
		FGI GSTIN Number	: 24AABCF0191R1ZF

Details of Plan

Plan Name	: Floater
Sum Insured	: 300000
Loading in case of waiver of co-payment for claims other than pre-existing	: No

Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of Birth	Gender	Relationship with Policyholder	Nominee Name	Relation of the Nominee with Insured Persons	Pre-Existing Condition	Underwriting Loading	Specific Conditions
Dayabhai Nathubhai Hapaliya	65 Y	Male	Self	HEMLATABEN	Spouse	NIL	NIL	NIL
Hemlataben Dayabhai Hapaliya	61 Y	Female	Spouse	DAYABHAI	Spouse	NIL	NIL	NIL

Policy Loadings and Discount

Schedule of Premium

Installment Loading (%)	0.00	Gross Premium	(Rs.)23310.00
Long Term Discount (%)	0.00	Goods and Services Tax	(Rs.)4196.00
Loading in case of waiver of co-payment for claims other than pre-existing conditions (%)	20.00	Total Premium	(Rs.)27506.00
Previous Medical Test Discount (%)	0.00		
Direct Sales Discount (%)	0.00		

Special Clauses, Conditioms, Exclusion and Warranties

NA	NA
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Previous Insurance Policy Details

Name of Person	Policy Details	Inception Date	Expiry Date	Sum Insured	Cumulative Bonus
	First Inception Date 11/04/2021				
Mr. Hemlataben Dayabhai Hapaliya	2024-2025	11/04/2024	10/04/2025	300000	0
	First Inception Date 11/04/2021				
Mr Dayabhai Nathubhai Hapaliya	2024-2025	11/04/2024	10/04/2025	300000	0

Waiting periods for time bound exclusion will be waived with reference to the sums insured , cumulative bonus and period of cover mentioned in the above table for each member covered under the policy. For any enhancement of sum insured, waiting periods will apply afresh according to the respective dates of enhancement. If the suminsured opted is lesser than the previous sum insureds then the continuity will be offered to the lesser sum insured.

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 /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.
- All terms, conditions and exclusions as per standard Policy Wordings and Endorsement wordings attached with this schedule.
- Kindly refer to the below Co-payments and sub-limits, as mentioned in the Policy Schedule.



- a. 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation.
- b. 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.
- c. Sublimits: Applicable for specified procedures. Our maximum liability of claim payment (including pre and post hospitalisation), shall be limited to the amount mentioned in the sublimit table.

Sub-limits on listed procedures (All values are in INR.)						
Procedure/ Treatment	2 L	3 L	4 L	5 L	7.5 L	10 L
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000
Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000
Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000
Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000

- d. Above co-payments will not be applicable in case there is a claim for the listed procedures
6. In case of change in Goods and Services tax the premiums will stand revised.
7. For complete terms, conditions and exclusions, please visit <https://general.futuregenerali.in/customer-service/downloads/>
8. 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.

SP Code - SP Name :

Receipt No: X2364256

Date of Issue: 11/04/2025

Place of Issuance: Mumbai*

*Address as mentioned below


(Authorized Signatory)

Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 11/04/2025 .

Stamp duty of Rs. 77.70 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. NO.LOA/ENF-2/CSD/08/2025 (Validity Period Dt.23/01/2025 To Dt. 31/03/2026) OW NO. 271, Dated 16/01/2025.) GRN NO MH013959858202425E , DATE 08/01/2025 , Bank Of Maharashtra , and DEFACE NO 0007869003202425 , DEFACE DATE 13/01/2025

Product UIN : FGIHLIP24138V042324



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

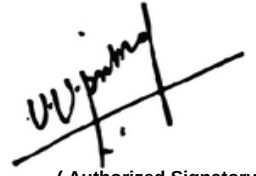
This is to certify that Mr. Dayabhai Nathubhai Hapaliya has paid the premium under FUTURE VARISHTA BIMA Family Floater Policy number **FVB-28-25-7003191-04-000** for the period- 11/04/2025 to 10/04/2026, details of the same are as under-

Mode of Collection	Instrument No.	Dated	AMOUNT	Drawn on
Inter App	PC/25/FGI/28/0002442	11 Apr 2025	27,506.00	

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)

FUTURE VARISHTA BIMA - TRANSCRIPT/DECLARATION

Dear Mr Dayabhai Nathubhai Hapaliya

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 **FVB-28-25-7003191-04-000**
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 : FVB-28-25-7003191-04-000

Date of Proposal : 11/04/2025

Proposer's Details

Name of proposer	MR Dayabhai Nathubhai Hapaliya
Date of Birth	01/01/1960
Gender	Male
Nationality	Indian
Occupation	Businessman
Marital Status	Married
Address	Ansh Avkar Avenue A, Bh Rajshungar Party Plot, 150ft Ring Road, , RAJKOT, GUJARAT, INDIA, 360005
Mobile	9825407077
Land Line No	NA
Email ID	bhpipliya@gmail.com
Alternative Email ID	NA
Date of Declarations	11/04/2025
Your Health Policy Period	1 Year
Plan Type	Floater

Insured Details	Self	Spouse
Name	Mr. Dayabhai Nathubhai Hapaliya	Ms. Hemlataben Dayabhai Hapaliya
Date of Birth	01/01/1960	01/01/1964
Gender	Male	Female
Height	165	160
Weight	75	53
Occupation	Businessman	Housewife/ Househusband
Sum Insured	300000	300000
underwriting Loading	NA	NA
Nominee	HEMLATABEN	DAYABHAI
Nominee Age	57Year	61Year
Relationship of Nominee with Insured	Spouse	Spouse
Appointee Name	NA	NA
Appointee relationship with Nominee	NA	NA
ABHA Nmbner	NA	NA

Member Health Details	Self	Spouse
1. Is insured already covered under Future Varishta Bima policy ?	Yes	Yes
2. Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	NA	No
3. Are / were you a regular smoker?	NA	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, met with an accident/ injury, if yes please mention the details.	NA	No
5. Name of disease /illness/ injury suffering from, in the past or at present? If yes, give details in the table	No	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	No
7. Treatment/medication received/receiving. If applicable please mention details. If not applicable please mention 'no' in the table.	No	No
8. Are you fully cured?(Yes /No)	No	No
Installment Facility	Not Opted	
Installment Frequency	Not Applicable	
Loading on Standard Premium in case of Installment payment(%)	20.00	
Long Term discount (In case of Single payment of premium for long term policy)(%)	0.00	
Family discount (Individual SI policies)(%)	0.00	
Discount(%)	0.00	
Premium charged Including Goods and Services Tax	27506.00	
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 -Yes		
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.		
9. I am (please tick all that are applicable) ☐ HNI ☐ NRI ☐ Politically Exposed Person ☐ Jeweler ☐ NGO ☐ Film Actor ☐ Producer ☐ Others		
10. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (NA) for the proposed Insured Persons, with Future Generali India Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services		

Optional Declaration:

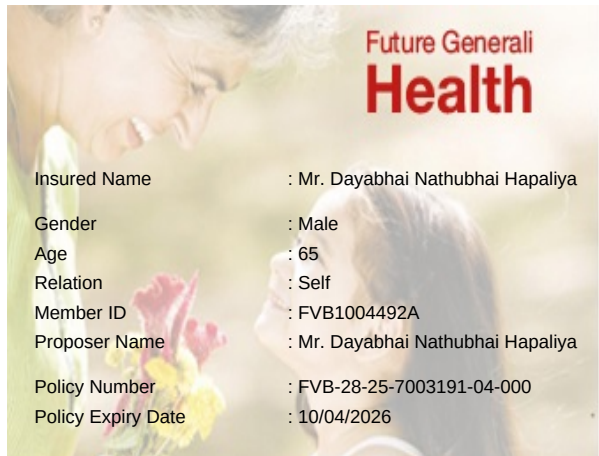
I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors

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**

Insured Name : Mr. Dayabhai Nathubhai Hapaliya

Gender : Male

Age : 65

Relation : Self

Member ID : FVB1004492A

Proposer Name : Mr. Dayabhai Nathubhai Hapaliya

Policy Number : FVB-28-25-7003191-04-000

Policy Expiry Date : 10/04/2026

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

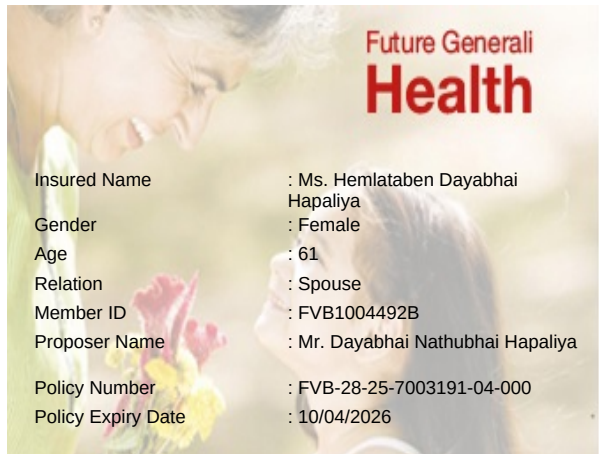
Scan this barcode using QR Code Reader from your smart phone to access FGH



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



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



**Future Generali
Health**

Insured Name : Ms. Hemlataben Dayabhai Hapaliya

Gender : Female

Age : 61

Relation : Spouse

Member ID : FVB1004492B

Proposer Name : Mr. Dayabhai Nathubhai Hapaliya

Policy Number : FVB-28-25-7003191-04-000

Policy Expiry Date : 10/04/2026

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

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



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

FUTURE VARISHTA BIMA

Customer Information sheet/Know Your Policy

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

SI No	Title	Description	Policy Clause Number					
1	Name of Insurance Product /Policy	FUTURE VARISHTA BIMA	Not Applicable					
2	Policy Number	FVB-28-25-7003191-04-000	Not Applicable					
3	Type of Insurance Product/Policy	Indemnity	Not Applicable					
4	Sum Insured (Basis)	• Floater Sum Insured <table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Mr. Dayabhai Nathubhai Hapaliya</td><td rowspan="2">300000</td></tr><tr><td>Ms. Hemlataben Dayabhai Hapaliya</td></tr></table>	Insured Name	Sum Insured (Rs.)	Mr. Dayabhai Nathubhai Hapaliya	300000	Ms. Hemlataben Dayabhai Hapaliya	Not Applicable
Insured Name	Sum Insured (Rs.)							
Mr. Dayabhai Nathubhai Hapaliya	300000							
Ms. Hemlataben Dayabhai Hapaliya								
5	Policy Coverage (What the Policy covers?)	Expenses in respect of:	Section B					
		Hospitalization Medical Expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.	Section B.1,2&3					
		Pre-Hospitalization Medical Expenses for up to 60 days immediately prior to date of admission of Insured Person into the Hospital.	Section B.4					
		Post-Hospitalization Medical Expenses for up to 90 days after the date of discharge of Insured Person from the Hospital	Section B.5					
		Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.	Section B.6					
		Road Ambulance Charges incurred for transportation of an Insured Person by a Road Ambulance Up to 1000/- per hospitalization.	Section B.7					
		Free Annual medical check-up	Section B.8					
6	Exclusions(Wh at the policy does not cover)	Standard Exclusions • Obesity/ Weight Control • Change-of-Gender treatments • Cosmetic or Plastic Surgery • Hazardous or Adventure sports	Section C-2					



6	Exclusions(Wh at the policy does not cover)	• Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or permanent abode or where admission is arranged wholly or partly for domestic reasons. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Birth control, Sterility and Infertility • Maternity Specific Exclusions • Circumcision, unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment, namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital. • Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury. • Convalescence, general debility or rest cure, intentional self-Injury, venereal/ Sexually Transmitted disease other than HIV/AIDS. • Congenital External Illness/ disease/ defect anomaly. • Stem cell storage. • Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalization expenses or any other medical treatment for the donor consequent to Surgery. • Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change. • Medical Practitioner's home visit charges during pre	Section C-2
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6	Exclusions(Wh at the policy does not cover)	and post Hospitalization period, Attendant Nursing charges. • Domiciliary hospitalization, treatment received outside India. • Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not). • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.	Section C-2
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		- Standard list of excluded items as mentioned in Annexure 2 and on our website https://general.futuregenerali.in - Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured	
7	Waiting period - Time period during which specified diseases/ treatments are not covered. - It is counted from the beginning of the policy coverage	Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section C-1. II
		Specific Waiting periods: (Not applicable for claims arising due to an accident) a) 24 months waiting period for Cataracts, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, Surgery on ears, Diseases related to Thyroid, Varicose veins and Varicose ulcers, All diseases of Prostate, Stricture Urethra, All types of Hernia, Varicocele, Hydrocele, Fistula / Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, Gall bladder and Pancreatic diseases, Gastric and duodenal ulcers and all treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreatic-biliary disease including Gall bladder and Pancreatic calculi, All types of management for Kidney and Genito-urinary tract calculi All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory disease Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint [other than caused by accident Degenerative disc and Vertebral diseases including replacement of Bones and Joints, Prolapse of intervertebral disc (other than caused by accident) Degenerative diseases of the Musculo-skeletal	Section C-2

		system, All internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumor or growth	Section C-2																																																
		• Pre-existing diseases: Covered after 12 months	Section -C.1.1																																																
8	Financial Limits of Coverage i. Sub Limits- (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits. <table><tr><th>S no</th><th>Procedure/ Treatment</th><th>2 L</th><th>3 L</th><th>4 L</th><th>5 L</th><th>7.5 L</th><th>10 L</th></tr><tr><td>1</td><td>Coronary Artery Bypass Grafting (CABG)</td><td>150000</td><td>200000</td><td>225000</td><td>275000</td><td>300000</td><td>350000</td></tr><tr><td>2</td><td>Percutaneous Transluminal Coronary Angioplasty (PTCA)</td><td>150000</td><td>200000</td><td>225000</td><td>275000</td><td>300000</td><td>350000</td></tr><tr><td>3</td><td>Cataract surgery (per eye)</td><td>15000</td><td>18000</td><td>20000</td><td>21500</td><td>23000</td><td>25000</td></tr><tr><td>4</td><td>Total Knee Replacement (per knee)</td><td>150000</td><td>200000</td><td>225000</td><td>275000</td><td>300000</td><td>350000</td></tr><tr><td>5</td><td>Total Hip Replacement (per hip)</td><td>150000</td><td>200000</td><td>225000</td><td>275000</td><td>300000</td><td>350000</td></tr></table> Modern Treatment Methods and Advancement in Technologies are restricted to the applicable sublimit or 50% of Sum Insured whichever is lower.	S no	Procedure/ Treatment	2 L	3 L	4 L	5 L	7.5 L	10 L	1	Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000	2	Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000	3	Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000	4	Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000	5	Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000	Section D. II.1 (ii) and Annexure 1
S no	Procedure/ Treatment	2 L	3 L	4 L	5 L	7.5 L	10 L																																												
1	Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000																																												
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5	Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000																																												
	ii Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	Co-Payments Applicable under the Policy • For claims of pre-existing conditions –50% of Co-payment on the admissible hospitalization bill, excluding claim related to pre and post hospitalization. The Insured will have no option to waive off this co-payment. • For claims other than pre-existing conditions – 25% of Co-payment on the admissible hospitalizations bill, excluding claim related to pre and post hospitalization. However, the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.	Section D. II.1 (i)																																																

	iii Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	Voluntary Deductible –Not Applicable	Not Applicable
	iv. Any other limit (as applicable)	Not Applicable	Not Applicable
9	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents) ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents) Please find below the details /web link for following: i. Network hospital details- https://general.futuregenerali.in/hospital-locator ii. Helpline Number - 1800 209 1016 / 1800-103-8889 iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://general.futuregenerali.in/hospital-locator iv. Downloading/getting claim form -https://general.futuregenerali.in/customer-service/downloads	Section D.II. 3. A
10	Policy	a) Call Centre number of Insurer	Not

	Servicing	Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing: 1800 103 8889/1800 209 1016 Timing: 24*7 b) Details of company officials Policy Servicing Office: 208, Nath Edifice Dr. Yagnik Road Opp. Police Commissioner Off., RAJKOT, GUJARAT - 360001	Applicable
11	Grievances/Complaints	Details of -Grievance Redressal Officer of the Insurer: https://general.futuregenerali.in/customer-service/grievance-redressal -Insurance Company grievance portal / Department: • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: Fgcare@futuregenerali.in • Website: www.futuregenerali.in -Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx	Section D. II. 3. F.

12	Things to remember	• Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.	Section D. I. 3
		• Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section D. II. 4.i

		• Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: Fgcare@futuregenerali.in For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/portability-and-migration	Section D. I. 4 & 5
		• Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, waiting period if any shall start afresh only for the enhanced portion of the sum insured.	Section D. II. 4.i.i).m
		• Moratorium Period-After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	Section D.1.10

13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period. <table><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition/Deformity</td></tr><tr><td>Mr. Dayabhai Nathubhai Hapaliya</td><td>NIL</td></tr><tr><td>Ms. Hemlataben Dayabhai Hapaliya</td><td>NIL</td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	Mr. Dayabhai Nathubhai Hapaliya	NIL	Ms. Hemlataben Dayabhai Hapaliya	NIL	Section D. I. 1
Name of the Insured Person/s	Pre-Existing Condition/Deformity								
Mr. Dayabhai Nathubhai Hapaliya	NIL								
Ms. Hemlataben Dayabhai Hapaliya	NIL								

14

Premium Illustration

Premium Illustration in respect of policies offered on individual basis and floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
73 years	32,100	500000	32,100	3210	28,890	500000	48,150	0	48,150	500000
67 years	26,324	500000	26,324	2632	23,692					
Total Premium for all members of the family is Rs. 58,424/-, when each member is covered separately. Sum insured available for each individual is Rs.500000			Total Premium for all members of the family is Rs. 52,582/-, when they are covered under a single policy. Sum insured available for each individual is Rs.500000			Total Premium when policy is opted on floater basis is Rs. 48150/-. Sum insured of Rs. 500000 is available for the entire family.				

Note:

1. This is just an illustration of premium calculation.

2. Premiums may vary with respect to Plan and Sum Insured opted by the insured.

3. Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.

4. In case premium is paid on instalment basis, the loading will be applicable accordingly.

5. Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

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

Place _____

Date _____ (Signature of the Policy Holder)

Note-

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of FGII, is at
<https://general.futuregenerali.in/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary**

FUTURE VARISHTA BIMA | Customer Information Sheet
UIN: FGIHLIP24138V042324