

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

SN	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Future Vector Care	
2	What I am covered for	<ul style="list-style-type: none"> • Hospital admission longer than 24 hours for any one of the listed conditions • Vector Borne Disease cover will pay the Insured Person the Sum Insured as a lump sum amount if he gets hospitalized due to any of the following listed conditions: <ul style="list-style-type: none"> ○ Malaria ○ Dengue ○ Lymphatic Filariasis ○ Kala-azar ○ Japanese Encephalitis ○ Chikungunya ○ Zika Virus • If any of the listed conditions occur, 100% of sum insured shall be paid (subject to other terms and conditions mentioned in the policy document) and the sum insured shall be exhausted. Policy shall be reinstated automatically by deduction of pro-rata premium from the payable claim amount for the remaining duration of the policy year. • Cooling off period (no claim period) of 60 days will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period in the reinstated policy. 	Section B Section D. 3. D
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> • Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy • Any condition with respect to the covered benefits, for which the insured was diagnosed, and/or received medical advice/treatment within the waiting period • Outpatient treatment • Hospitalisation primarily for any purpose which routinely could have been treated on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization. • Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy; • Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section C. 2.
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period <ul style="list-style-type: none"> ○ 15 days for all illnesses (not applicable on renewal). ○ 60 days in case the insured is suffering from any one of the listed conditions at the time of taking the policy or within 60 days prior to applying for the policy • Pre-existing diseases: Not Applicable 	Section C. 1.
5	Payment basis	Fixed amount	
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	<ul style="list-style-type: none"> • Renewals will be lifelong and will not be refused, except on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured. • In case of a Renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, We shall not provide coverage under the Policy to the Insured Persons for any Illness or Injury that occurs during the break period or for any claim which arises during the break period. • For Renewal Proposal received after completion of grace period of 30 days, all waiting periods, would apply afresh. • This Policy may be renewed at the expiry of the Policy Period, on payment of the Renewal premium. • Policy shall be reinstated automatically with pro-rata premium from the payable claim amount, with 100% of sum insured immediately, after a claim is paid under a policy year 	Section D. 4. (i).
8	Renewal Benefits	Not Applicable	
9	Cancellation	<ul style="list-style-type: none"> • We may cancel this Policy by giving You at least 15 days written notice on the grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured and if no claim has been made then, We shall refund a pro-rata premium for the unexpired Policy Period. • In case the Policy Period is of one year, You may cancel this insurance by giving 	Section D. 2 (iv)

		<p>Us at least 15 days written notice and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy.</p> <table border="1"> <thead> <tr> <th>Period on risk</th> <th>Rate of premium refunded</th> </tr> </thead> <tbody> <tr> <td>Up to one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Up to three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table> <ul style="list-style-type: none"> In case the Policy Period exceeds one year, this Policy may be cancelled by You at any time by giving at least 15 days written notice to Us. We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25% No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy. In case of long term policies with single premium payment, in the event of death of the insured person, in a particular Policy Year, the policy benefit ceases and the premium for the subsequent (unutilized) Policy Year(s), if any, shall be refunded, if the same is intimated to us. 	Period on risk	Rate of premium refunded	Up to one month	75% of annual rate	Up to three months	50% of annual rate	Up to six months	25% of annual rate	Exceeding six months	Nil	
Period on risk	Rate of premium refunded												
Up to one month	75% of annual rate												
Up to three months	50% of annual rate												
Up to six months	25% of annual rate												
Exceeding six months	Nil												
10	Claims	<ul style="list-style-type: none"> The Insured must intimate us within 48 hours of hospitalisation for the illness that could result in a claim in this policy. Insured must submit a duly filled claim form along with specified documents within 15 days of discharge from the hospital for the covered condition against which the claim is made. 	Section D. 3. A.										
11	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> Company Officials Grievance Redressal Officer (GRO): <ul style="list-style-type: none"> Helplines : 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: Fgcare@futuregenerali.in Website: www.futuregenerali.in IRDAI/(IGMS/Call Centre): <ul style="list-style-type: none"> Call Centre: Toll Free Number (155255). Compliant can be registered online at: HTTP://WWW.IGMS.IRDA.GOV.IN/ Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx 	Grievance Redressal Procedure										
12	Insured's Rights	<ul style="list-style-type: none"> Free Look Period: Insured will be allowed a period of at least 15 days from the date of receipt of the Policy, to review the terms and conditions of the Policy and to return the same if not acceptable Renewability: The policy is renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured. Portability will be granted to Policy holders of a similar Health Policy of another Insurer to Future Vector Care Policy. Insured may apply 45 days in advance of the policy renewal date, but not earlier than 60 days from the premium renewal date of his/ her existing policy to avail portability benefits. The e-mail and address to be contacted for outward migration is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 Email: Fgcare@futuregenerali.in 	Section D. 2 (vii) Section D. 4 Section D. 1 (i)										
13	Insured's Obligations	<p>The Insured Person must disclose all Pre-Existing Disease/s before taking the Policy. Non-disclosure may result in claim not being paid.</p> <p>The Insured Person must disclose any material information during the Policy Period.</p>	Section D. 4 k)										

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

FUTURE VECTOR CARE

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the Premium. The company will cover you under this Policy up to the **Sum Insured**. **You** are eligible to enter this **Policy** if **Your** age is between 1 day to 65 years with lifelong renewability. The **insurance** cover is governed by and subject to, the terms, conditions and exclusions of this Policy. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. **Bank Rate means** Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
3. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
5. **Cooling off period** means no claim period of 60 days, which will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period in the reinstated policy.
6. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
7. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
8. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
9. **Family** means and includes You, Your Spouse, Your up to 3 dependent children up to the age of 25 years and two dependent parents in the Individual Policy.
10. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
11. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
12. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive '**In- patient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
13. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
 - b. **Chronic condition** is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires Your rehabilitation or for You to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it comes back or is likely to come back.
14. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
15. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
16. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
17. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Note: Medical Treatment would include medical treatment and/ or surgical treatment

18. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
19. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the Illness or Injury suffered by the insured; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a medical practitioner, must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
20. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
21. **OPD treatment** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
22. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
23. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
24. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
25. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
26. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
27. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
28. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
29. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
30. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.
31. **Sum Insured** means the amount specified in the Policy Schedule, which We will pay for claims made by You under the Policy Year in respect of the Insured Person(s).
32. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
33. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
34. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
35. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

B. SCOPE OF COVER

We will pay the **Insured Person** the Sum insured as a lump sum amount for the listed condition provided it occurs or manifests itself during the **policy period** and meets the conditions specified in this policy document.

1. Dengue fever

The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a Medical Practitioner. Hospitalization must be absolutely necessary as advised by the Medical Practitioner and the Laboratory examination result countersigned by a pathologist/microbiologist must confirm the following:

- Decreasing platelet levels- less than 100,000 cells/mm³; and
- Immunoglobulins/PCR test showing positive results for Dengue

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Dengue in addition to the above two conditions.

Specific exclusions for this cover:

- Any Treatment other than for Dengue (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Dengue fever during the waiting period

2. Malaria

Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

Continuous Hospitalization of 24 hours should be absolutely necessary along with high fever and shaking chills.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be malaria and its complications, if any.

Specific exclusions for this cover:

- Any Treatment other than for malaria and its complications
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of malaria fever during the waiting period

3. Lymphatic Filariasis

Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

- Lymphoedema,
- Elephantiasis,
- Scrotal swelling

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Filariasis in addition to the two of the above conditions.

Specific condition for this cover:

- Filariasis will be payable once in lifetime

Specific exclusions for this cover:

- Any Treatment other than for Filariasis and its complications (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Filariasis during the waiting period

4. Kala-azar

Visceral leishmaniasis, also known as Kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Kala-azar.

Specific exclusions for this cover:

- Any Treatment other than for Kala-azar (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Kala-azar during the waiting period

5. Chikungunya

Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Chikungunya.

Specific exclusions for this cover:

- Any Treatment other than for Chikungunya
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Chikungunya during the waiting period

6. Japanese Encephalitis

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Japanese Encephalitis.

Specific exclusions for this cover:

- Any treatment other than for Japanese Encephalitis (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Japanese Encephalitis fever during the waiting period

7. Zika Virus

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC (Centers for Disease Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Zika virus.

Specific exclusions for this cover:

- Any treatment other than for Zika virus (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Zika virus during the waiting period

C. EXCLUSIONS

1. Waiting Periods

a) 15 days waiting period

We are not liable for any claim arising for listed **illness** diagnosed or diagnosable within 15 days from policy inception of **Your first Policy** with **Us**.

b) Special Conditions applicable for Section C. 1. a)

- The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from any one of the listed condition except Lymphatic Filariasis at the time of taking the policy.
- In case, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from Lymphatic Filariasis at the time of taking the policy, Lymphatic Filariasis will be excluded from the policy and the other listed conditions shall have an initial waiting period increased to 60 days.

2. Standard Exclusions

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

- Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy.
- Any condition with respect to the covered benefits, for which the insured was diagnosed, and/or received medical advice/treatment within the waiting period.
- Any treatment taken on Outpatient basis.
- Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
- Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy.
- Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion.
- The insured has delayed medical treatment.
- Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
- Treatment in any hospital or any other provider network that **We** have blacklisted as listed on our website <https://general.futuregenerali.in/general-insurance/network-hospitals>. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.

D. CONDITIONS

1. Condition Precedent to the contract

(i) Portability

- Portability will be granted to policyholders of a similar health benefit policy of **Us**/another insurer to Future Vector Care Policy as per portability guidelines of the IRDAI.
- This clause does not alter the annual character of this insurance policy or **Our** right to decline to renew or to cancel the Policy.

- c) Portability will be granted subject to the policyholder desirous of porting his policy to Future Vector Care Policy by applying to Us at least 45 days before the premium renewal date of his/her existing policy.
- d) We will not be liable to offer portability if policyholder fails to approach us at least 45 days but not earlier than 60 days before the premium renewal date.
- e) Portability will be allowed for all individual health insurance policies issued by non-life insurance companies including family floater policies.

2. Conditions applicable during the contract

(i) Due Care

Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.

(ii) Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy Period** after his application has been accepted by **Us**, an additional premium has been paid and **Our** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured.

(iii) Communications

- a) Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Schedule.
- b) Any communication meant for You will be sent by Us to Your address shown in the Schedule. You must notify Us immediately of any change in Your address.
- c) Our agents are not authorized to receive communications, notices or declarations on Our behalf.

(iv) Cancellation

- a) Cancellation will not be invoked by **Us** except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- b) We may cancel this insurance by giving **You** at least 15 days written notice, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy Period**.
- c) In case the **Policy Period** is one year, **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made, then **We** shall refund premium on short term rates for the unexpired **Policy Period** as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- d) In case the **Policy Period** exceeds one year, **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made, then **We** shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.
- e) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this **Policy**.
- f) In case of long term policies with single premium payment, in the event of death of the insured person, in a particular **Policy Year**, the policy benefit ceases and the premium for the subsequent (unutilized) **Policy Year(s)**, if any, shall be refunded, if the same is intimated to us.

(v) Policy Period

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

(vi) Territorial Limits and Law

- a) **We** cover sickness sustained by the Insured Person during the **Policy Period** anywhere in India.
- b) All medical/ surgical treatments including investigations under this policy shall have to be taken in India, however if diagnosis and treatment is taken in following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union, the same would be accepted, provided that the claims documents are only in English language unless specifically agreed otherwise, and duly authenticated. The admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- c) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.
- d) The **Policy** constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Schedule**.

(vii) Free Look Period

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

(viii) Fraud

If **You** or any of **Your Family** member make or progress any claim knowing it to be false or fraudulent in any way, then this **Policy** will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

(ix) Endorsements

This **Policy** constitutes the complete contract of insurance. This **Policy** cannot be changed by anyone (including an insurance agent or broker) except **Us**. Any change **We** make will be evidenced by a written endorsement signed and stamped by **Us**.

(x) Special Conditions applicable for long term policies (2 years and 3 years) with single premium payment

If **You** have opted long term policies with single premium payment, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**):

- a) If any of the listed condition occur, 100% of sum assured shall be paid (subject to other terms and conditions mentioned in the policy document). Policy shall be reinstated automatically by deduction of pro-rata premium from the payable claim amount for the remaining duration of the policy year
- b) Considering that the subsequent policy premium has already been paid by You, the policy will continue further

3. Conditions when a claim arises

A. Claims Procedure

- a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 48 hours of hospitalisation of the illness. You can intimate us through letter, email, fax or telephone.
- b) **You** or someone claiming on **Your** behalf must promptly and in any event within 15 days of discharge from a **Hospital** give **Us** the necessary documents along with all original supporting documentation, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it
 - i. Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
 - ii. Original Discharge Summary.
 - iii. Medical certificate confirming the diagnosis/treatment of Illness from Medical Practitioner.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. Treating doctor's certificate regarding the duration of the illness & etiology.
 - vi. KYC documents.
 - vii. Laboratory reports.

B. Claims Payment

- a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- b) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
- c) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.

C. Settlement of Claims

- a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 30 days of the receipt of the last necessary documents specified in Section 3. A. b above
- b) In case of 'pending' claims, We will ask for submission of incomplete documents.
- c) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
- d) In the circumstances where a claim warrant an investigation in **Our** opinion, **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last 'necessary' document. In such cases, **We** shall settle the claim within 45 days from the date of receipt of last 'necessary' document
- e) In the cases of delay in the payment of a 'settled' claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate.

D. Cooling off period

- a) Once the claim has been paid, the sum insured will be exhausted. However the policy shall be reinstated automatically by deduction of pro-rata premium from the payable claims amount for the remaining duration of policy year
- b) A cooling off period of 60 days will be applicable from the date of admission of a claim, wherein no claim will be payable for the same listed condition.

E. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

F. Compliance with Policy Provisions

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder

G. Examination of Records

We may examine Your records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy

4. Conditions for renewal of the contract

(i) Renewal

- a) Your Future Vector Care Policy shall be renewable lifelong
- b) Renewals will not be refused by Us except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- c) In case of a Renewal, a Grace Period of 30 days is permissible for all policies. Policy will be considered as continuous for the purpose of all waiting periods and cooling off period.
- d) Any Medical expenses incurred as a result of disease condition contracted during the break period will not be admissible under the Policy.
- e) For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
- f) This Policy may be renewed by mutual consent and in such event, the Renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent Renewal thereof.
- g) There will be no loading on premium for adverse claims experience.
- h) Any change in benefit or premium will be done with the approval of the **IRDAI** and will be intimated to **You** at least 3 months in advance. In the likelihood of this **Policy** being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the **Policy**.
- i) The brochure/ prospectus mentions the premiums as per the Sum Insured and the same would be charged at every Renewal. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.
- j) If any **Dependent Child** has completed 25 years at the time of **Renewal**, then such person can be covered under a separate policy.
- k) No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/ decrease in Sum Insured, will be allowed at the time of Renewal of the Policy. **You** can submit a request for the changes by filling the **Proposal** before the expiry of the Policy.
- l) **Renewal** upon admission of a claim:
 - i. In this scenario, under the renewed cover, all conditions will be covered from day one except the condition for which the claim was made in the previous policy. However this claimed condition will be covered after 60 days cooling off period post renewal.

- ii. If a claim is admitted against Lymphatic Filariasis, upon renewal of policy, coverage will be available for all conditions except Lymphatic Filariasis i.e. for Lymphatic Filariasis, once the sum insured is paid for any insured, no other claim for Lymphatic Filariasis shall be paid to the insured in the entire lifetime.

In case of any claims contact

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building, G - O – Square

S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: fgf@futuregenerali.in

ISO No. FGH/UW/RET/188/01



Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For FGH Use Only)

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POLICY / INSURED DETAILS

Policy No.:				Health Card No. Of Patient:			
Policy Start Date	DD / MM / YYYY	Policy End Date		DD / MM / YYYY	Date Of Joining Policy		DD / MM / YYYY
Corporate Name	(Only for group policies)					Employee ID:	

PERSONAL DETAILS OF EMPLOYEE / PROPOSER

1. Name of the Employee / Individual	
2. E-Mail address of the Employee/Individual	
3. Mobile No.	
4. Permanent Account Number (PAN)	

CLAIMANT / PATIENT DETAILS

1. Name of the Patient			
2. Relationship with the Employee / Proposer	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Others _____		
3. Date of Birth of Claimant: DD / MM / YYYY	Age: _____ (years)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Residential Address:			

CLAIM DETAILS

Total Claimed Amount:

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Claimed Amount in Words: Rupees _____

Diagnosis		Enclosure Check List: i. Original Discharge Summary containing all relevant details ii. All Original Bills and their Receipts iii. Copies of all Reports & prescriptions iv. First Prescription / Consultation Letter from your Doctor. v. Original Money Receipt duly signed with a Revenue Stamp. vi. Copy of Proposer/Employee Photo ID Proof & Address Proof
Admission Date: DD / MM / YYYY	Discharge Date: DD / MM / YYYY	
Name of Treating Doctor:		
Mobile No. of Treating Doctor:		
Name of Family Physician:		
Mobile No. of Family Physician:		

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: _____
Relationship with Patient: _____

Signature of Patient / Relative
Date: DD / MM / YYYY

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim. PLEASE ENCLOSE A PHOTOCOPY OF THE FUTURE GENERALI HEALTH ID CARD.

Authorization for Transfer of Claim Amount by National Electronic Fund Transfer

Name as per Bank Account															
Bank Name															
Branch Name & Address															
Branch Phone No.															
Branch MICR Code															
Branch IFSC Code for NEFT															
<i>(Please attach a Photocopy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name, account number & name of account holder printed)</i>															
Account Type (Please Tick)		<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash / Credit													
Account No. (As appearing in Cheque Book)															
HR Authorization & Stamp							Bank Authorization & Stamp								

Date from which the mandate should be effective: _____

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd ("Company") or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Employee / Proposer: _____
 Policy No.: _____
 Claimant Name: _____

 Signature of Employee / Proposer
 Date: DD / MM / YYYY

FEEDBACK AND SUGGESTIONS

We thank you for choosing Future Generali as your Insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
 Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.





Dear Customer,

At **Future Generali** we are committed to provide “**Exceptional Customer-Experience**” that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A “Grievance/Complaint” is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:

	Help-Lines	1800-220-233 1860-500-3333 022-67837800		E-mail	fgcare@futuregenerali.in
	GRO at each branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO)		Website	https://general.futuregenerali.in

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 business days
- Within 2 weeks of receiving your grievance, We shall revert to you the final resolution
- We shall regard the complaint as closed if We do not receive a reply within 8 weeks from the date of receipt of response

How do I escalate?

You can write directly to our **Customer Service Cell at our Head office:**

	Customer Service Cell	<p>Customer Service Cell Future Generali India Insurance Company Ltd. Corporate & Registered Office: 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013</p> <p><i>Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.</i></p>
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What should I do, if I face difficulty in registering a grievance?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDAI (Insurance Regulatory and Development Authority of India)**

Call center: toll free number (155255).

Register your complaint online at: <http://www.igms.irda.gov.in/>

Grievances of Senior Citizens:

We have established a separate channel to address the grievances of Senior Citizens. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction.

You may reach the nearest insurance ombudsman office. For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below:

OFFICE OF THE OMBUDSMAN	CONTACT DETAILS	AREAS OF JURISDICTION
AHMEDABAD	Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079-27546150/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596461 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel: 044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in	Tamilnadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel: 0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040-65504123/23312122 Fax: 040- 23376599 E-mail: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Pondicherry
JAIPUR	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522-2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928/26106552 Fax: 022- 26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301 Tel: 0120-2514250/51/53 E-mail: bimalokpal.noida@gbic.co.in	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel: 0612-2680952 E-mail: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3 rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE – 411 030 Tel: 020-41312555 E-mail: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website <https://general.futuregenerali.in> or from any of our offices

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<https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in.

I want to submit a Request Complaint Suggestion / Feedback Appreciation

Policy Type Motor Health Personal Accident Other _____

Policy Details Policy No. Claim No. Cover Note Health Card Existing Service Request

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Customer Name _____

Address _____

City: _____ Pin code: _____ Telephone No. : _____ Mobile No. : _____

Detailed Description _____

Date

D	D	M	M	Y	Y	Y	Y
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Customer's Signature _____

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:
 Customer Service Cell | Future Generali India Insurance Company Ltd.
 Registered and Corporate Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregeneralial.in> | Email: fgcare@futuregeneralial.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800

For office use only

Service / Case #

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Comments:

