



FUTURE GENERALI INDIA

Insurance Company Limited

GROUP PERSONAL ACCIDENT INSURANCE POLICY

Corporate & Registered Office: 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

Care Lines: MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333, Email: care@futuregenerali.in, Website: www.futuregenerali.in

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GROUP PERSONAL ACCIDENT INSURANCE 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.

A. OPERATION OF COVER

1. The cover provided by this **Policy** will only apply during the **Policy Period** stated in the **Schedule**.
2. The **Policy** does not provide coverage for any insured person unless he or she at the date of the claim is under 70 (Seventy) years of age.
3. The **policy** will not be valid unless a **Schedule** signed by one of **Our** Authorised Representatives is attached.

B. DEFINITIONS

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

You, Your, Yourself	The Policyholder 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.
Occupation	Occupation of Insured Persons as shown in the Schedule or as declared to Us in the Proposal
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
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.

Permanent Partial Disablement	Doctor certified total and continuous loss or impairment of a body part or sensory organ specified
Temporary Total Disablement	Means disablement which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable for a maximum period of 100 weeks during such disablement from the date on which the Insured person first became disabled.
Total 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 .
Principal Sum Insured	The highest of the sum insured mentioned for Death or Permanent Total Disability or Permanent Partial Disability Benefit.
Reasonable and Customary Charges	A charge incurred for medical treatment that are medically necessary to treat Your condition and not exceeding the usual level of charges for similar medical services in the locality where expense is incurred and excludes any charge that would not have been made if there was no insurance
Hospital	A legally recognized establishment which holds a valid license to practice medicine and provide for the care and treatment of injured persons, with minimum of 10 beds, one or more physicians available at the premises at all times and provides 24 hour nursing service with at least one qualified and registered professional nurse present and on duty at all times.
Fingers or Toes	Whether in the singular or plural, means the digits of a hand or foot
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 stated in the Schedule
Limb	Whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle

C. WHAT WE WILL PAY FOR

Following an **Accidental Bodily Injury** to **Insured Person** which results in any of the events listed in the Table of Events, we will pay **You** such percentage stated against the event in the Table of Events of the sum insured stated in the **Schedule** provided that the **Schedule** mentions that **You** have opted for coverage against that event and paid premium for the same.

1. PRIMARY COVERS

The **Primary Cover** includes the following benefits. **We** will make payment for the benefits as specified in the **Schedule**.

1. Accidental Death
2. Permanent Total Disability
3. Permanent Partial Disability
4. Temporary Total Disability

Table of Events

Event	Percentage of Sum Insured
Death	100%
Permanent Total Disability	100%
Permanent Partial Disability:	As Follows
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%
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	75%
A leg up to mid thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
Permanent Loss of sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%
<i>Temporary Total Disability</i>	1% (per week for maximum 100 weeks)

For any other **Permanent Partial Disability** event not provided above **We** shall pay an appropriate percentage of sum insured as decided by **Us**.

If a claim has already been settled for any of the primary covers the amount payable for the subsequent claims/s under the primary covers shall be reduced by this amount/s already paid. Regardless of one or more claims during the policy period, the maximum amount payable towards the Primary Cover shall be restricted to the Principal Sum Insured.

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

2. ADDITIONAL COVERS

We will make payment for the following additional benefits if the **Schedule** mentions that **You** have availed the same and paid the additional premium applicable.

- (1) **Child Education Support**
In the event of **We** making payment for a claim for Death or **Permanent Total Disablement**, **We** will also make payment towards the education support of the deceased person's child the sum equivalent to 1% of the total sum insured subject to maximum of Rs.10,000 (Rupees Ten Thousand Only).
- (2) **Funeral Expenses**
In the event of **We** making payment for a claim for Death, **We** will also make payment towards the funeral expenses of the deceased a sum equivalent to

1% of the total sum insured subject to maximum of Rs.10,000 (Rupees Ten Thousand Only).

- (3) **Accidental Medical Expenses**
In the event of a valid claim under this policy for Death, Permanent Total Disability or Permanent Partial Disability we will reimburse the Reasonable and Customary charges, subject to Deductibles if any shown in the Policy Schedule, for medical treatment for the injury sustained, provided the treatment is availed in a **Hospital** in India as an inpatient for a minimum period of 24 hours. The maximum amount payable shall be 40% of the valid Personal Accident claim amount subject to maximum of Rs.500,000 (Rupees five lacs only).
- (4) **Hospital Cash Allowance**
In the event of **Us** paying a claim for **Accidental Bodily Injury**, and in the event of the injured person requiring treatment in a hospital as an inpatient we will also make payment of the sum of Rs.1, 000/- (Rupees one thousand only) for each completed calendar day of hospitalization for a maximum period of 30 days during the **Policy Period**.

E 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 the Insured Person's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or his 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 the Insured Person carries out or have carried out on his 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. Any medical expenses, services, supplies or treatment or hospital stay which were not recommended or approved as medically necessary by a Physician.
- n. Any expense incurred which is not exclusively medical in nature
- o. Expenses incurred for emergency medical evacuation
- p. Act of terrorism : for the purpose of this exclusion, 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

F THINGS YOU OR THE INSURED PERSON SHOULD DO

1. If the **Insured Person** meets with an accidental bodily injury that may result in a claim, then
 - a. **He** must immediately consult a Doctor and follow the advice and treatment that he recommends
 - b. **He** or someone claiming on **His** behalf must inform **Us** in writing immediately and in any event within 15 days
 - c. **He** must take reasonable steps to lessen the consequences of **his** bodily injury.
 - d. **He** or someone claiming on **His** 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. **He** must have himself examined by **Our** medical advisors if **We** ask for this and as often as **We** consider this to be necessary.
 - f. In case of **His** death, someone claiming on **His** behalf must inform **Us** in writing immediately and send **Us** a copy of the Post Mortem report, FIR or any other document that we ask for within 15 days.
2. **We** have agreed to issue this policy based on the occupation of the **Insured Person** 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. If **You** do not do this, then this insurance will cease as far as that **Insured Person** is concerned from the date of change of occupation.
3. **You** should send any communication meant to **Us** in writing to **Our** address shown in the **Schedule**.
4. 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	25%
3 months	40%
6 months	75%
9 months	90%

G. THINGS WE WILL DO

1. **We** will send any communication meant to **You** to **Your** address shown in the **Schedule**.
2. **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.
3. **We** will make all claim payments in Indian rupees within India only.
4. If **We** cancel this policy **We** will give **You** 30 days notice in writing. In such cases **We** shall make you pro rata refund of premium for the balance period.
5. This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to **Us** on or before the date of expiry of the Policy or of the subsequent renewal thereof. However **We** shall not be bound to give notice that such renewal premium is due.
6. **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 Personal Accident Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group 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 Percentage (%)
Up to 20 %	25
21 % - 35 %	15
36 % - 50 %	10
51 % - 60 %	5

7. 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 Personal Accident Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group 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 Percentage (%)
Between 80 % and 100 %	25
Between 101 % and 125 %	55
Between 126 % and 150 %	90
Between 151 % and 175 %	120
Between 176 % and 200 %	150
Over 200 %	Cover to be reviewed

H. WHAT YOU SHOULD NOT DO

You or the **Insured Person** should not make any claim knowing it to be false or fraudulent in any way.

You or the **Insured Person** should also not conceal, misrepresent intentionally or otherwise any fact or circumstance that **We** consider as material to this insurance.

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.

I. DISPUTE RESOLUTION

1. 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.
2. 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.

J. 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.

K. EXAMINATION OF BOOKS AND RECORDS

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

L. 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:

	24X7 Help-lines	MTNL/BSNL :1800-220-233		Email	care@futuregenerali.in
		Others :1860-500-3333		Website	www.futuregenerali.in
	Customer Service Cell	Future Generali India Insurance Company Ltd. Corporate & Registered Office: - 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025			

While sending in your complain in writing, please 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.

- 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.

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).

INSURANCE OMBUDSMAN

If you are still not satisfied with the resolution to the complaint as provided by our Grievance Redressal Officer, 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: insombud@md4.vsnl.net.in	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 & Rajasthan
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 North British Bldg. 29, N.S. Road, 4th Floor, KOLKATA - 700 001 Tel: 033-22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net	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

