FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE TRAVEL SURAKSHA

UIN:IRDA/NL-HLT/FGII/P-T/V.I/76/13-14

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FUTURE TRAVEL SURAKSHA
CUSTOMER INFORMATION SHEET

(Please note that the description is illustrative and not exhaustive)

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	**Product Name**	**Future Travel Suraksha**	
2	**What am I covered for:**	**1. Medical Care** (a) Sickness Medical Expenses (b) Accident Medical expenses (c) Emergency Medical evacuation (d) Repatriation of Remains (e) Daily Hospital Allowances (f) Emergency Sickness Dental Relief. **2. Travel Inconvenience** (a) Hijack Benefit (b) Trip Delay (c) Trip Cancellation (d) Trip Curtailment (e) Missed Connection (f) Loss of Passport **3. Personal Care** (a) Baggage Loss (b) Baggage Delay (c) Compassionate visit (d) Financial Emergency **4. Personal Accident** (a) Accidental Death & Permanent Total Disablement (b) Accidental Death on Common Carrier (c) Accidental Death (Air Travel Only) **5. Special Care** (a) Golfers Hole in One Celebration (b) Automatic extension for 7 days (c) Home burglary insurance – Building & content when the insured is traveling (d) Child Escort **6. Legal liability** (a) Personal Liability	Clause number II (Section A – F)
3	**What are the major Exclusions in the policy**:	Benefits will not be available for any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.	Clause number III (1)
		Any claim relating to events occurring before the commencement of the trip covered hereunder and any time after the completion of the trip at any port of the Country of Your Residence mentioned hereunder.	Clause number III (2)
		If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the willful act, or with Your connivance, all benefits under this Policy shall be forfeited.	Clause number III (3)
		In so far as it relates to the all the benefits and if You are/have : a. travelling against the advice of a Medical Practitioner; b. receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate; c. received terminal prognosis for a medical condition; d. taking part in a naval, military or air force operation;	Clause number III (4)
		Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.	Clause number III (5)
		In respect of Your travel to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country	Clause number III (6)
		Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety stress or depression ,Acquired Immune Deficiency Syndrome (AIDS),Human Immune deficiency Virus(HIV) infection:	Clause number III (7)
		Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed: or	Clause number III (8)
		Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion	Clause number III (9)
		Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft.	Clause number III (10)
		Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle , caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any professional sports, any bodily contact sport or any other potentially dangerous sport for which you are untrained.	Clause number III (11)
(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).			
4	**Payout basis**	Reimbursement of covered expenses up to specified limits. Fixed amount on the occurrence of covered event.	Section V (B)
5	**Cost Sharing**	Contribution (In case of Multiple Policies) Applicable only to indemnity sections under the policy.	Clause number VI 12
6	**Renewal Conditions**	Not applicable	
7	**Cancellation of the policy**	Cancellation of the policy a. You anytime before the commencement of the proposed journey may cancel this Policy by giving notice in writing to Us as long as You are able to establish to Our satisfaction that the proposed journey has not commenced. b. In event of cancellation of policy after the proposed date of commencement of journey within 7 days or the expiry date mentioned in the Policy whichever is earlier You shall be entitled to a refund of the premium subject to our retention of minimum of Rs 250.This is provided no journey is undertaken. We will verify the original passport and ensure that the journey was not undertaken before any refund of premium. c. Cancellation/ termination: Cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. We will cancel the policy by giving 15 days notice in writing by Registered Post Acknowledgment Due post to You at Your last known address in which case We shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. Refund of premium on early return - In case of any early return of the insured person prior to expiry of the policy period the company will refund premium at the following rates subject to no claims being incurred on the policy. Period of Risk | Rate of Premium Retained by Company Above 50% of Policy Period | 100% of premium Above 40% to 50% of Policy Period | 80% of premium	Clause number IV (10)

		Above 30 % to 40 % of Policy period	75% of premium	
		Above 20 % to 30% of Policy Period	60% of premium	
		Policy inception -20% of Policy period	50% of premium	

(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 TRAVEL SURAKSHA POLICY WORDINGS

This Policy is issued to you based on your Proposal to us and payment of the Premium. You are eligible to be covered under this policy if your age is between 6 months to 80 years. This Policy records the agreement between us and you, and sets out the terms of insurance and obligations of each party.

I. 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. **Accident/ Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Act of terrorism** means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or putting the public or any section of the public in fear.
3. **Alternative treatments** are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
4. **Age** indicates your age on your most recent birthday.
5. **Burglary** means theft involving entry into or exit from your premises by forcible and violent means (including any threat of violence).
6. **Common Carrier** means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
7. **Checked in baggage** means the baggage handed over by you and accepted by a Common Carrier for transportation in the same carrier in which you are or would be travelling and for which the Common Carrier has issued a baggage receipt.
8. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that, the policyholder/ insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum insured.
9. **Critical illness** means any of the following mentioned diseases– Cancer, Kidney failure, Liver Failure, Multiple Sclerosis, Multiple Organ Transplant, Coronary Artery Bypass Surgery, Aorta Graft Surgery, Stroke, Heart Attack and Coma.
10. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
11. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
12. **Congenital Anomaly** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
    a. **Internal Congenital Anomaly**- Congenital anomaly which is not in the visible and accessible parts of the body.
    b. **External Congenital Anomaly-** Congenital anomaly which is in the visible and accessible parts of the body
13. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer . A deductible does not reduce the sum insured.
14. **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.
15. **Disclosure of information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
16. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.
17. **Day Care treatment** refers to medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
    ii. which would have otherwise required a hospitalisation of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition
18. **Eligible Family** means you and/or your spouse and/or your two dependent children.
19. **Emergency care** means management for a severe 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.
20. **Hijack**–means any unlawful seizure or exercise of control, by force or violence or threat of force and with wrongful intent, of Common Carrier in which you are travelling.
21. **Hospital/ Nursing Home** 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) of the said Act OR complies with all minimum criteria as under:
    - has qualified nursing staff under its employment round the clock;
    - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
    - has qualified medical practitioner(s) in charge round the clock;
    - has a fully equipped operation theatre of its own where surgical procedures are carried out
    - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
22. **Hospitalisation or Hospitalized** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.
23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
24. **Illness** means a sickness or a disease or pathological condition leading to impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
25. **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.
26. **Chronic condition**-A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests

- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back

27. **Insured** means the person(s) named in the Schedule, whose name specifically appears as such in Schedule to this Policy.
28. **Insurable Event** shall mean an event, loss or damage for which You shall be reimbursed under this Policy
29. **Inclement Weather** means any severe, catastrophic weather conditions which delay the scheduled arrival or departure of a common carrier .This does not include normal, seasonal climatic/ weather changes
30. **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.
31. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
32. **Limit of Indemnity** means the amount stated in the Schedule against each relevant Section, which shall be our maximum liability under this Policy (regardless of number of Claims made) for any one claim and in the aggregate for all claims under such Section.
33. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
34. **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.
35. **Medical practitioner** is 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 the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.

    Note: In case the Medical practitioner is practicing outside India, he/ she should be a licensed medical practitioner acting within scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
36. **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.
37. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
38. **Non-Network**: Any hospital, day care centre or other provider that is not part of the network.
39. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.
40. **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.
41. **Proposal means** the application (Proposal) form for insurance cover submitted to us along with all information which has enabled us in considering whether and on what terms to offer this insurance.
42. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any**.**
43. **Period of Insurance** with reference to the Multi trip policy shall mean the period from the Commencement of Insurance cover to the End of insurance cover or full utilization of your maximum number of travel days for 30/45 as specified on the Proposal and/or Declaration Form/ Policy Schedule. Period of Insurance with reference to the Single trip policy shall mean the period from Commencement of Insurance cover to the End of the insurance cover or actual trip duration, whichever is less.
44. **Property Damage** means actual physical damage to tangible material property belonging to a third party.
45. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/ or were diagnosed and/ or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
46. **Qualified nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
47. **Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/ injury involved.
48. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
49. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times .
50. **Service Provider**/ **Third party administrator (TPA)** means persons, organization named in the Schedule who has been appointed by us to provide administrative services on Our Behalf and at Our Direction for an Insurable event.
51. **Schedule** means that portion of the Policy which sets out your personal details, the type of insurance cover in force, the period and the Limit of Indemnity. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
52. **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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
53. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from another source.
54. **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

    This clause shall not apply to any Benefit offered on fixed benefit basis.
55. **Strike** means a stoppage of work

a) announced, organized and sanctioned by a labor union and

b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike is work slowdowns, lockouts and sickouts.

56. **Theft** means the dishonest misappropriation by any person on your property with the intention to permanently deprive you of that property.

57. **Travelling Companion** means an individual or individuals travelling with you during the Policy period, provided that, you and such individual(s) are travelling to the same destination on the same dates and provided that such individual(s) is/ are also insured under Future Generali Travel Suraksha. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a travel agent or a tour leader is not considered as Travelling Companion, unless the individual(s) is part of Your Immediate Family as defined herein.

58. **Trip** shall mean and include all journeys abroad undertaken from a port at the Country of Your Residence and return to any first port in the Country of Your Residence during the Period of Insurance. Single Trip shall mean and include a trip undertaken by You from the Country of Your residence on or after the date of commencement of the cover and return to the Country of Your Residence on or before the expiry of the cover.

59. **Multi Trip** shall mean and include one or more Single Trips during the Period of Insurance.

60. **Unproven/ Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India , is treatment experimental or unproven .

61. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

62. **Valuables** means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

63. **You, Your, Yourself** means the Insured persons shown in the Schedule.

II. SCOPE OF COVER:

SECTION A: MEDICAL CARE

We shall compensate the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule in respect of:

1. **Medical Expenses:** The medical expenses incurred by you overseas up to maximum stated in the Policy Schedule, for Medically Necessary treatment of an injury or illness sustained by you while this policy is in effect. The expenses covered would include services of a Medical Practitioner, hospital and medical services and local emergency medical en-route. Any medical services or series of services with a cost greater than USD 500 shall not be covered by this Policy unless you consult the Service Provider and the cost for such services are authorized in advance by the Service Provider.

2. **Emergency Medical Evacuation:** We shall pay the Reasonable and Customary charges for expenses incurred if Injury or Illness results in your necessary emergency evacuation that must be ordered by the Service Provider or a Medical Practitioner who certifies that the severity or the nature of Injury or illness warrants Emergency Evacuation. Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Emergency Evacuation.

   All Transportation arrangements for evacuation must be

   a) Recommended by the attending Medical Practitioner;

   b) Required by the standard regulations of the conveyance transportation used

   c) Arranged and authorized in advanced by the Service Provider.

Specific Definition:

Emergency Medical Evacuation: In event you are with an illness or suffer Accidental Bodily Injury while overseas and

(a) Your medical condition warrants immediate transportation (and one other person or medical escort if medically required) from where You are Injured or sick to nearest Hospital where appropriate medical treatment can be obtained,

(b) After being treated at a local Hospital the medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover, or

(c) Both (a) and (b).

3. **Repatriation Of Remains**: In the event of your death due to an illness or Accidental Bodily Injury covered under this policy, We shall reimburse for the costs of transporting the remains of the deceased back to the Republic of India or for cost of a burial in the overseas country where the death occurred subject to the maximum limit as USD 10000.These expenses should be pre-approved by the Service Provider prior to the transportation of remains to the Republic of India.

4. **Balance Period of Policy**: We will indemnify You in respect of Medical Expenses incurred by You within India as a continuation of medical treatment commenced by You while overseas immediately prior to any Medical Evacuation, arising out of any illness or Accidental Bodily Injury during the course of Your Journey .This benefit shall be limited to a period of 90 days from and including the date upon which the aforesaid illness and/ or Accident Bodily Injury occurred or first manifested itself, subject to the Limit of Indemnity remaining (if any).

5. **Daily Allowance In Case Of Hospitalisation**: In event you are inpatient in hospital for more than 24 hrs due to any illness or Accidental Bodily Injury sustained or contracted within the period of insurance whilst on the trip abroad, We shall pay you a daily allowance as specified in the Policy Schedule. This Benefit can be claimed only once during the Policy Period.

6. **Emergency Sickness Dental Relief:** If you are first diagnosed with a dental illness while overseas which requires immediate medical attention then We shall reimburse You up to the maximum limit of indemnity for dental benefits as specified in the Policy Schedule. However dental care rendered necessary as result of a covered accident shall be subject to limit of Medical expenses cover as stated in the Policy Schedule.

Specific Condition for Age Limit of 56 to 70 years

The following maximum eligible expenses per Accident/ illness are applicable to the Insured Persons Aged 56-70 years, regardless of the plan/ option purchased.

- Hospital Room and Board and Hospital misc .Maximum $1750 per day up to 30 days.
- Intensive Care Unit .Maximum $ 2500 per day up to 7 days.
- Surgical Treatment maximum $ 12500.
- Anesthetist Services up to 25 % of Surgical Treatment.
- Medical Practitioner's Visit Maximum $ 75 for 10 visits.
- Diagnostic and Pre-admission Testing Maximum $ 1000
- Ambulance (medical services en-route) Services .Maximum $ 500.

These are further restricted to the Limit of Indemnity.

Specific Condition for Age Limit above 70 years

The maximum eligible expenses per Accident/ illness are applicable to the Insured Persons Aged above 70 years is USD 15000, regardless of the plan / option purchased.

Exclusions applicable to Section A

In addition to the General Exclusions listed we shall not cover any claim that is caused by or attributable to or in respect of

a. Any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India.

b. Benefits will not be available for any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.

c. Medical treatment if that is the sole reason or one of the reasons for temporary stay abroad.

d. Any treatment which could in the opinion of the Service Provider and attending Medical Practitioner be or can be delayed until your return to India.

e. Elective, cosmetic or plastic surgery, except as a result of an injury caused by a covered accident while our Policy is in force.

f. Dental treatment, except for Emergency Sickness Dental Relief as mentioned in Section (A) 6 or as a result of Injury caused by accident to sound natural teeth while this Policy is in effect.

g. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.

h. The diagnosis and treatment of acne, deviated nasal septum including sub-mucus resection/ or other surgical correction thereof.

i. Expenses which are not exclusively medical in nature.

j. Spectacles, contact lenses, hearing aids and examination for the prescription or fitting thereof, unless Injury or Illness has caused impairment of vision or hearing, purchase of Bipap machine.

k. Treatment provided in a government hospital or services for which no charge is normally made.

l. Rehabilitation and physiotherapy or the costs of external prosthesis/ device.

m. Any claim resulting directly or indirectly from, any internal or external congenital conditions.

n. Pregnancy resulting to childbirth, miscarriage, abortion, or complication arising out of any of the foregoing, expenses related to treatment of infertility or birth control measures.

o. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

p. Immunizations and treatment towards Obesity.

q. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments under Alternative treatments other than Allopathy/ western medicines.

SECTION B: TRAVEL INCONVENIENCE

(a) Hijack Distress Allowance: We shall pay you, in event the common carrier in which you are travelling is hijacked on the trip abroad during the Period of Insurance and your journey is interrupted or disrupted for more than 24 hours, compensation up to maximum Limit of Indemnity as specified in the Policy Schedule.

Exclusions Applicable to B.(a):

In addition to General Exclusions listed in this Policy, We shall be under no liability to make payment under this benefit in respect of any expenses whatsoever incurred by you in connection with or in respect of:

a) The first twelve hours of the hijacking.

b) Any Incident where you are suspected to be either the principal or an accessory in the Hijacking.

c) Any claim as a consequence of a change in the regular routes of travel/ journey of the common carrier due to traffic, weather, fuel shortage, technical security reasons.

(b) Trip Delay: We shall pay you, compensation in event of Trip Delay, subject to maximum specified in the Policy Schedule provided Your trip is delayed for more than 12 hours due to Covered Hazard.

Specific Condition:

Covered Hazard is:

i. delay of a common carrier caused by Inclement Weather or

ii. delay due to strike or other job action by employees of a common carrier scheduled to be used by You for Your Trip delay caused by equipment failure of a common carrier.

iii. delay caused by Loss of Passport and the claim is admissible under the cover “Loss of passport”

Exclusion Applicable to B.(b):

In addition to General Exclusions listed in this Policy We shall not cover any delay due to any Covered Hazard which was made public or known to You prior to the purchase of this Policy and for any departure which is delayed as a result of You or any other person who have arranged to travel with failing to check in correctly as required by the airlines.

(c) Trip Cancellation: We shall pay You, compensation in event of cancellation of Trip in India prior to its commencement towards non-refundable expenses on cancellation of the Overseas Travel Tickets, Hotel Booking or Scheduled Tour Booking up to the maximum as specified in the Policy Schedule provided the cancellation is due to any of the following:

i. Death or diagnosis of Critical illness of the Insured or following immediate family members-Spouse, Children, Parents, Brother, Sister, Grand Parent, Grand Children, Parent In Law.

ii. A booked common carrier outside India being delayed for at least 24 hours due to Strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier.

iii. Serious Damage to Your residence in India arising from fire, flood, earthquakes and riots.

Specific Condition:

The booking should be cancelled by you within 48hours of the occurrence of any of the event, which would result in a claim under this cover.

Exclusions Applicable to B(c)

In addition to General Exclusions listed in this Policy, We shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by you with high degree of probability.

(d) Trip Curtailment: We shall pay You, compensation in event of curtailment of trip overseas towards non-refundable expenses on cutting short the Overseas Travel Tickets, Hotel Booking or Scheduled Tour Booking up to the maximum as specified in the Policy Schedule provided the curtailment is due to any of the following:

i. Death or diagnosis of Critical illness of the Insured or following immediate family members-Spouse, Children, Parents, Brother, Sister, Grand Parent ,Grand Children, Parent In Law.

ii. A booked common carrier outside India being delayed for at least 24 hours due to Strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier.

iii. Serious damage to your residence in India arising from fire, flood, earthquakes and riots.

Specific Condition:

The booking should be cancelled by you within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.

Exclusions Applicable to B.(d):

In addition to General Exclusions listed in this Policy, We shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by you with high degree of probability.

(e) Missed Connection: We shall pay you, compensation up to the maximum specified in the Policy Schedule, if the aircraft on which you have booked to travel from India is cancelled or delayed in event of inclement weather beyond 12 hours than the original scheduled arrival time, resulting in you missing the connecting flight at the destination of the connecting flight.

The Common carrier must certify the delay of regularly scheduled airline flight.

Exclusion Applicable to B.(e):

In addition to General Exclusions listed in this Policy We shall not cover any delay due to any Covered Hazard which was made public or known to You prior to the purchase of this Policy and for any departure which is delayed as a result of you or any other person who have arranged to travel with failing to check in correctly as required by the airlines.

(f) **Loss of Passport:** We shall pay you up to the Limit of Indemnity specified in the Policy Schedule for the loss of passport during a trip abroad, for Reasonable expenses necessarily incurred by you in obtaining a duplicate or fresh passport.

Exclusions Applicable to B.(f):

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment for:

i. Loss or damage to your passport as a result of the confiscation or detention by customs, police or any other authority.

ii. Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.

iii. Loss caused by Your failure to take reasonable steps to guard against the loss of the passport.

SECTION C: PERSONAL CARE

(a) **Baggage Loss (checked in baggage)**: We shall pay You up to the Limit of Indemnity specified in the Policy Schedule in respect of the complete and permanent loss or destruction of Your checked in Baggage, save that We may, in our sole and absolute discretion, opt to reinstate or replace the Checked Baggage as an alternative to making payment to You hereunder.

We shall pay you, up to the maximum subject to the deductible as specified in the Policy Schedule for the cost of replacement of the entire baggage and its contents. All the claims must be verified by common carrier.

In event, more than one baggage checked in, is lost, the maximum amount payable per lost bag is 50% of the amount stated in the Policy Schedule and if any article is lost, the maximum amount payable per article contained in any bag is 10% of the amount stated in the Policy Schedule.

Exclusions Applicable to C.(a):

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment under this benefit in respect of any expenses whatsoever incurred by you in connection with coverages for any non-documented Loss. We will not be liable under this section for any:

i. Valuables and money, all kinds of securities and tickets/ passes or any other item not declared to, and agreed to by, us.

ii. Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of checked-in baggage has been produced and submitted to us.

iii. Any partial loss of the items contained within the checked-in-baggage.

iv. Loss of Your baggage sent in advance or souvenirs and articles mailed or shipped separately.

(b) **Baggage Delay (checked in baggage):** We shall pay You up to the Limit of Indemnity specified in the Policy Schedule in respect of Your emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, if Your Checked in Baggage is delayed or misdirected by a common carrier by more than 12 hours beyond the time of Your arrival at the intended destination outside India. The payment for this benefit will be limited to the travel destinations specified in the main travel ticket from India and return trip back to India during the trip abroad including all halts and via destinations. You must be a ticketed passenger on common carrier and must provide with written proof of delay from the common carrier.

Specific Condition:

In the event that claim(s) is submitted for total loss of checked –in-baggage as well as temporary delay of checked –in baggage ,the higher of the claim(s) shall be payable by Us in respect of the same items(s) of checked –in baggage during any one Policy period.

(c) **Compassionate Visit:** In event of You being Hospitalised consequent upon any illness or Accidental Bodily Injury covered under the policy and the attending Medical Practitioner in writing advises the necessary attendance of a family member, We shall reimburse the actual cost of economy class transportation by the most direct route via a common carrier incurred by the person rendering special assistance from and to the place of origin of such person or the place of residence of the person subject to maximum Limit of Indemnity specified in the Schedule. Family member will mean and include either of the Parents or child or spouse only.

Provided that:

1. The Hospitalisation has been advised by the Medical Practitioner attending You; and

2. The need of such assistance is essential in the opinion of the Medical Practitioner attending you and recommended by him/ her accordingly.

Our liability under this Benefit, however, in respect of any one event or all events of Hospitalisation during the Period of Insurances shall not in total exceed the Limit of Indemnity as specified in the Policy Schedule.

Specific Condition

1. You shall as far as possible seek for such special assistance from any one of your relatives, either at the place of Hospitalisation or any other nearest place.

2. It is a condition precedent to Our liability hereunder that the need for such a special assistance and consequent visit of any one of the family or relative from a particular place is also approved by the Service Provider before any one of the family or near relatives undertakes the trip.

Exclusion Applicable to C (c):

In addition to General Exclusions listed in this Policy please refer to the exclusions applicable to Medical Care Section A.

(d) **Financial Emergency Assistance:** In the event you require financial emergency Assistance following incidents like burglary/ theft of luggage/ money or hold up. The Service provider shall co-ordinate with your relatives in India to provide emergency cash assistance to You as per Your requirement, up to the limit specified in the Policy Schedule.

SECTION D: PERSONAL ACCIDENT

(a) **Accidental Death and Permanent Total disability** -We shall pay you, a percentage of the Limit of Indemnity specified in the Policy Schedule, if you sustain Accidental Bodily Injury during the course of your trip overseas while this policy is in effect, results in one of the losses shown in the Table of losses below. The loss must occur within 12 months from the date of Accident, which caused the Injury.

If more than one loss results from one Accident, only one amount, the largest, will be paid.

Table of Losses

Event	Percentage of Limit of Indemnity
Accidental Death	100%
Permanent Total Disablement:	100%
Permanent Total Loss of sight of both eyes	100%

Permanent Total Loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot	100%
Permanent Total Loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent Total Loss and physical separation of or the loss of ability to use one hand and one foot	100%
Permanent Total loss of an arm at the shoulder joint	75%
Permanent Total loss of an arm above the elbow joint	70%
Permanent Total loss of a hand at the wrist	50%
Permanent Total loss of an arm beneath the elbow joint	60%
Permanent Total loss of a leg above mid-thigh	75%
Permanent Total loss of a leg up to mid thigh	60%
Permanent Total loss of a leg up to beneath the knee	50%
Permanent Total loss of a leg up to mid-calf	45%
Permanent Total loss of a foot at the ankle	40%
Permanent Loss of sight of one eye	50%
Permanent Total loss of Hearing of both ears	75%

Specific Definition:

Permanent Total Disablement means disablement due to which you are unable to engage in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss you are unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex**.**

Limitation: With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principle Sum Payable is 10% of the Limit of Indemnity.

Exclusions applicable to Section D (a):

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment under this benefit in respect of any expenses whatsoever incurred by you in connection with or in respect of:

1. Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
2. Accident while under the influence of alcohol or drugs.
3. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
4. Any accident of which a contributing cause was your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest.
5. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
6. Participating in motor racing or trial run as a driver, co-driver or passenger.
7. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
8. 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.
9. Nuclear energy, radiation.
10. Any existing disablement prior to the inception of the policy.
11. Any expense incurred which is not exclusively medical in nature/ Unproven or Experimental treatment of any description.
12. Expenses incurred for emergency medical evacuation.
13. Accidents due to mental disorders or disturbances of consciousness strokes fits or convulsions which affect the entire body and any pathological disturbances caused by the mental reaction to the same.
14. Any claim arising directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an Accidental cut or wound).
15. Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of injury.
16. Losses' arising from Accidents on two wheeled motorized vehicles unless at the time of the Accident the driver is duly qualified in possession of a current full international driving license and the driver is wearing a safety crash helmet.

(b) **Accidental Death (Common Carrier):** We shall pay you up to the Limit of Indemnity as specified in the Policy Schedule if you sustain Accidental Bodily Injury during the course of Your Journey while this policy is in effect results in Your Accidental Death. Injury must occur while you are riding as a passenger in or on, boarding or alighting on a common carrier. This benefit, if mentioned in your policy schedule will be in addition to the Section D(a)

The limitations and exclusions applicable are the same as for Section D (a).

(c) **Accidental Death (Air Travel only):** We shall pay You up to the Limit of Indemnity specified in the Policy Schedule, if You sustain Accidental Bodily Injury during the course of Your Journey while this policy is in effect results in Your Accidental Death, while You are riding as a passenger in or on, boarding or alighting from any commercial airline subject to event has occurred once you are in the aircraft. This benefit, if mentioned in your policy schedule will be in addition to the Section D (a) and (b)

The limitations and exclusions applicable are the same as for Section D (a).

SECTION E: SPECIAL CARE

(a) **Golfers Hole in One Celebration:** We shall pay you expenses incurred in celebration of achieving a hole-in-one by you during the trip, anywhere in the world excluding India, in a United States Golfers Association (USGA) recognized golf course, subject to maximum specified in the Policy Schedule.

(b) **Automatic extension of the period of insurance:** Automatic extension of the period of insurance is granted up to a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by scheduled Airlines, which is beyond your control, and no alternative air transportation is made available to you.

(c) **Burglary (Home Contents):** If You are the victim of a burglary at the residence normally occupied by You in India (located at the address mentioned in the Schedule) during the period of travel overseas, We shall indemnify You up to the specified Limit of Indemnity in the Policy Schedule for loss of or damage to Contents. The cover excludes loss or damage to jewelry and valuables.

It is a condition precedent for admitting Liability under this section that you or your representative shall file FIR with the local police as soon as the robbery/burglary is discovered.

Exclusions Applicable to E(c):

In addition to General Exclusions listed in this Policy, We shall not be liable to make any payment under this policy in connection with or in respect of any expenses whatsoever incurred by you in connection with or respect of:

i. Loss or damage caused by You and/ or Your employee(s) or agents and/ or Your Family member's direct or indirect involvement in the actual or attempted burglary.

ii. Any loss or damage to, or on account of loss livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit card or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion.

iii. Loss or damage to any property/ item illegally acquired, kept, stored or property to forfeiture in any manner whatsoever.

(d) Child Escort: In the event of your death while on the covered trip due to a covered illness or accident we shall reimburse travelling expenses for returned journey of your children aged below 17 and insured under our travel policy provided they are not accompanied by any other adult family member subject to maximum specified in the Policy Schedule.

SECTION F: LEGAL LIABILITY

(a) Personal Liability: We will indemnify you up to the Limit of Indemnity specified in the Policy Schedule against any legal liability incurred by you in Your private capacity to pay damages for the third party civil claims arising out of Accidental bodily injury or Accidental Property Damage occurring during Your Journey.

Specific condition:

1. No Deductible shall be applicable in respect of the legal liability incurred by you in your private capacity to pay Damages for third party Accidental Bodily Injury.
2. Our liability to indemnify you under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by us.
3. In the event that legal action is taken against You within India, it is a condition precedent to Our liability hereunder that You shall:
   i. give immediate written notice to us to the address specified in the Policy Schedule, and
   ii. not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without Our prior written consent, which shall be entitled (but in no case obligated) at any time to take over and conduct in Your name the defence and/ or settlement of any action or claim and shall be entitled at all times to receive Your cooperation and assistance and to appoint lawyers on Your behalf. Any and all costs and expenses incurred by Us or the lawyers appointed by Us shall be a first charge on the Limit of Indemnity hereunder.
4. We shall not settle any claim without your express consent, but if you refuse an available settlement recommended by Us then Our liability shall thereafter be restricted to the amount by which the claim could have been settled.

Exclusions Applicable to Section F: In addition to General Exclusions listed in this Policy, we shall not be liable to make any payment under this policy in connection with or in respect of:

1. Your liability to any employee (whether under a contract of or for services);
2. Liability which is expected by or intended for you.
3. Liability arising out of the rental or holding for rental of any part of any premises by you,
4. Liability arising out of the rendering of or failure to render professional services,
5. Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by You,
6. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft,
7. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse,
8. Liability arising out of the use, sale ,manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization,
9. Liability under any contract or agreement,
10. Property Damage to property owned by You,
11. Property Damage to property rented to, occupied or used by or in the care of You,
12. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law,
13. Suits or legal actions from Your Immediate Family Member, or Travelling Companion or Immediate Family Member of a Travelling Companion against You.

III. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We shall be under no liability to make payment hereunder in respect of any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Benefits will not be available for any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.
2. Any claim relating to events occurring before the commencement of the trip covered hereunder and any time after the completion of the trip at any port of the Country of Your Residence mentioned hereunder.
3. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the willful act, or with Your connivance, all benefits under this Policy shall be forfeited.
4. In so far as it relates to, all the benefits and if You are/ have:
   (a) travelling against the advice of a Medical Practitioner;
   (b) receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
   (c) received terminal prognosis for a medical condition;
   (d) taking part in a naval, military or air force operation;
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
6. In respect of Your travel to any country against whom the Republic of India has imposed General or special travel restrictions, or against whom it may

impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.

7. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus(HIV) infection.

8. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed.

9. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.

10. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft.

11. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2miles), participation in any professional sports, any bodily contact sport or any other potentially dangerous sport for which you are untrained.

IV. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. In case a claim has been filed on the original policy duration, then the policy may be extended only if the claim filed for is under the following benefits,

   a. Baggage Loss

   b. Baggage Delay

   c. Financial Emergency Assistance

   d. Passport Loss

   e. Hijack Distress Allowance

   f. Trip Cancellation and Trip Curtailment

   g. Trip Delay

   h. Missed Connection

2. The extension of any policy is at our sole discretion, and we are not liable to offer any reason to you if the policy is not extended.

3. A policy may not be extended if a claim is already filed by you. If you do not declare the claims filed or the claims that will be filed on the policy for the original policy duration, the extension is deemed to be invalid. No refund of premium will be given. We will also not be liable to pay any claim filed on these policies.

4. The premium payable for the extension of the policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.

5. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.

6. You shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice your claim under this Policy.

7. You shall provide us with details of the trip and other information (as may be required by us from time to time) about you in advance.

8. Our liability to make payment is only in excess of the Deductible.

9. Terrorism is covered if insured is a victim of act of terrorism and not involved in abetment of terrorism.

10. Cancellation of the policy

    (a) You anytime before the commencement of the proposed journey may cancel this Policy by giving notice in writing to us as long as You are able to establish to Our satisfaction that the proposed journey has not commenced.

    (b) In event of cancellation of policy after the proposed date of commencement of journey within 7 days or the expiry date mentioned in the Policy whichever is earlier you shall be entitled to a refund of the premium subject to our retention of minimum of Rs 250. This is provided no journey is undertaken. We will verify the original passport and ensure that the journey was not undertaken before any refund of premium.

    (c) Cancellation/ termination: Cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. We will cancel the policy by giving 15 days notice in writing by Registered Post Acknowledgment Due post to You at Your last known address in which case We shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.

11. Refund of premium on early return - In case of any early return of the insured person prior to expiry of the policy period the company will refund premium at the following rates subject to no claims being incurred on the policy.

Period of Risk	Rate of Premium Retained by Company
Above 50% of Policy Period	100% of premium
Above 40% to 50% of Policy Period	80% of premium
Above 30 % to 40 % of Policy period	75% of premium
Above 20 % to 30% of Policy Period	60% of premium
Policy inception -20% of Policy period	50% of premium

V. CLAIMS

A. Claim procedure:

1. You shall immediately contact the Help line (Alarm Centre) of the Service Provider as mentioned in the Schedule.

2. You need to contact the Help Line number while abroad as soon as possible and provide Notification of claim in case You are/will be filing any claim, even if assistance is not required. We will not be liable to pay any claim that has not been informed by you while abroad to the Help Line Number on return back to India.

3. The Service Provider Help Line Number will verify the identity of the caller.

4. In the event of an accident or sudden illness where it is not possible to do so before consulting a Medical Practitioner or going to the Hospital, You shall contact the Help Line Number as soon as possible. In either case, when being admitted as a patient, you shall show the concerned Medical Practitioner or personnel this Policy, if requested.

5. In case of Financial Emergency You shall immediately contact the Help Line number of the Service Provider stating the details given on Your Insurance Policy .The Service Provider shall verify your details and ascertain this amount of cash required, local contact in India who can provide payment security including delivery charges through credit card or close relatives.

6. The Service Provider organizes cash delivery after obtaining payment security from you or your relatives.

7. In case of Hijacking, the fact of the incident having occurred should be confirmed by police authorities. The police report should contain details such as

your passport number, the period of hijack, etc. In rare cases, we may consider the other supporting documents such as a report issued by the airlines, newspapers reports, TV and other media coverage with regard to the particular hijacking accident.

B. Claims Settlement:

1. If the Procedure stated above is complied with, the Service Provider, as the case may be, will guarantee to the Hospital Authorities the costs of hospitalisation, transportation for emergency services incurred by you and any covered accompanying person. All costs will be directly settled by the Service Provider on Our behalf and the same shall constitute due discharge of our obligations hereunder.

2. If the Hospital does not accept the guarantee of payment from the Service Provider, We cannot be held liable for the same. The cost will then have to be borne by you. These costs will then be reimbursed by us, as per policy terms on submission of required documents.

3. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Service Provider in Indian Rupees on Your return back to the Republic of India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Financial Emergency Assistance shall be settled/ arranged directly to you, whilst abroad, by the Service Provider. You shall immediately and in any event not later than 30 days after his return to India, notify the Service Provider and obtain a Claim Form for completion and return to the Service Provider along with supporting invoices and any other documentation or information that might be required or requested by the Service Provider.

4. The periods for intimation or submission of any documents will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

5. In case of Fire/ burglary loss to the Your Home whilst on the trip abroad, the loss is to be intimated to the Service Provider in India. We shall appoint an independent surveyor to assess the loss.

C. Claim Documentation:

1. The original ticket/ boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.

2. The original bills and vouchers must be submitted along with all claims.

   i. For Medical Expenses: Please attach Medical Practitioner's Consultation notes, Original admission/ discharge card, Original Bills/ receipts with prescriptions and diagnostic/ investigative reports, copy of passport/ visa with entry and exit stamp and copy of the ticket and boarding pass.

      Bills/ vouchers/ reports/ discharge summary must mention the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. The pharmacy bills must clearly show the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed. The claim form should clearly indicate the same and supporting should be provided.

   ii. For reimbursement of the costs towards Repatriation of the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a Medical Practitioner's statement giving the cause of death needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/ receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.

   iii. For reimbursement of expenses of Your Emergency Medical Evacuation, a medical statement from an attending Medical Practitioner indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/ receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.

   iv. For reimbursement of expenses of Your Loss of Checked-in Baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage will need to be submitted with the claim form. A letter from the airline need to be submitted stating the compensation received from them for the lost baggage. Adequate proof of ownership of items contained within checked-in baggage valued in excess of the Indian Rupee equivalent of USD 100 for loss/ delay of checked-in baggage will need to be submitted.

   v. For reimbursement of expenses of Your Delay of Checked in Baggage please attach the details of items purchased during the delay period, copies of baggage tags, copies of correspondence with airline authorities certifying, along with details of compensation received from airlines/ other authorities (if any), Property Irregularity Report (obtained from airline), Original Bills/ receipts/ invoices connected to expenses incurred/ purchases made during the delay period, Copy of the passport/ visa with entry & exit stamp.

   vi. For reimbursement of expenses of Your Loss of passport please attach a Police Report obtained within 24 hours of You becoming aware of the theft needs to be submitted. Along with this, bills/ receipts of expenses incurred in obtaining a new/ fresh passport needs to be submitted.

   vii. For reimbursement of expenses of Your Compassionate Visit please attach certificate from the treating Medical Practitioner attending You and the need of such assistance is essential in the opinion of the attending Medical Practitioner and recommendation by him/ her accordingly. Original bills/ invoices and Copy of air tickets.

   viii. For reimbursement of expenses towards Personal Liability please attach the Judgment of the Court.

   ix. For reimbursement of expenses of Your Personal Accident claim please attach the Police report, Post Mortem Report, Death Certificate, Medical report in the enclosed format, Certificate issued by State Government Undertaking Hospital authority who is authorized to issue certificate for Permanent Total Disability .

   x. For reimbursement of expenses towards Hijack Relief please attach the copy of passport/ visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as Your passport number & period hijacking, newspaper report (if available).

   xi. For reimbursement of expenses towards Trip Cancellation or Trip Curtailment, please attach the following documents:

      a. Medical reports and Medical Practitioner's consulting notes, if trip is cancelled or interrupted due to medical reasons,

      b. Termination letter from the company shall be submitted, if due to employment reasons.

      c. Police report confirming the incident shall be submitted, if due to other Insured events.

      d. Medical Report/ Death Certificate, in case the cancellation or interruption is owing to the death or critical illness of immediate family member.

      e. All bills/ receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted to Us.

   xii. For reimbursement of expenses towards Trip Delay, please attach the following documents: Airport/ common carrier authority report confirming the incident causing trip delay. It should contain Your Passport numbers and Period. All bills/ receipts of reasonable additional expenses incurred.

   xiii. For reimbursement of expenses towards Missed Connection, please attach the following documents: Confirmation from the airline clearly mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. All the bills/ receipts of reasonable additional expenses incurred shall be submitted to Us.

   xiv. For reimbursement of expenses towards Burglary, please attach the following documents: First Information report, Panchnama, Investigation Report by the Police, Estimate and final bills of repairers, Legal Opinion wherever required, and any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

   xv. Any other document(s) that we require from you to process the claim may be asked for. If we or the Service Provider requests that bills/

vouchers in a foreign language be accompanied by an appropriate translation then the same will be borne by You.

D. Obligations of the Insured:

1. You shall provide the Service Provider on demand of any information that is required to determine the occurrence of the Insurable event or our liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip aboard.
2. If requested to do so by the Service Provider, You are obliged to undergo a medical examination by Medical Practitioner designated by the Service Provider.
3. The Service Provider is authorized by you to take all measures that are suitable for loss prevention and claim minimization, which includes your transportation back to India.
4. We shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached by you.

E. Transfer and Set off of claims

1. If you have any outstanding claims against third parties, such claims shall be transferred in writing to us up to the amount for which the reimbursement of costs is made by us in accordance with the terms hereunder.
2. In so far as you receive compensation for costs you have incurred either from third parties liable for damages or as a result of other legal circumstances, we shall be entitled to set off this compensation against the insurance benefits payable, if any.
3. Claims to the insurance benefits may be neither pledged nor transferred by you.
4. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the (Protection of Policyholders' Interest) Regulations, 2000 by You, We will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.
5. The insurance cover applies to all countries covered in the Policy Schedule, except those countries, where you have a permanent place of residence and those countries for which the Government has issued travel advisory.
6. In event of your death, we or our representatives shall have right to carry out a post mortem/ autopsy, at our expense.

VI. STANDARD TERMS AND CONDITIONS:

1. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by You, shall be a Condition precedent to any of Our liability to make any payment under this Policy.

2. Due Care:

You shall take all reasonable steps to safeguard your interests against loss or damage that may give rise to a claim.

3. Entire Contract:

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, of which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

4. Notices and declarations:

Any and all notices and declarations for our attention shall be submitted in writing and shall be sent to the address specified in the Schedule.

5. Notice of charge:

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to us.

6. Your Duties on occurrence of loss:

On the occurrence of any loss, within the scope of cover under the Policy you shall:

a. Forthwith file/ submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Policy.

b. Allow the Surveyor or any of our agent to inspect the lost/damaged properties premises /goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.

c. Assist and not hinder or prevent us or any of its agents in pursuance of their duties under 'Our Rights On Happening Of Loss Or Damage' Clause as provided in this Part.

d. Not abandon your property/ item premises, nor take any steps to rectify/remedy the damage before the same has been approved by Us or any of its agents or the Surveyor.

e. If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option

7. Our Rights on happening of loss or damage

i. On the happening of loss or damage, or circumstances that have given rise to a claim under this Policy, We may:

ii. Enter and/ or take possession of Your property, where the loss or damage has happened

iii. Take possession of, or require to be delivered to it any of Your property in the building or on the premises at the time of the loss or damage

iv. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same; and,

v. Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by Us at any time until notice in writing is given by You that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. We shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to You or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim.

vi. If you or any person on his behalf shall not comply with Our requirement, or shall hinder or obstruct Us in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited at Our option.

8. Right to inspect:

If We require our agent/ representative including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to Your claim be permitted at all reasonable times to examine into the circumstances of such loss. You shall on being required so to do by Us produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claims or will in any way assist Us to ascertain in the correctness thereof or Our liability under the Policy.

9. Position after a claim:

You shall not be entitled to abandon any of your item/ property whether we have taken possession of the same or not. As from the day of receipt of the claim amount by you as determined by us to be fit and proper, the Limit of Indemnity for the remainder of the Period of Insurance shall stand reduced by the amount of the compensation.

10. Indemnity:

We may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall we be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Limit of Indemnity thereon. If in any case we shall be unable to reinstate or repair your property/ item hereby, because of any law or other regulations in force affecting your property or otherwise, We shall, in every such case, only be liable to pay such Sum as would be requisite under the Policy.

11. Subrogation: (Applicable only to indemnity sections under the policy)**:**

You and any claimant under this Policy, shall at Our expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Us paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us.

12. Contribution In case of Multiple policies (Applicable only to indemnity sections under the policy):

If You or any of your family members covered under this policy hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the contribution clause, and you will have the right to require a settlement of your claim in terms of any of the policies you or your family members hold with any insurer.

a. In all such cases if you or your family members covered choose to claim under our Travel Suraksha policy then we shall settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the Travel Suraksha policy.

b. If the amount claimed under our Travel Suraksha Policy exceeds the sum insured after considering the deductibles or co-payment, then you shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with contribution clause.

c. Except in benefit policies, in cases where you have policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the hospitalisation costs in accordance with the terms and conditions of our Travel Suraksha policy.

13. Fraudulent claims:

If you shall make or advance any Claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all Claims or payments hereunder shall be forfeited.

14. Arbitration clause

i. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

ii. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

15. Governing Law:

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this policy shall not be waived or changed except by endorsement issued by us.

16. Grievances:

In case you are aggrieved in any way, then you may contact Us at the specified address, during normal business hours.

*** FAMILY FLOATER FOR ASIA TRAVEL**

(Applicable if reflected in the Policy Schedule)

Specific Conditions

- Minimum entry age of the Insured and spouse shall be 18 years and maximum age shall be 65 years and children aged between six (6) months and twenty-five (25) years.
- The Age shall be computed as on the Risk start Date.
- The maximum number of travel days that may be insured, under the policy, shall be 30 days The maximum trip duration (including the extension if any shall not exceed 60 days in total).

**** SUPERIOR CARE PLAN**

(Applicable if reflected in the Policy Schedule)

Specific Conditions

- Minimum age of the insured shall be 71 years to 80 years. Age shall be computed as on the Risk Start Date.
- The Maximum number of travel days that may be insured, under the policy, shall be 180 days. The maximum trip duration (including the extension, if any) shall not exceed 180 days in total.
- Our liability for Medical Expenses incurred on any one accident/ illness will be restricted to USD 15000 (for age of 71 years to 80 years) as a sub limit applicable to Limit of Indemnity under the Medical Expenses Cover.
- The other terms and conditions stand the same.

FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE TRAVEL SURAKSHA CLAIM FORM

Please contact our 24 hour Helpline (Europe Assistance Alarm Centre) Phone Numbers as mentioned below in section –''HOW TO REACH US''. Failure to intimate about your claim within 24 hours to our Assistance Company shall invalidate your claim.

Note:

1. Issuance of the form does not imply acceptance of the liability or a waiver of terms, conditions & exceptions of the insurance contract.
2. Please answer all questions completely. In case of insufficient space attach additional sheet.
3. Please attach all Originals bills, receipts, credit card slips to your claim.

1. Policy Number -	2. Policy Plan Type -
3. Policy Start Date -	4. Policy End date -
Please Indicate any insurance coverage (In India/overseas) -	**Policy Number/s :**
5. Name of the Insured Person (in whose name the policy is issued)	
6. (a)Name of the claimant Person (in respect of whom the claim is made)	
(b) Relationship to the Insured -	(c) Present completed age -
(d) Occupation -	(e) Contact Number -
(e) Residential Address –	

Trip Details:-

Passport No: _____

Date of Departure: ____/____/_____ Flight No: _____ From _____ To _____

Date of Arrival: _____/_____/_____ Flight No: _____ From _____ To _____

Connective flight details (If any):

Date of Departure: ____/____/_____ Flight No: _____ From _____ To _____

Date of Arrival: _____/_____/_____ Flight No: _____ From _____ To _____

Date of Departure: ____/____/_____ Flight No: _____ From _____ To _____

Date of Arrival: _____/_____/_____ Flight No: _____ From _____ To _____

Claim in Respect of following section (*please tick against the applicable claim type*)

A. Medical Care	**B. Travel Inconvenience**	**C. Personal Care**
Medical Expense ☐	Hijack Distress Allowance ☐	Baggage Loss ☐
Repatriation of Remains ☐	Trip Delay ☐	Baggage Delay ☐
Emergency Medical Evacuation ☐	Trip Cancellation ☐	Compassionate Visit ☐
Daily Allowance in case of Hospitalization ☐	Trip Curtailment ☐	Financial Emergency Assistance ☐
Emergency Sickness Dental Relief ☐	Missed Connection ☐	
Balance Period of Policy ☐	Loss of Passport ☐	

D. Personal Accident	**E. Special Care**	**F. Legal Liability**
Accidental Death. ☐	Golfers Hole in one Celebration. ☐	Personal Liability. ☐
Permanent Total Disability. Accidental ☐	Burglary. (Home Contents) ☐	
Death. (Common Carrier) Accidental ☐	Child Escort ☐	
Death. (Air Travel Only) ☐		

MEDICAL EXPENSE COVERAGE, EMERGENCY DENTAL RELIEF, DAILY HOSPITALIZATION ALLOWANCE, EMERGENCY MEDICAL

Name of the Hospital where treatment was given: _____

Address of the Hospital where treatment was given: _____

Name of Treating Doctor and Contact details: _____

Details of illness & Treatment: _____ Date of First Symptom ___/___/_____

Please confirm if the illness is suffered for first time or also treated in past (Pre-Existing): Yes ☐ No ☐

PAST MEDICAL HISTORY

Treatment / Hospitalization dates for any illness/disease in past: From __/___/_____ To ___/____/_____

Treatment Details of Any illness ailment in past: _____

Please provide name of any prescription medicine you are presently taking: ____ Name of Family Physician and contact details: _____

Claiming for Medical Evacuation Benefit then Reason of Medical Evacuation: _____

Place where Patient is to be evacuated: _____ Date of Medical Evacuation: _____

In case of Compassionate visit: Treating Doctor's opinion for the necessity of an attendant: _____

Documents Required: Discharge Summary, Investigation Reports, Doctors Certificate stating tooth/teeth treated, Doctors Certificate stating the reason for Medical Evacuation, Doctor's Certificate confirming the necessity of an attendant (compassionate visit), Medicine prescriptions & Bills, Bills and Receipts of expenses incurred:

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

REPATRIATION OF MORTAL REMAINS

Cause of Death/ Medical Transportation: _____ Place of Death: _____

Medical Transportation from _____ to _____ Date of Death/ Medical Transportation: ___/__/_____

Documents Required: Death Certificate, Doctors Certificate for cause of death/Medical Transportation, Bills & Receipts of expenses incurred

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

LOSS OF PASSPORT, BAGGAGE LOSS & BAGGAGE DELAY (CHECKED IN BAGGAGE)

Name of the Carrier: _____ Place where baggage/passport was lost: _____

In case of baggage loss/ loss of passport: Date on which baggage/ passport was lost: ___/___/_____

In case of baggage delay: Date & Time of Arrival: ____/____/_____ at _____ am/pm.

Airport of Disembarkation: _____ Date & Time of Retrieval of Baggage: _____/_____/_____ at _____ am/pm.

Documents Required: Police report made within 24 hrs of loss of passport, Property irregularity report, Airport authority report stating the compensation received for lost baggage, Bills & Receipts as a proof of ownership of items lost with baggage, Bill s of items purchased in emergency due to baggage delay.

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

FINANCIAL EMERGENCY ASSISTANCE

Date on which fund was lost: ____/____/_____Details of reason for loss of fund: _____

_____

Local contact Person in India who can provide payment security: - _____ Contact Numbers _____

Name of the Police Station _____ Police Information (FIR) No _____

HOME BURGLARY INSURANCE

Claiming Under: Property Loss ☐ / Property Damage ☐ Date of Loss of Property: _____

Name of the Occupants at the time of Loss: - _____

Address of the Property:-_____

_____

Circumstances of Loss: - _____

_____

Name of the Police Station _____ Police Information (FIR) No _____

Sr.	DETAILS OF EXPENSES INCURRED	AMOUNT

LEGAL / PERSONAL LIABILITY INSURANCE

Name of the Third Party to be compensated: _____

Date of Loss: _____Amount of Loss: _____Detail Circumstances of Loss: _____

_____

Name of the Police Station: _____ Police Information No_____

Legal Case No _____ Jurisdiction City _____

PERSONAL ACCIDENT DEATH / DISABILITY INSURANCE

Claiming for Personal Accident resulting into **DEATH** ☐ / **DISABILITY** ☐ (with exact details of Disability) _____

Details & Circumstances of Accident i.e. how, when _____

_____

Date of loss: _____ Place of Accident: _____Claimed Amount: _____ Name of the Police Station informed about accident_____ Police Information (FIR) No _____

Name & Address of consulting physician: _____

Provide name & address of your Regular physician in India: _____

(Please attach Attending Physician's Statement)

HIJACK DISTRESS COVER

Name of the Carrier:

_____

Place of Hijack: _____Place of Release:

_____

Dates and time of Hijack: FROM: _____ at _____ am/pm - TO _____ at_____ am/pm

(Please attach police report describing the incident.)

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER

Please provide below mentioned details of **INSURED'S INDIAN BANK ACCOUNT** for NEFT payment.	
Bank Name	
Branch Name & Address	Branch Phone No.
Name of Proposer (As per Bank A/c):	Relation with Insured
Account No. (as appearing in Cheque Book)	
Branch IFSC Code for NEFT	Branch MICR Code
Account Type : Savings ☐ Current ☐ Cash / Credit ☐	
Contact numbers in India: ; ; Alternate Email ID:	
(Please attach a scanned image of a blank , duly cancelled cheque - of your bank)	

Declaration: -

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Future Generali India Insurance Company Ltd. responsible. I also undertake to advise any change in the particulars of my account to facilitate updations of records for purpose of credit of claim amount through NEFT.

I/ We hereby authorize service provider, Insurance Company & its authorized representative to collect my Medical Records, Treatment Papers, Investigation Reports etc. from Treating Doctor / Family Physician / Hospitals in India or Overseas.

I/ We hereby to the best of my/ our knowledge and belief, warrant the truth of the above details in every respect. I/ We agree that if we have already made or if I/ We make in any of my/ our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the policy shall be void and all rights of compensation in respect the presence or future shall be forfeited.

Place: _____

Date: _____ **Signature of the claimant/ Insured**

HOW TO REACH US

Overseas policy holders can call us on any of the Toll free numbers listed below. All lines are accessible from Local Landline or payphone except for USA & Canada which are accessible from Mobile Phone

Country	Number to be dialed
USA	8775729854
Canada	8775729855
Russia	8-10-8002-7554011
New Zealand	00 +800-18001900
Singapore	001 +800-18001900
Malaysia	00 +800-18001900
Australia	0011+800-18001900
Austria	00 +800-18001900
China	00 +800-18001900
France	00 +800-18001900
Germany	00 +800-18001900
UK	00 +800-18001900
Netherlands	00 +800-18001900

Country	Number to be dialed
Belgium	00 +800-18001900
Portugal	00 +800-18001900
Denmark	00 +800-18001900
Hong Kong	00 +800-18001900
Norway	00 +800-18001900
Spain	00 +800-18001900
Finland	00 +800-18001900
Poland	00 +800-18001900
Thailand	00 +800-18001900
Philippines	00 +800-18001900
Italy	00 +800-18001900
Hungary	00 +800-18001900

In case there is no Toll free number for the country you are calling from, you may please call us on the our India Landline number - **+91 22 67347841** (This number is chargeable and accessible 24 X 7 X365). You may also ask for a call back on this number and we will immediately call you back on your preferred number as provided during the call request. National Toll Free number for your relatives in India is **1800 209 2333.**
Alternatively, you may also write to us at fgi@europ-assistance.in / fgh.travel@futuregenerali.in.

Grievance Redressal Procedures

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**		**Email**	**Fgcare@futuregenerali.in**
				Website	**www.futuregenerali.in**
	GRO at each Branch	Walk-in to any of our branches and request to meet the **Grievance Redressal Officer (GRO).**			

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.

What do I do, if I am unhappy with the Resolution?

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

	Customer Service Cell	**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 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.

How do I Escalate?

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 **IRDA** (**Insurance Regulatory and Development Authority**).

- **CALL CENTER: TOLL FREE NUMBER (155255).**
- **REGISTER YOUR COMPLAINT ONLINE AT: HTTP://WWW.IGMS.IRDA.GOV.IN/**

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. The list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, **AHMEDABAD - 380 014** Tel: 079- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL - 462 023** Tel: 0755-2569201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009** Tel: 0674-2596455 Fax: 0674-2596429 E-mail: joobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017** Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman 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: chennaiinsuranceombudsman@gmail.com	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-23239633 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Insurance Ombudsman 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: ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman 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 Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759 Fax: 0484-2359336 E-mail: iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andeman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.

FUTURE GENERALI INDIA
Insurance Company Limited

Form for Request / Complaint / Feedback / Appreciation

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 ☐

☐☐☐☐☐☐☐☐☐☐☐☐

CUSTOMER NAME _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____

_____

_____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ Customer's Signature

D D M M Y Y Y Y Date

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.
Corporate & Registered Office: - 6th Floor, Tower 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
Care Lines: 1800-220-233 / 1860-500-3333 / 022-6783 7800 **Email:** fgcare@futuregenerali.in **Website:** www.futuregenerali.in

Office Use Only: **Service / Case #** ☐☐☐☐☐☐☐☐☐☐

Comments:

_____

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_____

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