



FUTURE GENERALI INDIA
Insurance Company Limited

JANATA PERSONAL ACCIDENT POLICY WORDINGS

UIN:IRDA/NL-HLT/FGII/P-P/V.I/81/13-14

Corporate & Registered Office - 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- Fgcare@futuregenerali.in Website:- www.futuregenerali.in

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Janata Personal Accident Customer Information Sheet

(Description is illustrative and not exhaustive)

S. No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Janata Personal Accident	
2	What am I covered for:	a) Death Due to Accident -100% of CSI	Section A (a)
		b) Permanent Total Disability Due to Accident-100% of CSI	Section A (d)
		c) Loss of two limbs or two eyes due to Accident or loss of one limb and one eye due to accident-100% of CSI	Section A (b)
		d) Loss of One Limb or One Eye due to accident--50% of CSI	Section A (c)
3	What are the major exclusions in the policy:	Service on duty with any armed force	Section D (a)
		Medical or surgical expenses	Section D (b)
		Intentional self injury	Section D (c)
		Accident while influence of drugs or alcohol	Section D (d)
		Any accident accidental death, injury or disablement arising or resulting from the Insured committing any breach of the law with criminal intent.	Section D (f)
		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.	Section D (g)
		Participating in motor racing or trial run as a driver, co-driver or passenger.	Section D (h)
		Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.	Section D (j)
		Any existing disablement prior to the inception of the policy.	Section D (m)
(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).			
4	Claims procedure	a. Immediate notice to the issuing office. b. Submission of claim form together with necessary Medical Certificate. c. In respect of loss of life nominee should submit Death Certificate, claim form and post-mortem report wherever conducted, Police Panchanama, FIR etc. and other proofs regarding claim.	Section E
5	Basis of Claims payment	Provided always that the Company should not be liable under this policy for: - 1. Compensation under more than one of the foregoing clauses (a) (b) (c) or (d) in respect of the same injury or disablement of the /an Insured Person. 2. Any payment in excess of Sum Insured under the policy during any one-year of insurance, for any one Insured person. 3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of taking of this policy.	Section B (Provisions)
7	Renewal Conditions	Renewals will be lifelong and will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation.	Section G (b)

(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.

Janata Personal Accident

Where the insured named in the Scheduled hereto (hereinto called "The insured") has applied to Future Generali India Insurance Company Limited (hereinafter called "The Company") for the insurance hereinafter set forth in respect of the person as per schedule attached hereto (hereinafter called the insured person/s) and has paid to Company the premium herein stated for the insurance of the risks hereinafter specified occurring during the period stated in the Schedule.

The Insured Person is eligible to be covered under this policy from 18 years upto the age of 70 years with lifelong renewability subject to continuous renewal of the group policy. Dependent children can be covered from age 10 years to 25 years.

This Policy records the agreement between the Company and the Insured Person and sets out the terms of insurance and the obligations of each party.

Now this policy witnesseth that subject to the Terms, Provisions, Exclusions, Definitions and Conditions herein expressed or contained or hereon endorsed that Company will indemnify insured as herein after mentioned.

A. If the Insured person shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means then the company shall pay to the insured the sum or sums hereinafter set forth that is to say:

- a. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the death of an insured person the Capital Sum insured in Schedule hereto.
- b. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of both eyes, or total and irrecoverable loss of use of two hands or two feet or one hand and one foot due to physical separation from the body, or for such loss of sight of one eye and such loss of use of one hand, one foot due to physical separation from the body, the Capital Sum Insured stated in the Schedule hereto.
- c. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of a hand or foot due to physical separation fifty percent (50%) of the Capital Sum insured in Schedule hereto.
- d. If such injury shall as a direct consequence thereof immediately, permanently, totally and absolutely disable the/ an insured person from engaging in being occupied with or giving attention to paid employment or occupation of any description whatsoever Capital Sum Insured in the Schedule hereto.

B. PROVISIONS

Provided always that the Company should not be liable under this policy for:

1. Compensation under more than one of the foregoing clauses (a) (b) (c) or (d) in respect of the same injury or disablement of the Insured Person.
2. Any payment in excess of Sum Insured under the policy during any one-year of insurance, for any one Insured person.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of taking of this policy.
4. Provided also that the observance and fulfillment of the terms & conditions of this policy (which conditions and all endorsements hereon are to be read as of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and by the/an insured person specified in the scheduled hereto be a condition precedent to any liability of the Company under this policy.

C. DEFINITIONS

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	Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Injury/Accidental Bodily Injury	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.
Medical Practitioner	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.
Capital Sum Assured	The amount stated in the Schedule, which is the maximum amount, we will pay for claims made by You in one policy period irrespective of the number of claims You make or the number of years that You have had Personal Accident policy with Us.
Insured Person	Whether in singular or plural means the person(s) who come within the description of Insured Persons stated in the Schedule, who are nominated by You from time to time and for whom premium has been paid.
Policy Holder	Organization or person (s) stated in the Schedule
Accidental Death	Death due to accident.
Permanent Total Disablement	Means disablement which entirely prevents an Insured Person from attending to any Business or Occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.
Pre-Existing Disease	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 to prior to the first policy issued by the insurer.
Surgery	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.
Illness	Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Medical Advice	Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
Medical expenses	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.
Unproven/ Experimental treatment	Unproven/ Experimental treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
Condition Precedent	Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Notification of Claim	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.

Renewal	Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
Portability	Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/ she chooses to switch from one insurer to another.
Disclosure to information norm	The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Notification of Claim	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.

D. EXCLUSIONS:

The policy does not cover death, injury or disablement resulting from:

- a. Service on duty with any Armed Force.
- b. Medical expenses or Surgery expenses
- c. Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- d. Accident while under the influence of alcohol or drugs.
- e. Participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
- f. Any accident accidental death, injury or disablement arising or resulting from the Insured committing any breach of the law with criminal intent.
- g. 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.
- h. Participating in motor racing or trial run as a driver, co-driver or passenger.
- i. Curative treatments or interventions that the Insured Person carries out or have carried out on his body and Unproven or Experimental treatment of any description.
- j. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
- k. 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.
- l. Nuclear energy, radiation.
- m. Any pre-existing disablement prior to the inception of the policy.
- n. 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.

E. CLAIMS PROCEDURE

1. If the Insured Person meets with an accidental bodily injury that may result in a claim, then
 - i. You must immediately consult a Medical Practitioner and follow the medical advice and treatment that he recommends
 - ii. You or someone claiming on your behalf must give us Notification of Claim in writing immediately and in any event within 30 days.
 - iii. You must take reasonable steps to lessen the consequences of his bodily injury.
 - iv. You or someone claiming on your behalf must promptly give us the documentation including claim form with necessary Medical Certificate and other information we ask for to investigate the claim or Our obligation to make payment for it.
 - v. You must have yourself examined by our medical advisors if we ask for and such examination cost would be borne by us.

- vi. In case of Your death, someone claiming on your behalf must inform Us in writing immediately and send Us a copy of the necessary documents including Post Mortem report (if conducted), FIR , Death certificate, Police Panchanama or any other document that we ask for within 30 days.
- vii. In case of hardships faced by the insured or person claiming on behalf of the insured the conditions as specified under (ii) and (vi) will be waived for which the insured or anyone claiming on behalf has to justify delay with documentation.

2. We have agreed to issue this policy based on the occupation that you have declared to us while taking this policy. If there is change in occupation then you must tell us in writing within 30 days of the change by filling a fresh proposal form. If you do not do this, then this insurance will cease as far as you are concerned from the date that you changed your occupation.
3. You should send any communication meant to us in writing to Our address shown in the Schedule.
4. In case of a death claim under the policy the claim would be payable to the nominee whose discharge given in the Discharge form for the claim amount payable under the policy would be considered as full and final under the policy.
5. In case of a group policy issued to an employer covering their employees the claim would be payable to the Insured (Employer) to whom the group policy has been issued and the discharge given by the insured(employer) in the discharge form would be considered as full and final under the group policy.
6. We will send the discharge voucher with details of claim settlement.
7. Insured/ Nominee will send the signed discharge voucher to Insurance Company, and we will send the cheque/ do an ECS transfer in name of insured/ Nominee.

F. SETTLEMENT OF CLAIM

1. We will send any communication meant to you to your address shown in the Schedule.
2. We will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
3. Pending claims will be asked for submission of incomplete documents.
4. Rejected claims will be informed to the Insured Person in writing with reason for rejection.
5. We will make claim payment to you or the Insured Person who met with the Accident. Any payment we make in good faith in this way will be a complete and final discharge of our liability to make payment for the claim.
6. We will make all claim payments in Indian rupees within India only.
7. You or the Insured Person should not make any claim knowing it to be false or fraudulent in any way.
8. You or the Insured Person should also not conceal, misrepresent intentionally or otherwise any fact or circumstance that we consider as material to acceptance of this insurance.
9. If you or the Insured Person do so then the policy shall be void and all claims or payments due under it shall be lost.
10. 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.

G. RENEWAL & CANCELLATION

- a) This Policy may be renewed by mutual consent and in such event; the renewal premium as per our renewal quote shall be paid to us on or before the date of expiry of the Policy or of the subsequent renewal thereof. The policy may be renewed on annual basis or short term basis.

- b) Renewals will be lifelong and will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation.
- c) In case of a renewal a grace period of 30 days is permissible.
- d) Any claim incurred as a result of an accident during the grace period will not be admissible under the policy.
- e) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- f) 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 short term scale for the unexpired Policy Period as shown below:

Policy Period not exceeding	% of annual rate
1 month	25%
3 months	40%
6 months	75%
9 months	90%

H. FREE LOOK PERIOD

- In case of Individual Janata Personal Accident policy, the insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
- If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - A refund of the premium paid less any expenses incurred by the insurer on the stamp duty charges or;
 - where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

I. DISCOUNTS & LOADINGS

a) Group Discount:

Number of Insured persons under the Group Policy	Group Discounts as % of basic premium
101- 500	5%
501- 1000	10%
Above 1000	12.5%

b) Discount Percentage for favorable claim ratio (BONUS):

Low claim Ratio Discount at the following scale will be allowed on the Total premium at renewal only, depending upon the incurred claims ratio for the entire group insured under the Group Janata Personal Accident Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group Janata Personal Accident Policy has not been in force for 3 completed years, such shorter period of completed years excluding the years immediately preceding the date of renewal will be taken in to account.

Incurred Claim Ratio under the Group Policy	Discount as % of basic premium
Up to 20 %	20%
21 % - 35 %	15%
36 % - 50 %	10%
51 % - 55 %	5%

c) Loading Percentage for high claim ratio (MALUS):

The Total Premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Janata Personal Accident Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group Janata Personal Accident Policy has not been in force for the 3 completed years, such shorter periods of completed years excluding the year immediately preceding the date of renewal will be taken in to account.

Incurred Claim Ratio under the Group Policy	Loading as % of basic premium
Between 60% to 65%	10%
Between 66% to 75%	25%
Between 76% to 85%	35%
Between 86 % and 100 %	55%
Between 101 % and 125 %	85%
Between 126 % and 150 %	120%
Between 151 % and 175 %	150%
Between 176 % and 200 %	185%
Over 200 %	Cover to be reviewed

J. Portability

Members covered under any Group Janata personal accident policy of a non-life insurance company shall have the right to migrate from such a policy to an Individual Janata personal accident policy with the same insurer. For Group Janata personal accident policies, the individual member shall be given credit based on the number of years of continuous insurance coverage as per the Portability guidelines.

Members covered under any Individual Janata personal accident policy of a non-life insurance company shall have the right to migrate from such a policy to an Individual Janata personal accident policy with another insurer. For Janata personal accident policies, the individual member shall be given credit based on the number of years of continuous insurance coverage as per the Portability guidelines.

K. DISPUTE RESOLUTION

- 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.
- 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.

L. COMPLIANCE WITH POLICY PROVISIONS

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

M. USE OF MASCULINE PRONOUN

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

N. TERRITORIAL LIMITS AND LAW

We cover Accidental Bodily injury sustained by the Insured Person 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.

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	<p>Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013</p> <p>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.</p>
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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/](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: ioobbsr@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: jobdelraj@rediffmail.com	Delhi & Rajashtan
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: lokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & 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.

Name: _____

Address: _____

Contact No: _____

14. Please provide following details

CASUALTY DOCTOR

Name: _____

Address: _____

Contact No: _____

FAMILY DOCTOR

Name: _____

Address: _____

Contact No: _____

HOSPITAL DETAILS

Name: _____

Address: _____

Contact No: _____

DETAIL OF OTHER INSURANCES

15. Are you insured under any other Policy? YES NO. If YES, Please give following details

Name of company: _____

Policy no: _____

Period of insurance: _____

Policy issuing office: _____

DETAILS OF PREVIOUS CLAIMS

16. Have you made any Claims in Past? YES NO. If YES, Please give details including

Nature of Accident: _____

Insurance details: _____

Claim amount: _____

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____

Insured/ Nominee Signature: _____

ATTENDING PHYSICIAN'S STATEMENT
(To be filed by attending Physician only)

1. Name of insured Person: _____
2. Age of insured Person: _____
3. Nature of the Accident and Details of Injuries Sustained: _____

4. Does the cause of Accident as stated by the Claimant tally as per your opinion? YES NO
5. Are the injuries solely due to the accident? YES NO
If No pls. provide the details _____
6. Was the injured person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his condition? YES NO
7. Was the claimant hospitalized? YES NO
If YES, then please provide period of hospitalization: From: _____ To _____
8. What treatment/ procedure/ operations performed? _____

9. Give all dates of treatment:
Home: From: _____ To _____
Clinic/ Hospital: From: _____ To _____
10. Was he/she under the influence of intoxicants or drugs at the time of accident? YES NO
11. Are you his family doctor? YES NO
If you have treated him for any previous illness or injury, please give details

12. Have other Doctors been in Attendance or Consultation? YES NO
If yes, Please give details: _____

13. Has this accident been reported to the Police Authorities? YES NO
If yes, Case No: _____ Police Station. _____
14. Is this claimant totally disabled from each and every occupation? YES NO
15. How long was or will the claimant be totally disabled from current occupation? From: _____ To _____
16. What is the Prognosis?

Doctor's Signature: _____
Doctors Name: _____
Address and Tel. no. : _____
Date: _____
Regn No: _____

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

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 / 022-67837800 Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in

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