

Policy No. : **PAL-28-25-9017252-04-000**

Date : **04/09/2025**

Mr. Mansukhbhai Kalabhai Kalkani

Maa Khodal Kalika, Om Tirupati Balaji Park, StrNo.5, Kothariya Ring Road.

Telephone(Mob) : **9904044407**

Email : **bhpipaliya@gmail.com**

Intermediary Name : HINABEN BABULAL PIPALIA-F01

Dear Mr. Mansukhbhai Kalabhai Kalkani

Welcome to the Generali Central Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **PAL-28-25-9017252-04-000**.

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, Generali Central Health(GCH). Cashless facility can be availed on producing the GCI - 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.generalicentralinsurance.com/CustomerDeclaration/CustomerCareWeb/index?PolicyNo=PAL-28-25-9017252-04-000&Source=TCS>

Generali Central Health (GCH)
Generali Central Insurance Co. Ltd.
Qubix Business Park, Building No. Block IT - 1,
Ground Floor, Plot No. 2, Blue Ridge Township,
Near Rajiv Gandhi Infotech Park, Phase- 1
Village Hinjawadi, Taluka Mulshi,
Pune
Maharashtra - 411057

For any claim related queries please call :

Toll free number - 1800 220 233 / 1860 500 3333 / 022 6783 7800

Toll free Fax - 1800 209 1017 / 1800 103 9998

Email ID - GCH@generalicentral.com

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 Generali Central and we look forward to being of service to you.

Assuring you of our best services at all times.

If undelivered, please return to:

Generali Central Insurance Company Limited
208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off.,
RAJKOT,
GUJARAT - 360001

For Generali Central Insurance Company Limited.



(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 Generali Central Private Car Insurance policy online. Visit us at www.generalicentralinsurance.com



Tax Invoice

INSURED DETAILS			
Policy Number	: PAL-28-25-9017252-04-000	Address of Service Provider	: 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., RAJKOT, GUJARAT - 360001
Invoice Number	: 242509I000031347	Area Code	: RAJKOT,Branch Office,
Reverse Charge	: No	FGI State Code	: 24
Name of Insured/Proposer	: Mr Mansukhbhai Kalabhai Kalkani	FGI GSTIN Number	: 24AABCF0191R1ZF
Address	: Maa Khodal Kalika,Om Tirupati Balaji Park, StrNo.5, Kothariya Ring Road.	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	: 04/09/2025
Pan Number	: ADIPK1688F	HSN	: 997133
Period of Insurance	: From 00:00 hours of 05/09/2025 To Midnight of 04/09/2026	Nature of Service	: Health Insurance Service

Received with thanks from Mr Mansukhbhai Kalabhai Kalkani a sum of Rs 2152 towards Premium on the above mentioned policy.

PARTICULARS	TAX (%)	PREMIUM (Rs)
Gross Premium		1823.35
Add : CGST	9%	164.10
Add : SGST	9%	164.10
Total (Rounded to the nearest rupee)		2152

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.

Generali Central Insurance Company Limited


(Authorized Signatory)

Signature Not Verified

Digitally signed by DS FUTURE GENERALI INDIA
INSURANCE COMPANY LIMITED 01
Date: 2025.09.04 18:30:31 IST

Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Generali Central Insurance Company Limited on 04/09/2025 .



ACCIDENT SURAKSHA - INDIVIDUAL POLICY SCHEDULE

Policy Servicing Office : 208, Nath Edifice Dr.Yagnik Road Opp. Police Commissioner Off., RAJKOT, GUJARAT - 360001	
Policy No. : PAL-28-25-9017252-04-000	Period of Insurance : From 00:00 hours of 05/09/2025 To Midnight of 04/09/2026
Name of Insured/ Proposer : MR MANSUKHBHAI KALABHAI KALKANI	Policy Term : 1 Year
CKYC No. : 40017336125817	Renewal Due Date : 05/09/2026
Address : Maa Khodal Kalika,Om Tirupati Balaji Park, StrNo.5, Kothariya Ring Road.	Intermediary Name/ Code : HINABEN BABULAL PIPALIA-60026294
	Telephone (Mob,Hom) : 9904087516
	Email Id : BHPIPALIYA@GMAIL.COM
	Previous Policy No : PAL-28-24-9017252-03-000
GSTIN Number : NA	First Inception Date : 03/09/2021
	FGI GSTIN Number : 24AABCF0191R1ZF

Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of birth	Gender	Occupation	Relation of the Insured with the Proposer	Cumulative Bonus (Rs.)	Pre-Existing Condition/ deformity	Underwriting Loading	Specific Conditions
Mansukhbhai Kalabhai Kalkani	63 Y	Male	Businessman	Self	200000.00	NIL	NIL	NA

Nominee Details

Name of the insured person's	Nominee	Nominee Name	Nominee's Relation with the Insured Person	% of Sum Insured	Appointee Name	Appointee Relationship with Nominee
Mansukhbhai Kalabhai Kalkani	Nominee	MUKTABEN	Spouse	100	NA	NA

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

Coverage and Sum Insured					
Coverage and Sum Insured			Mansukhbhai Kalabhai Kalkani		
Primary Covers					
Permanent Total Disablement			1000000		
Additional Covers					
Hospital Cash Allowance			Not Opted		
Broken Bones			100000		
Child Education Support			Less than or equal to 1% of the principal sum insured per month maximum up to Rs. 10000 per month for 48 months per month for max 48 months		
Life Support Benefit			Not Opted		
Adaptation Allowance			Not Opted		
Chauffeur Plan Benefit			Not Opted		
Primary Covers					
Accidental Death			1000000		
Additional Covers					
Family Transportation Allowance			Not Opted		
Adventure Sports Benefit			Not Opted		
Primary Covers					
Temporary Total Disablement			400000		
Additional Covers					
Road Ambulance Cover			2000		
Air Ambulance Cover			Not Opted		
Primary Covers					
Permanent Partial Disablement			1000000		
Additional Covers					
Accidental Medical expenses			As per clause		
Accidental Hospitalisation			100000		
Loan Protector			Not Opted		
Repatriation of remains and Funeral Benefit			10000		
Policy Loadings and Discount			Schedule of Premium		
Installment Loading (%)	0.00	Gross Premium		(Rs.) 1823.35	
Long Term Discount (%)	0.00	Goods and Services Tax		(Rs.) 328.20	
Professional Sports Loading (%)	0.00	Total Premium		(Rs.) 2152	
Family Discount (%)	0.00				
Discount (%)	0.00				
Special Clauses, Condions, Exclusion and Warranties					
NA		NA			
Previous Insurance Policy Details					
Name of Person	Policy Details	Inception Date	Expiry Date	Sum Insured	Cumulative Bonus
	First Inception Date 03/09/2021				
Mr Mansukhbhai Kalabhai Kalkani	2024-2025	05/09/2024	04/09/2025	1000000	150000

Important:-

1. If the payment of premium amount has been made through a cheque or in online mode and (i) such cheque is dishonoured, for any reason whatsoever, upon presentation, or (ii) the online payment does not yield a credit to the bank account of FGII, or (iii) the policyholder reverses the premium amount through a chargeback, the insurance cover evidenced through this policy schedule shall stand cancelled, from its inception, with immediate effect, irrespective of whether a separate communication is sent by FGII or not.
2. The above records the information of pre-existing illness/ hospitalization etc. details given by the insured, pursuant to Clause 8(2) of the IRDAI (Protection of Policyholder's interest) Regulations, 2017. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non-disclosure of material information.
3. This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and / liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of Claim under the policy.
4. Coverage will be as specified in the schedule and relevant part of the clause will be applicable.
5. Terms/conditions and exclusions as per the Policy clause and Endorsement wordings.
6. In case of change in Goods and Services tax the premiums will stand revised.
7. Kindly refer to the policy wording for sublimits, Co-pay limits, Voluntary Deductible, if any.
8. Kindly note that this policy will not cover any claims incurred in any country which is in the sanctioned list of travel restrictions issued by Government of India or prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.
9. For complete terms, conditions and exclusions, please visit <https://general.futuregenerali.in/customer-service/downloads/>
10. 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 Company Ltd
Qubix Business Park, Building No. Block IT - 1,
Ground Floor, Plot No. 2, Bluebridge Township,
Near Rajiv Gandhi Infotech Park, Phase- 1
Village Hinjawadi, Taluka Mulshi,
Pune
Maharashtra - 411057
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.

Receipt No: X3051255

Date of Issue: 04/09/2025

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 04/09/2025 .

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. NO.LOA/ENF-2/CSD/69/2025 (Validity Period Dt.22/07/2025 To Dt. 31/03/2027)) OW NO. 2796, Dated 14/07/2025.) GRN NO MH004773376202526E , DATE 01/07/2025 , Bank Of Maharashtra , and DEFACE NO 0003042525202526 , DEFACE DATE 11/07/2025

Product UIN : FGIPAIP18040V021718



ACCIDENT SURAKSHA - TRANSCRIPT/DECLARATION

Dear Mr Mansukhbhai Kalabhai Kalkani

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 is 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 **PAL-28-25-9017252-04-000**
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 : PAL-28-25-9017252-04-000

Date of Proposal : 05/09/2025

Proposer's Details

Name of proposer	MR MANSUKHBHAI KALABHAI KALKANI
Date of Birth	18/05/1962
Gender	Male
Occupation	Businessman
Address	Maa Khodal Kalika, Om Tirupati Balaji Park, Str No.5, Kothariya Ring Road.
Nationality	India
Do you have a child / children?	Yes
Do you or your family member to be insured have any Loan from Financial organization?	No

Contact Details

Telephone (M)	9904044407
Email ID	bhpipaliya@gmail.com
Alternative Email ID	NA
Product Name	Accident Suraksha
Policy Duration	1 Year

Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of birth	Gender	Relation of the Insured with the Proposer	Cumulative Bonus (Rs.)	Pre-Existing Condition/ deformity	Underwriting Loading	Specific Conditions	ABHA Number
Mansukhbhai Kalabhai Kalkani	63 Y	Male	Self	200000.00	NIL	NIL	NA	NA

Nominee Details

Name of the insured person's	Nominee	Nominee Name	Nominee's Relation with the Insured Person	% of Sum Insured	Appointee Name	Appointee Relationship with Nominee
Mansukhbhai Kalabhai Kalkani	Nominee	MUKTABEN	Spouse	100	NA	NA

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



Coverage and Sum Insured	
Coverage and Sum Insured	Mansukhbhai Kalabhai Kalkani
Primary Covers	
Permanent Total Disablement	1000000
Additional Covers	
Hospital Cash Allowance	Not Opted
Broken Bones	100000
Child Education Support	Less than or equal to 1% of the principal sum insured per month maximum up to Rs. 10000 per month for 48 months per month for max 48 months
Life Support Benefit	Not Opted
Adaptation Allowance	Not Opted
Chauffeur Plan Benefit	Not Opted
Primary Covers	
Accidental Death	1000000
Additional Covers	
Family Transportation Allowance	Not Opted
Adventure Sports Benefit	Not Opted
Primary Covers	
Temporary Total Disablement	400000
Additional Covers	
Road Ambulance Cover	2000
Air Ambulance Cover	Not Opted
Primary Covers	
Permanent Partial Disablement	1000000
Additional Covers	
Accidental Medical expenses	As per clause
Accidental Hospitalisation	100000
Loan Protector	Not Opted
Repatriation of remains and Funeral Benefit	10000
Premium Details	
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)(%)	0.00
Discount(%)	0.00
Gross Premium	1823.35
Goods and Service Tax	328.20
Premium charged Including Goods and Services Tax	2152.00

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.

HEALTH CARD

Insured Name : MR Mansukhbhai Kalabhai Kalkani
Gender : Male
Age : 63
Relation : Self
Member ID : PAL1199358504092025A
Proposer Name : Mr. Mansukhbhai Kalabhai Kalkani
Policy Number : PAL-28-25-9017252-04-000
Policy Period : 05-Sep-25 to 04-Sep-26







Scan on this QR code to download the **GC Insure App** to manage policy transactions on-the-go.

 WhatsApp 'Hi' on **767 800 6000**
 Call us on **1800 209 1017 / 1800 103 9998**
 Write to us at **giccare@generalicentral.com**

We are listening. SMS 'Happy/Unhappy' to 92222 11100 to share your feedback with us.



ACCIDENT SURAKSHA

Customer Information sheet/Know Your Policy

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

SI No	Title	Description	Policy Clause Number																		
1	Name of the Insurance Product /Policy	ACCIDENT SURAKSHA	Not Applicable																		
2	Policy Number	PAL-28-25-9017252-04-000	Not Applicable																		
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable																		
4	Sum Insured (Basis)	• Individual Sum Insured –<table><tr><th rowspan="3">Insured Name</th><th colspan="4">Sum Insured (Rs.)</th></tr><tr><th>Accidental Death</th><th>Permanent Total Disablement</th><th>Permanent Partial Disablement</th><th>Temporary Total Disablement</th></tr><tr><td>MR Mansukhbhai Kalabhai Kalkani</td><td>1000000</td><td>1000000</td><td>1000000</td><td>400000</td></tr></table>	Insured Name	Sum Insured (Rs.)				Accidental Death	Permanent Total Disablement	Permanent Partial Disablement	Temporary Total Disablement	MR Mansukhbhai Kalabhai Kalkani	1000000	1000000	1000000	400000	Not Applicable				
Insured Name	Sum Insured (Rs.)																				
	Accidental Death	Permanent Total Disablement		Permanent Partial Disablement	Temporary Total Disablement																
	MR Mansukhbhai Kalabhai Kalkani	1000000	1000000	1000000	400000																
5	Policy Coverage (What the policy covers?)	Expenses in respect of: Primary Covers: - Accidental Death - Permanent Total Disablement - Permanent Partial Disablement - Temporary Total Disablement Inbuilt covers: • Repatriation of remains and Funeral Benefit <table><tr><td>Additional Covers</td><td>Accidental Medical expenses</td><td>Accidental Hospitalisation</td><td>Hospital Cash Allowance</td><td>Family Transportation Allowance</td><td>Adaptation Allowance</td><td>Broken Bones</td><td>Road Ambulance Cover</td><td>Air Ambulance Cover</td></tr><tr><td colspan="9"></td></tr></table>	Additional Covers	Accidental Medical expenses	Accidental Hospitalisation	Hospital Cash Allowance	Family Transportation Allowance	Adaptation Allowance	Broken Bones	Road Ambulance Cover	Air Ambulance Cover										Section C
Additional Covers	Accidental Medical expenses	Accidental Hospitalisation	Hospital Cash Allowance	Family Transportation Allowance	Adaptation Allowance	Broken Bones	Road Ambulance Cover	Air Ambulance Cover													

Additi onal Cover s	Accide ntal Medic al expen ses	Accide ntal Hospit alisatio n	Hospit al Cash Allowa nce	Family Transp ortatio n Allowa nce	Adapt ation Allowa nce	Broke n Bones	Road Ambul ance Cover	Air Ambu lance Cover
MR Mans ukhbh ai Kalab hai Kalka ni	As per clause	10000 0	Not Opted	Not Opted	Not Opted	10000 0	2000	Not Opted

6	Exclusions (What the policy does not cover)	Standard Exclusions • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Unproven Treatments	Section D-1
---	--	---	-------------

Specific Exclusions

Section D-2

- Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- Mental or nervous disorder, anxiety, stress or depression.
- Accident while under the influence of alcohol or drugs.
- Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- Whilst engaging in aviation or whilst mounting in to, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
- Curative treatments or interventions that the Insured Person carries out or have carried out on his body.
- Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
- 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.
- Nuclear energy, radiation.
- Any existing disablement prior to the inception of the Policy.
- Any Medical Expenses, services, supplies or treatment or Hospital stay which were not recommended or approved as Medically Necessary
- Treatment by a Medical Practitioner.

		• Expenses incurred for emergency medical evacuation, unless specifically insured. • Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture • (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis • or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy. • Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use • of which has been necessitated following an accident. • Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism • Standard list of excluded items as mentioned in our website https://general.futuregenerali.in. • Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website https://general.futuregenerali.in/hospital-locator	
7	Waiting period • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage	• Not applicable	

8	Financial Limits of Coverage	The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.		Section C.ii Section C.iii.c Section C.iii.d Section C.iii.g Section C.iii.i
	i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	Repatriation of remains and Funeral Benefit	1% of the Principal Sum Insured subject to maximum of Rs 12500/-.	
		Accidental Medical Expenses	40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only.	
		Accidental Hospitalisation	subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less	
	ii. Co-payment – (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder / Insured)	Adaptation Allowance	10% of the Permanent Total Disablement Sum Insured or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000	
		Adventure Sports Benefit	50% of Sum Insured under Accidental Death benefit to a maximum of Rs. 50,00,000/-	

	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)) iv. Any other limit (as applicable)	Co-payment - Not Applicable Voluntary Deductible -Not Applicable	
--	---	--	--

9	Claims/ Claims Procedure	The Insured Person should intimate Us in writing immediately or in any event within 15 days. In case of the Insured Person's death, someone claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report, FIR or any other document that We ask for within 15 days. For claim under Accidental Hospitalisation, the Insured Person must give Notification of Claim in writing immediately, and in any event within 48 hours of the Injury. The Insured Person must promptly and in any event within 30 days of discharge from a Hospital should send Us the claim documentation. Provide the details /web link for following: i. Helpline Number - 1800 209 1016 / 1800-103-8889 ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://general.futuregenerali.in/hospital-locator iii. Downloading/getting claim form - https://general.futuregenerali.in/customer-service/downloads	Section E.ii.11
10	Policy Servicing	a) Call Centre number of Insurer 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	Not Applicable
11	Grievances /Complaints	Details of -Grievance Redressal Officer of the Insurer: https://general.futuregenerali.in/customer-service/grievanceredressal -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	Grievance Redressal Procedure



		• Migration And 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 And 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 E.i.4				
		• Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured	Section E.13.i				
13	Your Obligations	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 Mansukhbhai Kalabhai Kalkani</td><td>NIL</td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	MR Mansukhbhai Kalabhai Kalkani	NIL	Section E.i.1
Name of the Insured Person/s	Pre-Existing Condition/Deformity						
MR Mansukhbhai Kalabhai Kalkani	NIL						

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

ACCIDENT SURAKSHA | Customer Information Sheet

UIN: FGIPAIP18040V021718