



FUTURE GENERALI INDIA
Insurance Company Limited

**ACCIDENT SURAKSHA-
PERSONAL ACCIDENT POLICY
FOR CUSTOMERS OF RM PRIME
SOLUTION.**

Future Generali India Insurance Company Limited

Registered Office – Knowledge House, Shyam Nagar, Off. Jogeshwari-Vikhroli Link Road, Jogeshwari (E),
Mumbai – 400 060

Corporate Office - 001, Trade Plaza, 414 Veer Savarkar Marg, Prabhadevi, Mumbai – 400 025.

Contact us: email: care@futuregenerali.in, website: www.futuregenerali.in, Tel: 022 4097 6666.

FUTURE GENERALI ACCIDENT SURAKSHA

Personal Accident Policy

This Policy is issued to **You** based on **Your** Proposal to **Us** and **Your** payment of the Premium. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

1. OPERATION OF COVER

- a. The cover provided by this **Policy** will only apply during the **Policy Period** stated in the **Schedule**.
- b. The **policy** will not be valid unless a **Schedule** signed by one of **Our** Authorized Representatives is attached.

2. DEFINITIONS

Following words are phrases whenever they appear in italics in this policy wording have special meanings as defined below against each of them:

You, Your, Yourself	The Insured Person shown in the Schedule .
We, Our, Us, Insurer	Future Generali India Insurance Company Limited.
Schedule	That portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule .
Proposal	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.
Policy	The complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
Policy Period	The period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule .
Accident, Accidental	A sudden, unintended and fortuitous external and visible event.
Accidental Bodily Injury	Any injury to You caused by an accident which occurs during the Policy Period but does not include any condition which is also a sickness or illness or disease or any degenerative condition provided that the injury results in any of the events specified in the table of events within 12 calendar months from the date of such injury
Doctor/Physician	A qualified medical practitioner holding a valid and subsisting license granted by the appropriate licensing authority and acting within the scope of his license.
Sum Assured	The amount stated in the Schedule , which is the maximum amount we will pay for claim made by You in one policy period .
Insured Person	Whether in singular or plural means the person(s) who come within the description of Insured Persons stated in the Schedule , for whom premium has been paid.

3. What We will pay for

Following an **Accidental Bodily Injury** to **You** which results Death, we will pay **You** or **Your** nominee such percentage stated against the sum insured stated in the **Schedule**

Table of Event

Event	Percentage of Sum insured
◆ Accidental Death	100%

This policy shall cease for the particular Insured Person on payment of a claim for Death of that Insured Person.

5. What is not payable

We will not pay for any compensation, benefit or expenses in respect of Death, Injury or Disablement, Accidental Medical Expenses of the Insured person as a consequence of the following

- a. Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- b. Accident while under the influence of alcohol or drugs.
- c. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
- d. 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.
- e. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
- f. Participating in motor racing or trial run as a driver, co-driver or passenger
- g. Curative treatments or interventions that You carry out or have carried out on Your body
- h. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these
- i. 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
- j. Nuclear energy, radiation
- k. Any existing disablement prior to the inception of the policy
- l. Venereal or sexually transmitted diseases, HIV (Human Immunodeficiency Virus) or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and / or mutant derivatives or variations however caused.
- m. Expenses incurred for emergency medical evacuation
- n. Under this scheme, the insurance company's liability shall not exceed Rs.5.5 lakhs (Rupees Five lakhs and fifty thousand) for a single insured irrespective of the number of certificates held him/her.

6. Things You Should Do

1. If **You** meet with an accidental bodily injury that may result in a claim, then
 - a. **You** must immediately consult a Doctor and follow the advice and treatment that he recommends
 - b. **You** or someone claiming on **Your** behalf must inform **Us** in writing immediately and in any event within 15 days
 - c. **You** must take reasonable steps to lessen the consequences of **Your** bodily injury.
 - d. **You** or someone claiming on **Your** behalf must promptly give **Us** the documentation and other information **We** ask for to investigate the claim or **Our** obligation to make payment for it.
 - e. In case of **Your** death, someone claiming on **Your** behalf must inform **Us** in writing immediately and send **Us** a copy of the Post Mortem report, FIR or any other document as required by **Us** within 15 days.
2. **You** should send any communication meant to **Us** in writing to **Our** address shown in the **Schedule**.
3. If **You** wish to cancel this policy **You** should give us 15 days notice in writing. **We** shall refund **You** balance premium after retaining premium as per the scale shown below:

Policy Period not exceeding	% of Annual Rate
1 month	20%
3 months	40%
6 months	70%
9 months	90%

7. Things We Will Do

- a. **We** will send any communication meant to **You** to **Your** address shown in the **Schedule**.
- b. **We** will make claim payment to **You** or **Your** Nominee. If there is no Nominee and **You** are incapacitated or deceased, **We** will pay **Your** heir, executor or validly appointed legal representative and any payment **We** make in this way will be a complete and final discharge of **Our** liability to make payment.
- c. **We** will make all claim payments in Indian rupees within India only.
- d. If **We** cancel this policy **We** will give **You** 15 days notice in writing. In such cases **We** shall make you pro rata refund of premium for the balance period.

8. What You Should Not Do

- a. **You** should not make any claim knowing it to be false or fraudulent in any way.
- b. **You** should also not conceal, misrepresent intentionally or otherwise any fact or circumstance that **We** consider as material to this insurance.
- c. If **You** do so then the policy shall be void and all claims or payments due under it shall be lost.

10. Dispute Resolution

- a. 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
- b. 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.

11. Compliance with Policy Provisions

Failure by **You** to comply with any of the provisions in this **Policy** may invalidate all claims hereunder.

12. Use of masculine pronoun

A masculine personal pronoun as used in this **Policy** includes the feminine, wherever the context requires.

13. Territorial Limits and Law

We cover **Accidental Bodily injury** sustained by **You** during the **Policy Period** anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose), but **We** will make payment within India and in Indian Rupees. The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

For Reference

Dear Customer,

Welcome to Future Generali India Insurance Company Ltd. and thank you for reposing faith in us.

Please read your Policy & Schedule carefully to ensure that the coverage under the Policy meets your needs and is in tune with your proposal.

In view of our commitment to provide you with the best services, we would like to inform you that if you have any queries or clarifications under your Policy, please get in touch with our local office at the address mentioned in the Policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster. In case of non-availability of the policy number, we request you to contact our Insurance advisor or our local Office for the same.

Our endeavour would be to resolve your queries at the first instance itself. But if you feel that the matter was not handled to your satisfaction, we request you to get in touch with our Customer Service Cell at the below mentioned address-

Customer Service Cell
Future Generali India Insurance Company Ltd.
Corporate Office: - 001, Trade Plaza, 414 Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025.
Email - care@futuregenerali.in
Telephone- 022 4097 6655

It is our commitment to resolve your queries at the earliest.

The Insurance Ombudsman is an organisation set up by the IRDA to address grievances that are not settled to your satisfaction. Below mentioned are the addresses of these offices that you may get in touch with-

Ombudsman Offices	
Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	AHMEDABAD 2 nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	BHOPAL 1 st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 2578100, 2578102, 2578103, Fax: 0755-2578103 Email:insombmp@satyam.net.in

State of Orissa.	BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	CHANDIGARH S.C.O No.101,102 & 103, 2 nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 2706196 EPBX:0172-2706468 Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	CHENNAI Fatima Akhtar Court , 4 th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	KOCHI 2 nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATTA North British Building 29, N S Road, 3 rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6 th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	MUMBAI 3 rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051

Address and contact number of Governing Body of Insurance Council

Secretary General

Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor (Above MTNT)

S. V. Road, Santacruz (W)

Mumbai – 400 054

Tel: 022-6106889

Fax: 022-6106980, 6106052

Email: inscoun@vsnl.net