

# FUTURE STUDENT SURAKSHA

UIN:IRDA/NL-HLT/FGII/P-T/V.I/77/13-14



**Future Generali India Insurance Company Limited**, Corporate & Registered Office : 6th Floor, Tower - 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013, Maharashtra Care Line:- 1800-220-233, 1860-500-3333, 022-67837800 Email : [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in), Website : [www.futuregenerali.in](http://www.futuregenerali.in) IRDA Regn. No 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number : AABCF019IRSD002

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## FUTURE STUDENT SURAKSHA CUSTOMER INFORMATION SHEET

(Please note that the information mentioned below is illustrative and not exhaustive)

Sr. No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER												
1	<b>Product Name</b>	<b>Future Student Suraksha</b>													
2	<b>What am I covered for:</b>	<p><b>1. Medical Care</b></p> <p>a. Medical Expenses b. Medical Evacuation c. Medical Expenses in India d. Repatriation Of Remains e. Emergency Dental Treatment f. Maternity Benefits g. Mental And Nervous Disorders</p> <p><b>2. Personal Accident</b></p> <p>a. Accidental Death and Permanent Total Disability b. Accidental Death (Common Carrier)</p> <p><b>3. Personal Care</b></p> <p>a. Baggage Loss (Checked in baggage) b. Baggage Delay (checked in baggage) c. Compassionate Visit</p> <p><b>4. Travel Inconvenience</b></p> <p>a. Loss of Passport</p> <p><b>5. Legal Liability</b></p> <p>a. Personal Liability</p> <p><b>6. Special Allowances</b></p> <p>a. Tuition Fee b. Sponsor Protection c. Bail Bond d. Felonious Assault</p>	<p>Section II (A )</p> <p>Section II (B)</p> <p>Section II (C)</p> <p>Section II (D)</p> <p>Section II (E)</p> <p>Section II (F)</p>												
3	<b>What are the major exclusions in the policy:</b>	<p>Any Pre-existing diseases and conditions.</p> <p>Medical treatment if that is the sole reason or one of the reasons for temporary stay abroad.</p> <p>Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).</p> <p>Accident while under the influence of alcohol or drugs</p> <p>Valuables and money, all kinds of securities and tickets/ passes or any other item not declared to, and agreed to by Us.</p> <p>Loss or damage to Your passport as a result of the confiscation or detention by customs, police or any other authority</p>	<p>Section II - Exclusions applicable to Section A – (3)</p> <p>Section II -Exclusions applicable to Section A – (4)</p> <p>Section II -Exclusions for Section II B.1 – (1)</p> <p>Section II - Exclusions for Section II B.1 – (2)</p> <p>Section II -Exclusions for Section II C.1 – (i)</p> <p>Section II - Exclusions for Section II D.1 – (i)</p>												
<b>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</b>															
4	<b>Payout basis</b>	Reimbursement of covered expenses up to specified limits. Fixed amount on the occurrence of covered event.	Section II-Scope of cover Section A to F												
5	<b>Cost Sharing</b>	<p>1. Our liability to make payment is only in excess of the Deductible.</p> <p>2. 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.</p>	Section III – (7 and 8)												
6	<b>Cancellation</b>	<p>a) 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. Under normal circumstances, policy will not be cancelled except on ground of fraud, moral hazard or misrepresentation.</p> <p>b) Anytime before the commencement of the proposed journey You 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.</p> <p>c) You may also cancel the policy within 7 days after the proposed date of commencement of journey or the expiry date whichever is earlier as mentioned in the Policy, provided no journey has been undertaken.</p> <p>d) In (b) and (c) above you shall be entitled to a refund of the premium subject to our retention of minimum of Rs 250. We will verify the original passport and ensure that the journey was not undertaken before a refund of premium.</p> <p>e) 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Period of Risk</th> <th style="text-align: center;">Rate of Premium Retained by Company</th> </tr> </thead> <tbody> <tr> <td>Above 50% of Policy Period</td> <td>100% of premium</td> </tr> <tr> <td>Above 40% to 50% of Policy Period</td> <td>80% of premium</td> </tr> <tr> <td>Above 30 % to 40 % of Policy period</td> <td>75% of premium</td> </tr> <tr> <td>Above 20 % to 30% of Policy Period</td> <td>60% of premium</td> </tr> <tr> <td>Policy inception -20% of Policy period</td> <td>50% of premium</td> </tr> </tbody> </table>	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	Section V: Standard terms and conditions 11.
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**(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.

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## FUTURE STUDENT SURAKSHA

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 18 years to 35 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 treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. **Age** indicates Your age on Your most recent birthday.
5. **Asia-Pacific** means all countries that have political and geographical limitations of the Continent of Asia and the Islands of the Pacific Ocean; excluding Japan.
6. **Burglary** means theft involving entry into or exit from Your premises by forcible and violent means (including any threat of violence)
7. **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.
8. **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.
9. **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.
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. **Claim** means a claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one claim under this Policy and as having been made at the time when the first claim was made in writing and the Deductible shall be applicable to each section independently.
13. **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.
14. **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.
15. **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.
16. **Disclosure of 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.
17. **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.
18. **Damages** means monetary sums payable pursuant to judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
19. **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 hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition
20. **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.
21. **Educational Institution** means any school, vocational institute, polytechnic, college, university or institute or higher learning which is duly licensed to provide educational services by trained or qualified teacher and where the Insured person is registered as a full-time student.
22. **Excluding USA & Canada** means all countries that have political and geographical limitations other than the country of USA and Canada.
23. **Family** means Your spouse, parents and children
24. **Felonious Assault** means any willful or unlawful use of force upon You that is a felony or misdemeanor in the jurisdiction in which it occurs and which results in bodily harm to You.
25. **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.
26. **Hospital:** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation)Act,2010 or under enactments specified under the Schedule of Section 56(1) 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.
27. **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.
28. **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
29. **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.

30. **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.
31. **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
32. **Insured** means the person(s) named in the Schedule, whose name specifically appears as such in Schedule to this Policy.
33. **Insurable Event** shall mean an event, loss or damage for which You shall be re-imbursed under this Policy
34. **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
35. **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.
36. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
37. **Including USA & Canada** means all countries of the World.
38. **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
39. **Medical Advice** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
40. **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.
41. **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.
42. **Medical Advisors** means the medical practitioner appointed by the Insurance Company/ Service Provider.
43. **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.
44. **Maternity Expense:** shall include a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) b) expenses towards lawful medical termination of pregnancy during the policy period.
45. **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.
46. **Non-Network:** Any hospital, day care centre or other provider that is not part of the network.
47. **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.
48. **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.
49. **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.
50. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
51. **Policy Period** means the period between the commencement date and the expiry date.
  - i. the commencement date specified in the Policy Schedule, being the date upon which the Insured first boards the mode of transportation by which it is intended that he shall finally leave India for the Insured Journey or the actual date upon which the Insured boards as aforesaid so long as that is within 14 days of the commencement date as specified in the Policy Schedule, and
  - ii. The expiry date specified in the Policy Schedule (provided that this Policy shall automatically be extended for a period of 7 days if the completion of the Insured Journey is delayed solely because of a failure of public transportation or other services upon which the Insured was reliant) or the date upon which the Insured returns to India or the date on which the insured ceases to be a student in any of the educational institutions overseas, whichever is earlier.
  - iii. In the event of You returning to India for a vacation during the current policy coverage, the cover is temporarily suspended and resumes again upon going back overseas.
52. **Property Damage** means actual physical damage to tangible material property belonging to a third party.
53. **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.
54. **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.
55. **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.
56. **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.
57. **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 .

58. **Service Provider** /Third party Administrator 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.
59. **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**
60. **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.
61. **Sponsor** means any individual responsible for paying Your tuition fees for Your full time study in a registered educational institution outside of Your home country.
62. **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.
63. **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.
64. **Strike** means a stoppage of work
- announced, organized and sanctioned by a labor union and
  - which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike is work slowdowns, lockouts and sickouts.
65. **Theft** means the dishonest misappropriation by any person on Your property with the intention to permanently deprive You of that property.
66. **Trip** means and includes all journeys abroad undertaken in relation to the pursuit of higher education; from the port at the country of your Residence and return to any first port in the Country of your Residence during the policy period.
67. **Tuition Fees** means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses, (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/ or textbooks (whether required or not) are not covered.
68. **Unproven/Experimental treatment** is treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven
69. **Valuables means:**
- Electronic and electrical equipment including, but not limited to, photographic equipment, audio equipment, video and/or televisual equipment, computers and/or organizers;
  - Binoculars, spectacles, sunglasses, or the like
  - Watches or jewelry or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
  - Gold or silver or any precious metals or articles made from any precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument.
70. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
71. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
72. **You, Your, Yourself** means the Insured persons shown in the **Schedule**.

## II. SCOPE OF THE COVER

### Section A: Medical Care

We shall compensate the Reasonable charges up to the maximum limit of indemnity, subject to the Deductible mentioned in the Policy Schedule in respect of:

- Medical Expenses:** The Medical and related expenses incurred by You for Medically Necessary treatment outside India up to maximum stated in the Policy Schedule for the treatment of an injury or illness sustained by You while this policy is in effect and within the boundaries of the Trip. The expenses covered would include services of Medical Practitioner, hospital and medical services and local emergency medical services en-route.
- Emergency Medical Evacuation:** We shall pay the reasonable and customary charges for expenses incurred if Injury or Illness results in Your necessary emergency Medical 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 Medical Evacuation. Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation.

All Transportation arrangements for evacuation must be

- Recommended by the attending Medical Practitioner;
- Arranged and authorized in advanced by the Service Provider.

**Specific Definition:** Emergency Medical Evacuation-In event of You suffering an illness or Accidental Bodily Injury while overseas and

- Your medical condition warrants immediate transportation (and one other person or medical escort if medically required) from where You are Injured or sick, to a nearest Hospital where appropriate medical treatment can be obtained,
  - After being treated at a local Hospital the medical condition warrants transportation to a Hospital in India where the trip commenced to obtain further medical treatment or to recover, or
  - Both (a) and (b).
- Medical Expenses in India** - 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 after any Medical Evacuation to a hospital in India, 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).
  - 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 USD10000. These expenses should be pre-approved by the Service Provider prior to the transportation of remains to the Republic of India.
  - Emergency Dental Treatment:** We shall compensate the Reasonable and Customary charges up to the maximum limit of indemnity, subject to the Deductible mentioned in the Policy Schedule in respect of Emergency Dental Treatment. If You are first diagnosed with a dental illness while overseas during the Policy Period 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 Conditions

In addition to the General Exclusions and exclusions applicable to Section A listed in this Policy, We shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for:

- Treatment, which could reasonably be delayed until You return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Dentist and the Service Provider.
- Treatment of orthopedic, degenerative or oncological diseases.



iii. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).

**F. Special Extensions (Not Applicable to Basic Plan):** Notwithstanding the above, the Policy has the following extensions as specifically provided in the Policy Schedule. We shall compensate the Reasonable charges up to the maximum limit of indemnity, subject to the Deductible mentioned in the Policy Schedule in respect of:

1. **Maternity expenses:** Medical expenses related to Maternity are covered subject to the maximum limit of indemnity as mentioned in the Policy Schedule.

**Specific Conditions:**

- i. Maternity benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients.
  - ii. A waiting period of 10 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications).
  - iii. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any extension thereof.
  - iv. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
  - v. Pre-natal (maternity expenses prior to date of delivery) and post-natal (maternity expenses upto 90 days after date of delivery) are covered within the maternity limit; provided the condition necessitates treatment in the hospital and the hospital stay is for minimum 24 hours.
2. **Mental And Nervous Disorders:** Medical expenses related to treatment for mental or nervous disorders, excluding alcoholism and drug dependency are covered subject to the maximum limit of indemnity as mentioned in the Policy Schedule; provided the condition necessitates treatment in the hospital and the hospital stay is for minimum 24 hours.

**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:

- 1. Any routine physical or other examination where there is no objective indication or impairment of normal health and laboratory diagnostic or X- ray examination.
- 2. Medical treatment obtained within the Republic of India; unless specified otherwise elsewhere in the policy.
- 3. 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.
- 4. Medical treatment if that is the sole reason or one of the reasons for temporary stay abroad.
- 5. Any treatment which could in the opinion of the Service Provider and attending Doctor, be delayed until Your return to India.
- 6. Elective, cosmetic or plastic surgery, except as a result of an injury caused by a covered Accident while Our Policy is in force.
- 7. The diagnosis and treatment of acne, deviated nasal septum including sub-mucus resection /or other surgical correction thereof.
- 8. Eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof, unless Injury or Illness has caused impairment of vision or hearing, and purchase/hire of Bipap machine.
- 9. Rehabilitation and physiotherapy or the costs of external prosthesis/device.
- 10. Any claim resulting directly or indirectly from, any internal or external Congenital Conditions.
- 11. Pregnancy, resulting childbirth, miscarriage, complications arising out of any of the foregoing (except in case of ectopic pregnancy) under Basic plan.
- 12. Expenses related to diagnosis or treatment of impotency, infertility or other problems related to inability to conceive a child, birth

control including surgical procedures and devices and voluntary termination of pregnancy.

- 13. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium convalescence home or similar institution.
- 14. Immunizations (unless post-bite) and treatment towards Obesity.
- 15. 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.
- 16. Any treatment related to alcoholism or drug dependency.

**Section B: Personal Accident**

1. **Accidental Death and Permanent Total Disability:** We shall pay You, a percentage of the Limit of Indemnity mentioned in the Policy Schedule, if You sustain Accidental Bodily Injury during the course of Your trip overseas while this policy is in effect and results in one of the losses shown in the Table 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 duties and activities of a person of like age and sex.

**Exclusions applicable to Section B.1:** 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:

- i. Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- ii. Accident while under the influence of alcohol or drugs.
- iii. Arising or resulting from the insured person committing any breach of law with criminal intent.
- iv. 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.

- v. Participating in motor racing or trial run as a driver, co-driver or passenger.
  - vi. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
  - vii. 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.
  - viii. Nuclear energy, radiation.
  - ix. Any existing disablement prior to the inception of the policy.
  - x. Expenses incurred for emergency medical evacuation.
  - xi. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions.
  - xii. Losses arising from Accidents as a driver on motorized vehicles unless at the time of the Accident You are in possession of a current full international driving license and while riding a two wheeler You are wearing a safety crash helmet.
2. **Accidental Death (Common Carrier):** We shall pay You up to the Limit of Indemnity as mentioned in the Policy Schedule if You sustain Accidental Bodily Injury resulting in Your Accidental death, while You are riding as a passenger in or on, boarding or alighting on a common carrier, during the course of Your overseas Journey while this policy is in effect. The loss must occur within 12 months from the date of Accident, which caused the Injury.

In addition to General Exclusions listed in this Policy, the limitations and exclusions applicable are the same as for Section B. 1.

The benefit under Section B 2 would be payable in addition to the benefits payable under Section B 1.

### Section C: Personal Care

1. **Baggage Loss (Checked in baggage):** We shall pay You up to the Limit of Indemnity mentioned in the Policy Schedule in respect of the permanent total 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 certified by the scheduled airline. In event, more than one baggage checked in, is lost, the maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10% of the amount stated in the Policy Schedule.

**Exclusions applicable to Section C.1:** 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 coverage 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 scheduled airlines 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.
  - v. Partial destruction or missing of contents within the checked- in-baggage.
  - vi. Self carried baggage
2. **Baggage Delay (checked in baggage):** We shall pay You up to the Limit of Indemnity mentioned 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 scheduled airline 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. (Specifically excluding expenses incurred in India).

**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 item(s) of checked-in baggage during any one Policy period. Our payment will be reduced by any sum for which the Airline is liable to make payment.

3. **Compassionate Visit (Not Applicable to Basic Plan):** In event of You being Hospitalized for more than seven consecutive days for any illness or Accidental Bodily Injury covered under the policy, and Your medical condition forbids repatriation and no adult member of Your immediate family is present, and the attending Medical Practitioner in writing advises the necessary attendance of a family member, We shall reimburse the actual cost of economy class ticket 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 mentioned in the Policy Schedule.

Family member will mean and include either of the Parents, adult Siblings, Spouse or adult child only.

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

**Specific Condition:**

- i. You shall as far as possible seek for such special assistance from any one of Your relatives, either at the place of Hospitalization or any other nearest place.
- ii. 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.

**Exclusions applicable to C.3:** In addition to General Exclusions listed in this Policy, Exclusions applicable to Section A & B are applicable to this benefit.

### Section D: Travel Inconvenience

1. **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/ temporary passport overseas.

**Exclusions applicable to D.1:** 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 E: Legal Liability

1. **Personal Liability (Not Applicable to Basic Plan):** 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 Trip overseas.

**Specific conditions:**

- i. No Deductible shall be applicable in respect of the legal liability incurred to You in Your private capacity to pay Damages for third party Accidental Bodily Injury.
- ii. 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. In the event that legal action is taken against You within India, it is a condition precedent to Our liability hereunder that You shall:

- a) give immediate written notice to Us to the address specified in the Policy Schedule, and
  - b) 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.
- iii. 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 E.1:** 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:

- i. Your liability to any employee (whether under a contract of or for services).
- ii. Liability arising out of the rental or holding for rental of any part of any premises by You.
- iii. Liability arising out of the rendering of or failure to render professional services.
- iv. Liability arising out of maintenance, possession, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft that is owned or rented to or by You.
- v. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
- vi. 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.
- vii. Liability under any contract or agreement.
- viii. Property Damage to property owned by You.
- ix. Property Damage to property rented to, occupied or used by or in the care of You.
- x. 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.
- xi. Suits or legal actions from Your Immediate Family Member against You.
- xii. Liability arising out of the possession of animals, birds, reptiles, insects, etc, and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
- xiii. Any willful, malicious, criminal or unlawful act, error, or omission.

## Section F – Special Allowances

1. **Tuition Fee (Not Applicable to Basic Plan):** In the event of Your Hospitalization for more than one consecutive month from either a covered Injury or Sickness or in the case of Terminal Sickness or in the case of a medical repatriation or in case of the accidental death of an immediate family member, which prohibits You from continuing Your studies for the remaining part of a school semester for which Tuition has been paid, We shall reimburse You with the Tuition fees which has already been advanced to the educational institution less possible/ actual refunds, subject to maximum limit of Indemnity as mentioned in the Policy Schedule.

### Specific Conditions

- i. You shall make a request to the Institution, in writing, seeking a written response from the institute towards any amount due to You by way of refunds, copies of same to be provided to us.
- ii. Only the figures shown on the official invoice(s) from the educational institution and voucher(s) towards payment of the said Tuition fees in conjunction with the refund statement, if any, shall be used for calculating any payment by Us.

**Exclusions applicable to Section F.1:** General Exclusions and exclusions applicable to Section A listed in this Policy.

2. **Sponsor Protection(Not Applicable to Basic Plan):** If the sponsor named in the Policy Schedule, who pays the Tuition fees to the institution abroad on behalf of You for your education abroad, meets with an accident during the policy period, resulting in his accidental death or permanent total disability during the policy period, We shall reimburse You the Tuition fees incurred for the remaining period of your education within the policy period, subject to the maximum limit as mentioned in the Policy Schedule.

In addition to the General Exclusions listed in this Policy, this coverage is also subject to the exclusions under the Personal Accident section of the policy.

### Specific Conditions

- i. The benefit would be payable by Us upon submission of an official Death Certificate of the sponsor and a statement from a Medical Practitioner (not to be a relative or spouse of the Insured or the Sponsor) stating the cause of death, as proof of death of the Sponsor.
  - ii. Simultaneous claims under "Tuition Fee" and "Sponsor Protection" is not permitted for the same event.
  - iii. In the event of the claim, only the figures shown on the official invoice(s) from the educational institution and voucher(s) towards payment of the said Tuition fees, shall be used for calculating any payment by Us.
3. **Bail Bond(Not Applicable to Basic Plan):** If You are arrested or detained by the police/judicial authorities of the place which is specified in the proposal form whilst abroad during the Policy period and if the offence for which You are arrested or detained is bailable, then the amount up to the maximum specified against this benefit in the Policy Schedule, will be provided to the appropriate authority/court as the bail amount towards the arrest or detention, subject to the terms and conditions and the exclusions below. The deductible excess in respect of this benefit, if any, shall be of an amount as specified in the Policy Schedule.

### Specific Conditions

- i. We will pay or arrange to pay to the court directly on behalf of the Insured, the bail amount. This cover would be for bailable offences only.
- ii. You shall appear in the court on the date specified by the court for trial and judgment.
- iii. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act by You or otherwise by breach of the terms of such bail bond, You need to repay the amount of the bail bond to Us within 1 month after the bail bond is forfeited and failing which, You will be liable to repay the bail amount together with the interest rate of 18% p.a. accruing from the date of payment by Us to the court until receipt thereof from You, and the costs and expenses reasonably incurred by Us in such behalf.
- iv. In case of Your death, at the first instance, the Immediate Family Member, and in case where there is no immediate family member, the sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the court within 1 month (of such death) for the release of the bail amount. In case they fail to do so, You shall hereby agree that We would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured, and if applicable, the Sponsor.
- v. The amount will be refunded to Us by the court with which it was deposited as soon as the court releases the bail amount with which the deposit was made. In no case the amount will be paid out to You.
- vi. The judgment shall have no bearing on the refund of the deposit to Us. If the court imposes any penalty or fine on You at the time of interim order or final judgment, then in that case You will not be at

the liberty to get the fine deducted or adjusted from the bail amount which was deposited by Us.

**Exclusions Applicable to F.3:** In addition to the General Exclusions listed in this Policy, We shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of all non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst Your trip abroad.

**4. Felonious Assault (Not Applicable to Basic Plan):** We will pay a percentage of Limit of Indemnity as mentioned in the Policy Schedule if Injury to You results in one of the losses shown in the Table below due to a loss as a result of a Felonious Assault during Your Trip. The loss must occur within 365 days of the date of the accident which caused Injury. We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Limit of Indemnity less any other amount paid or payable under Personal Accident sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

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

**Table of Losses**

Event	Percentage of Limit of Indemnity
Death	100%
Permanent Total Disability	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%
One arm and 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 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%
Permanent Loss of sight of one eye	50%
Hearing of both ears	75%

**Exclusions Applicable to F.4:** In addition to the general exclusions and the exclusions applicable to the Personal Accident section listed in this policy, this coverage section shall not cover, a Felonious Assault which is:

- i. An act of an Immediate Family Member

**Section G – 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. Treatment abroad, if that be the sole reason or one of the reasons for Your temporary stay abroad.
3. Any claim relating to events occurring before the commencement of the trip covered hereunder and any time after the completion of the trip at first port of the Country of Your Residence mentioned hereunder.
4. 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.
5. In so far as it relates to all the benefits and if You are/ have:
  - i. travelling against the advice of a Medical Practitioner;

- ii. receiving, or are on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
- iii. received terminal prognosis for a medical condition;
- iv. taking part in a naval, military or air force operation;
6. The amount /time mentioned as Deductibles in the Policy Schedule.
7. Congenital anomalies or any complications or conditions arising there from.
8. Any loss resulting directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy.(applicable for Basic Plan)
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
10. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune Deficiency Virus (HIV) infection.
11. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed.
12. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
13. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft.
14. Air travel unless you are flying as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from a flight.
15. 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.
16. Illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition or of destruction of or damage to property by or under the order of any government or local authority.
17. 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.

**III. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS**

1. This policy applies to the insured traveling abroad on student visa only. The minimum age for the insured shall be 18 years, and the maximum age of the insured shall be 35 years.
2. Policy for Students can be issued up to a period of 730days i.e. two years subject to the actual study period.
3. The Policy start date shall be on or before the trip start date.
4. Extension of the policy during the duration of the trip can only be done once, provided the maximum trip duration inclusive of any extension shall not exceed 730 days in total.
5. Any extension would be subject to the following:
  - (a) No claim in the initial policy period
  - (b) Good Health declaration
  - (c) Student of less than 35 yrs of age
6. 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.

7. Our liability to make payment is only in excess of the Deductible.
8. Deductible will be charged for each separate claim, even though the claim may be registered under the same benefit more than once.
9. 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.
10. Professional and semi-professional sportsmen are not eligible to be insured under this policy.
11. You shall provide Us with details of the trip in advance.
12. Terrorism is covered if insured is a victim of act of terrorism and not involved in abetment of terrorism.

#### **IV. CLAIMS**

##### **A. Claim procedure**

1. You shall immediately contact the Help Line of the Service Provider as mentioned in the Policy Schedule.
2. You need to contact the Help Line number while overseas as soon as possible and inform Notification of Claim in case You are/ will be filing any claim, even if assistance is not required.
3. 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.
4. You must have Yourself examined by Our medical advisors if We ask for this, at insurers cost.

##### **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 hospitalization, transportation for emergency services incurred by You. 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 claims when made after return to India, will be done by the Service Provider in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. You shall immediately and in any event not later than 14days after Your 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. 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.
5. 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.
6. Claims to the insurance benefits may be neither pledged nor transferred by You.
7. 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.
8. In event of Your death, We or Our representatives shall have right to carry out a post mortem/autopsy, at Our expense.

##### **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 for reimbursement.
3. For Medical Expenses reimbursement please attach Doctor's Consultation notes, admission/ discharge card, 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.
4. 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.
5. For claim 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 physician'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.
6. For claim of expenses of Your Emergency Medical Evacuation, a medical statement from an attending physician 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.
7. 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 of checked-in baggage will need to be submitted.
8. 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.
9. 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.
10. 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 Physician and recommendation by him/ her accordingly. Original bills/ invoices and Copy of air tickets also need to be submitted.
11. For reimbursement of expenses towards Personal Liability please attach the Judgment of the Court, Copies of all correspondence, summons, notice of intent to take legal action, Police Report.
12. For reimbursement of expenses of 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 .
13. For reimbursement of Tuition Fees claim, on account of accidental death of Your Immediate Family Member, please attach the copy of medical reports, statements from treating doctor and an official death certificate with a physician's statement giving the cause of death. Medical statements from relations or spouse will not be accepted. If in case of Your hospitalization, medical reports, statement from physician indicating necessity for same needs to be submitted. Also attach copy of the receipt of the payment of

advance tuition fee, letter informing the school regarding the inability of the student to continue semester duly acknowledged by the school. Original bills/ invoices and Copy of air tickets, as applicable.

14. For reimbursement of Sponsor Protection claim please attach Copies of Medical reports, Treatment, Final diagnosis & Prognosis of the Sponsor, official death certificate of the Sponsor, and statement from the physician stating the cause of death. Medical statements from relations or spouse will not be accepted.
15. For reimbursement of Bail Bond Fees claim please attach Copies of all correspondence, summons, Police report made within 24 hrs, Notice of Intent to take legal action.

#### 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 for which the cost of the examination would be borne by Us.
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.

#### V. 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 Us, the 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. In cases where cover ceases during a vacation in India, there would be no credit provided to the insured for such period when insurer is not at risk by way of extension of policy or otherwise.
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 Policy 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. **Right to inspect:** If We require our agent/ representative including a loss assessor 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.
7. **Indemnity:** We may at its option, if applicable reinstate, replace or repair the property 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. 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.

8. **Subrogation(Applicable to Indemnity sections of the Policy only):**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.

9. **Contribution In case of Multiple policies (Applicable to Indemnity sections of the Policy only):** 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.

- i. In all such cases if you or your family members covered choose to claim under our Student 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 Student Suraksha policy.
- ii. If the amount claimed under our Student 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.
- iii. 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 hospitalization costs in accordance with the terms and conditions of our Student Suraksha policy.

#### 10. Misrepresentation/ Fraud

- (a) It is specifically and clearly understood by You that if you make any declaration which is false in the proposal form for insurance, and is material to assumption of risk, we will have absolutely no liability on any claim arising out of or from this Policy.
- (b) 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.

#### 11. Cancellation/ termination

- (a) 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. Under normal circumstances, policy will not be cancelled except on ground of fraud, moral hazard or misrepresentation.
- (b) Anytime before the commencement of the proposed journey You 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.
- (c) You may also cancel the policy within 7 days after the proposed date of commencement of journey or the expiry date whichever is earlier as mentioned in the Policy, provided no journey has been undertaken.
- (d) In (b) and (c) above You shall be entitled to a refund of the premium subject to our retention of minimum of Rs 250. We will verify the original passport and ensure that the journey was not undertaken before a refund of premium
- (e) 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

**12. Arbitration clause**

- (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 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.

**13. 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.

**14. Geographical Scope:** All covers in this policy including Personal Accident cover is restricted to the geographical scope of the plan selected.

**15. Grievances:** In case You are aggrieved in any way, then You may contact Us at the specified address, during normal business hours.



### FUTURE STUDENT SURAKSHA CLAIM FORM

Please contact our 24 hour Helpline (Europ Assistance Alarm Centre) 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.

. Policy Number -	2. Policy Plan Type -
3. Policy Start Date -	4. Policy End date -
<b>Please Indicate any insurance coverage (In India/overseas) -</b>	
<b>Policy</b>	
<b>Number/s :</b>	
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)**

<p><b>A. Medical Care</b></p> <p>Medical Expenses <input type="checkbox"/></p> <p>Repatriation of Remains <input type="checkbox"/></p> <p>Emergency Medical Evacuation <input type="checkbox"/></p> <p>Emergency Sickness Dental Relief <input type="checkbox"/></p> <p>Medical Treatment continued in India <input type="checkbox"/></p> <p>Maternity Benefit <input type="checkbox"/></p> <p>Mental &amp; Nervous Disorder <input type="checkbox"/></p>	<p><b>B. Personal Accident</b></p> <p>Accidental Death <input type="checkbox"/></p> <p>Permanent Total Disability <input type="checkbox"/></p> <p>Accidental Death (Common Carrier) <input type="checkbox"/></p>	<p><b>C. Personal Care</b></p> <p>Baggage Loss <input type="checkbox"/></p> <p>Delay of Checked In Baggage <input type="checkbox"/></p> <p>Compassionate Visit <input type="checkbox"/></p>
<p><b>D. Travel Inconvenience</b></p> <p>Loss of Passport <input type="checkbox"/></p>	<p><b>E. Special Care</b></p> <p>Tuition Fee <input type="checkbox"/></p> <p>Sponsor Protection <input type="checkbox"/></p> <p>Bail Bond <input type="checkbox"/></p> <p>Felonious Assault <input type="checkbox"/></p>	<p><b>F. Legal Liability</b></p> <p>Personal Liability. <input type="checkbox"/></p>

**MEDICAL EXPENSE COVERAGE, EMERGENCY DENTAL RELIEF, DAILY HOSPITALIZATION ALLOWANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, MATERNITY BENEFIT, MENTAL DISORDER, TUITION FEE (Illness of Insured)**

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: \_\_\_\_\_ Airport of Disembarkation \_\_\_\_\_

Date & Time of actual arrival: \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ am/pm

Date & Time of scheduled arrival \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ am/pm

Total Hours of Delay \_\_\_\_\_

Date & Time of Retrieval of Baggage \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ am/pm

Details of Incident i.e. how, when, where caused Travel inconvenience \_\_\_\_\_

Date on which baggage/ passport was lost: \_\_\_/\_\_\_/\_\_\_ Place where baggage/passport was lost \_\_\_\_\_

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

**PERSONAL ACCIDENT DEATH / DISABILITY of INSURED / SPONSOR**

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

Date of Accident: \_\_\_\_\_ Place of Accident: \_\_\_\_\_ Claimed Amount: \_\_\_\_\_

Details & Circumstances of Accident i.e. how, when, where \_\_\_\_\_

Was the injured person under the influence of alcohol/drugs/medicines at the time of accident: NO  YES  \_\_\_\_\_

Name of the Police Station informed about accident \_\_\_\_\_ Police Information (FIR) No \_\_\_\_\_

Name & Address of Hospital \_\_\_\_\_

Name & Address of Casualty Doctor \_\_\_\_\_

Name & address of Insured's Regular physician in India \_\_\_\_\_

Nominee Name, Address & Contact Details \_\_\_\_\_

**(Please attach Attending Physician's Statement as per standard format)**

**BAIL BOND INSURANCE**

Name of the Detaining Authority \_\_\_\_\_

Address & Contact no of Detaining Authority \_\_\_\_\_

Jurisdiction City \_\_\_\_\_ Legal Case No \_\_\_\_\_

Date of Loss \_\_\_\_\_ Law of country allows bail for this Offence \_ YES  NO

Details of circumstances /Offence resulting in Detaining of Insured \_\_\_\_\_

**LEGAL / PERSONAL LIABILITY INSURANCE**

Name of the Third Party to be compensated: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Amount of Loss: \_\_\_\_\_ Detail Circumstances of Loss i.e. how, when, where \_\_\_\_\_

Name of the Police Station: \_\_\_\_\_ Police Information No \_\_\_\_\_

Legal Case No \_\_\_\_\_ Jurisdiction City \_\_\_\_\_

**TUITION FEE / SPONSOR PROTECTION**

Student Hospitalization for more than one month  (Please fill details under Medical Expenses)

Accidental Death of immediate family Members

Date of Accident: \_\_\_\_\_ Place of Accident: \_\_\_\_\_ Claimed Amount: \_\_\_\_\_

Details & Circumstances of Accident i.e. how, when, where \_\_\_\_\_

Was the deceased person under the influence of alcohol/drugs/medicines at the time of accident: NO  / YES  \_\_\_\_\_

Name of the Police Station informed about accident \_\_\_\_\_ Police Information (FIR) No \_\_\_\_\_

Name & Address of Hospital \_\_\_\_\_

Name & Address of Casualty Doctor \_\_\_\_\_

Name & address of deceased's Regular physician in India \_\_\_\_\_

Nominee Name, Address & Contact Details \_\_\_\_\_

**(Please attach Attending Physician's Statement as per standard format)**

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

**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 <input type="checkbox"/>	Curre <input type="checkbox"/>
Cash / <input type="checkbox"/> lit	
Contact numbers in India: _____ ;	Alternate Email ID: _____
<b>( Please attach a scanned image of a blank , duly cancelled cheque - of your bank)</b>	

**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
Ireland	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](mailto:fgi@europ-assistance.in) / [fgh.travel@futuregenerali.in](mailto:fgh.travel@futuregenerali.in).

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 <b>Grievance Redressal Officer (GRO)</b> .			

### 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	<b>Customer Service Cell, Future Generali India Insurance Company Ltd.</b> 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.
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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 Ombudsman 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, <b>AHMEDABAD - 380 014</b> Tel: 079-27545441/27546139 Fax: 079-27546142 E-mail: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 E-mail: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>	Karnataka
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL - 462 023</b> Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR - 751 009</b> Tel: 0674-2596455/2596003 Fax: 0674-2596429 E-mail: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017</b> Tel: 0172-2706468/2705861 Fax: 0172-2708274 E-mail: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>	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, <b>CHENNAI - 600 018</b> Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, <b>NEW DELHI - 110 002</b> Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>	Delhi
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, <b>GUWAHATI - 781 001</b> Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>	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, <b>HYDERABAD - 500 004</b> Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a>	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a>	Rajasthan
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pullinat Building, Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM - 682 015</b> Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	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, <b>KOLKATA - 700 072</b> Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>	West Bengal, Sikkim and UT of Andaman & Nicobar Islands



<b>LUCKNOW</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, <b>LUCKNOW - 226 001</b> Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a>	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
<b>MUMBAI</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), <b>MUMBAI - 400 054</b> Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
<b>Noida</b>	Insurance Ombudsman Office of the Insurance Ombudsman	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
<b>Patna</b>	Insurance Ombudsman Office of the Insurance Ombudsman	Bihar and Jharkhand
<b>Pune</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 E-mail: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

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

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 \_\_\_\_\_  
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\_\_\_\_\_ Customer's Signature \_\_\_\_\_ 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](mailto:fgcare@futuregenerali.in) Website: [www.futuregenerali.in](http://www.futuregenerali.in)

Office Use Only: \_\_\_\_\_ Service / Case #

Comments: \_\_\_\_\_  
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