

HEALTH UNLIMITED
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY.

This document provides key information about the Policy. You are also advised to go through your policy documents.

Sl. No.	Title	Description	Policy Clause Number																								
1	Name of the Insurance Product /Policy	Health Unlimited	Not Applicable																								
2	Policy Number	XXXXXXXXXX	Not Applicable																								
3	Type of Insurance Product/Policy	Indemnity	Not Applicable																								
4	Sum Insured (Basis)	<div><div>• Individual Sum Insured –</div><table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td></td></tr><tr><td>Insured 2</td><td></td></tr><tr><td>Insured 3</td><td></td></tr><tr><td>Insured 4</td><td></td></tr><tr><td>Child 1</td><td></td></tr><tr><td>Child 2</td><td></td></tr><tr><td>(n number of children)</td><td></td></tr></table><div>• Floater Sum Insured</div><table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td rowspan="5"></td></tr><tr><td>Insured 2</td></tr><tr><td>Child 1</td></tr><tr><td>Child 2</td></tr><tr><td>Child 3</td></tr></table></div>	Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2		Insured 3		Insured 4		Child 1		Child 2		(n number of children)		Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2	Child 1	Child 2	Child 3	Not Applicable
Insured Name	Sum Insured (Rs.)																										
Insured 1																											
Insured 2																											
Insured 3																											
Insured 4																											
Child 1																											
Child 2																											
(n number of children)																											
Insured Name	Sum Insured (Rs.)																										
Insured 1																											
Insured 2																											
Child 1																											
Child 2																											
Child 3																											
5	Policy Coverage (What the policy covers?)	<div>Expenses in respect of:</div> <div><div>In-patient Hospitalization - Covers expenses of in-patient hospitalization for a minimum period of 24 consecutive hours.</div><div>Day Care Treatment- requiring less than 24 hours hospitalization</div><div>Pre-Hospitalization Medical Expenses- Medical expenses 60 days prior to Hospitalization.</div><div>Post Hospitalization Medical Expenses- Medical Expenses incurred immediately following the Insured Person's discharge from Hospital for the number of days specified in the Schedule of Benefits</div><div>Organ Donor Expenses- Medical Expense incurred for an organ donor's surgery for the harvesting of the organ donated.</div></div>	<div></div> <div>Section 2.1.1</div> <div>Section 2.1.2</div> <div>Section 2.1.3</div> <div>Section 2.1.4</div> <div>Section 2.1.5</div>																								

	Modern Treatments- Medical Expenses towards listed Modern Treatments	Section 2.1.6
	AYUSH Treatment- Medical Expenses towards Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homoeopathy treatment.	Section 2.1.7
	Maternity Expenses - (applicable for Sum Insured ₹ 15 lac and above), Medical expenses towards pregnancy (delivery/termination).	Section 2.1.8
	Accidental Hospitalization - Additional 25% of Sum Insured maximum up to ₹ 10,00,000, if the Insured Person is hospitalized solely and directly due to an Accident	Section 2.1.9
	Emergency Road Ambulance - Charges incurred for transportation of an Insured Person by a Road Ambulance.	Section 2.1.10
	Emergency Medical Evacuation- (Applicable for SI 25 Lakhs and above only) - Emergency Medical evacuation following an Accident/injury/illness through any mode of transportation available, during the Policy Year, from the place where the Accidental Injury/illness occurred.	Section 2.1.11
	Home Health Care Expenses- Medical Expenses incurred for Home Health Care Services, 25% of the Sum Insured.	Section 2.1.12
	OPD Treatment – Expenses incurred for Outpatient Consultations/ Diagnostics covered. 30% Co-Pay applicable. 30 days/ PED waiting periods applicable	Section 2.1.13
	Medical Second Opinion - If an Insured Person suffers an Illness or Injury during the Policy Year in respect of which a claim has been admitted under Section 2.1.1 (In-patient Hospitalization), then at the Insured Person's request We will arrange a maximum of two medical second opinions (in a Policy Year) from a Medical Practitioner selected by the Insured Person from Our panel.	Section 2.1.14
	Medical Treatment Abroad - (Applicable for SI 100 Lakhs and 200 Lakhs) – Expenses incurred due to medical treatment for hospitalization incurred outside India for listed treatment / surgical procedures mentioned in the Policy Wordings.	Section 2.1.15
	Wellness Benefits - Insured Person is eligible to avail below wellness benefits under the Policy – a) Value Added Services – Tele Counselling / Health Contents / Webinars / Discount Vouchers / Health Check-up b) Wellness Reward Points – Can be earned by participating into various wellness activities (Stress & Happiness Index score / Expert Wellness Assessment / participation in GCI organized events / Lifestyle disease monitor / Enrolment to Wellness / Fitness or Healthy Lifestyle tracking). The earned points can be burned for utilization of various benefits mentioned in the Policy Wordings.	Section 2.1.16
	Cumulative Bonus - The Sum Insured will be enhanced by 50% per claim free policy year; max accumulation of 100%; CB shall neither be reduced by 50 % in case of claims, subject to a minimum amount of zero.	Section 2.1.17
	Unlimited Restoration of Sum Insured - Under this benefit a Restore Sum Insured (equal to 100% of the Base Sum Insured excluding Cumulative Bonus-if any) will automatically be available for unlimited times during the Policy Year from 2 nd claim.	Section 2.1.18
	Bariatric Surgery - Medical Expenses incurred towards Surgical Procedure for obesity, up to the Sum Insured limits specified in the Policy Schedule.	Section 2.1.19
	Inflation Guard - Under this benefit, an additional Sum Insured of 6% shall be made available in the renewed Policy after completion of each policy	Section 2.1.20

		year, which can be accumulated up to a maximum of 100% of Base Sum Insured.	
		Premium Pay Back - If there's no OPD/ IPD Hospitalization claim in the preceding 4 consecutive Policy Years, then an amount equivalent to the 1st year base premium shall be utilized for discount of subsequent renewal premium in the 5th year. This benefit shall be applicable only once in every block of 4 Policy years.	Section 2.1.21
		Unlimited Cover - Once in the lifetime of the Policy & for any one claim, this benefit shall cover the claim for actual admissible amount.	Section 2.1.22
		Optional Cover	
		Consumables/ Non-Medical Expenses Cover- Cover for nonmedical and consumable expenses as indicated in Annexure -I (List- I).	Section 2.2.1
		Voluntary Deductible – On opting this optional cover, the Insured Person will be liable to bear the Deductible amount as specified in the Policy Schedule.	Section 2.2.2
		Waiver of Mandatory Co-payment – Option this optional benefit shall waive off the mandatory co-payment applicable to Insured aged 61 yrs and above, being covered for the first time in the Policy.	Section 2.2.3
		<i>Note: All the above covers are offered under this Product. However, the cover offerings shall be applicable as per the opted Sum Insured.</i>	
6	Exclusions (What the policy does not cover)	Standard Exclusions applicable to all benefits <ul style="list-style-type: none"> Investigation & Evaluation Rest Cure, rehabilitation and respite care. Obesity/ Weight Control Change-of-Gender treatments. Cosmetic or Plastic Surgery Hazardous or Adventure sports Breach of law Excluded Providers Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as nursing homes. Dietary supplements and substances that can be purchased without prescription. Refractive Error Unproven Treatments Sterility and Infertility 	Section 3.1
		Specific Exclusions <ul style="list-style-type: none"> Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. Vaccination/ inoculation (except as post bite treatment) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen 	Section 3.2

		<p>concentrator for asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.</p> <ul style="list-style-type: none"> • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Any complications arising out of the treatment • Treatment outside India. • Intentional self-Injury. • Standard list of excluded items as mentioned in Annexure II and on our Website: https://generalicentralinsurance.com • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. • Specific Exclusions for OPD Treatment claims <ul style="list-style-type: none"> a) Cost of an Annual Health Check-up. b) Any expenses for consultation and diagnostics, which are not duly supported with medical documents from the Medical Practitioner mentioning: <ol style="list-style-type: none"> 1. Diagnosis 2. Referral for diagnostic test 	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage 	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	Section 3.1.3
		<ul style="list-style-type: none"> • Specific waiting periods: (Not applicable for claims arising due to an accident) <ol style="list-style-type: none"> a) 36 months for Rheumatoid Arthritis, Gout, joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury. b) 24 months waiting period for Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Deviated Nasal Septum, Hypertrophied Turbinate, 	Section 3.1.2

		<p>All types of nasal and paranasal sinuses related disorders, Hydrocele ,Fistulae, hemorrhoids, fissure in ano, Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy, All internal or external tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers, Any types of gastric or duodenal ulcers, Stones in the urinary and biliary systems ,Surgery on ears and tonsils, LASIK Surgery.</p>													
		<ul style="list-style-type: none">Pre-existing diseases: covered after 36 Months	Section 3.1.1												
8	<p>Financial Limits of Coverage</p> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits:</p> <table><tr><td>Maternity Expenses</td><td>SI 7.5L,10L - NA SI 15L - Normal 40K, C-section-60K SI 25L - Normal 50K, C-section-80K SI 50L – 90 k SI 1Cr - 1.15L SI 2Cr - 1.35L</td></tr><tr><td>Accidental Hospitalization</td><td>Additional 25% of SI subject to a maximum of 10 Lac, for accidental hospitalization</td></tr><tr><td>Emergency Medical Evacuation</td><td>SI 7.5L,10L,15L - NA SI 25L,50L - 2.5L SI 1Cr,2Cr -5L,</td></tr><tr><td>Home Health Care</td><td>Up to 25% of Sum Insured, Max up to 10L</td></tr><tr><td>OPD Treatment</td><td>OPD Consultations and Diagnostics Expenses covered SI 7.5L,10L,15L - 5K with 30% co-payment SI 25L- 7.5K with 30% co-payment SI 50L,1Cr,2Cr - 10K with 30% co-payment</td></tr><tr><td>Bariatric Surgery</td><td>SI 7.5L -3.75L SI 10L-5L SI 15L, 25L-7.5L SI 50L and above – 10L</td></tr></table>	Maternity Expenses	SI 7.5L,10L - NA SI 15L - Normal 40K, C-section-60K SI 25L - Normal 50K, C-section-80K SI 50L – 90 k SI 1Cr - 1.15L SI 2Cr - 1.35L	Accidental Hospitalization	Additional 25% of SI subject to a maximum of 10 Lac, for accidental hospitalization	Emergency Medical Evacuation	SI 7.5L,10L,15L - NA SI 25L,50L - 2.5L SI 1Cr,2Cr -5L,	Home Health Care	Up to 25% of Sum Insured, Max up to 10L	OPD Treatment	OPD Consultations and Diagnostics Expenses covered SI 7.5L,10L,15L - 5K with 30% co-payment SI 25L- 7.5K with 30% co-payment SI 50L,1Cr,2Cr - 10K with 30% co-payment	Bariatric Surgery	SI 7.5L -3.75L SI 10L-5L SI 15L, 25L-7.5L SI 50L and above – 10L	Section 2.1
Maternity Expenses	SI 7.5L,10L - NA SI 15L - Normal 40K, C-section-60K SI 25L - Normal 50K, C-section-80K SI 50L – 90 k SI 1Cr - 1.15L SI 2Cr - 1.35L														
Accidental Hospitalization	Additional 25% of SI subject to a maximum of 10 Lac, for accidental hospitalization														
Emergency Medical Evacuation	SI 7.5L,10L,15L - NA SI 25L,50L - 2.5L SI 1Cr,2Cr -5L,														
Home Health Care	Up to 25% of Sum Insured, Max up to 10L														
OPD Treatment	OPD Consultations and Diagnostics Expenses covered SI 7.5L,10L,15L - 5K with 30% co-payment SI 25L- 7.5K with 30% co-payment SI 50L,1Cr,2Cr - 10K with 30% co-payment														
Bariatric Surgery	SI 7.5L -3.75L SI 10L-5L SI 15L, 25L-7.5L SI 50L and above – 10L														
	<p>ii. Co-payment – (It is a specified amount /percentage of the admissible</p>	<ul style="list-style-type: none">Any Insured Person aged 61 years and above, being covered for the first time in a Policy, shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum. This Co-payment will be continued in all the subsequent renewal policies.	Section 5.7												

	claim amount to be paid by policy holder/ Insured)	<p>The co-payment shall be applicable for claims under all Benefits other than Section 2.1.14 (OPD Expenses) and Section 2.1.17 (Wellness Benefits)</p> <ul style="list-style-type: none">30% Co-Pay applicable on all expenses incurred under OPD Treatment.Zonal Co-payment- If the treatment is in higher zone than the policyholder's selected zone (for which policy holder has paid the premium), co-payment will be applicable as below table. <table><tr><th>Zone Classification</th><th>Areas Covered</th></tr><tr><td>Zone 1</td><td>Pune, Mumbai, Bangalore, New Delhi, Chennai, Hyderabad, Gurgaon, Kolkata, Thane, Ahmedabad, Indore, Vadodara, Noida, Secunderabad, Panvel, Navi Mumbai, Surat, Gandhi Nagar.</td></tr><tr><td>Zone 2</td><td>Rest of India</td></tr></table> <ul style="list-style-type: none">If you select Zone 1, then no co-payment will apply for treatment in Zone 1 or Zone 2.If You select Zone 2, then 15% Co-payment will apply for treatment in Zone 1.	Zone Classification	Areas Covered	Zone 1	Pune, Mumbai, Bangalore, New Delhi, Chennai, Hyderabad, Gurgaon, Kolkata, Thane, Ahmedabad, Indore, Vadodara, Noida, Secunderabad, Panvel, Navi Mumbai, Surat, Gandhi Nagar.	Zone 2	Rest of India	Section 2.1.14
Zone Classification	Areas Covered								
Zone 1	Pune, Mumbai, Bangalore, New Delhi, Chennai, Hyderabad, Gurgaon, Kolkata, Thane, Ahmedabad, Indore, Vadodara, Noida, Secunderabad, Panvel, Navi Mumbai, Surat, Gandhi Nagar.								
Zone 2	Rest of India								
	iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	<p>Voluntary Deductible: For Sum Insured 7.5 Lakh and 10 Lakh – Rs. 10K /25K/50K For Sum Insured 15 Lakh and 25 Lakh – Rs. 50K/75K /1 Lakh For Sum Insured 50 Lakh, 100 Lakh and 200 Lakh- Rs. 1 Lakh/3 Lakh /5 Lakh</p>	Section 2.2.2						
	iv. Any other limit (as applicable)	<ul style="list-style-type: none">Not Applicable	Not Applicable						
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents)</p>	Section 5						

		<p>ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents)</p> <p>Please find below the details /web link for following:</p> <p>i. Network hospital details- https://generalicentralinsurance.com/hospital-locator</p> <p>ii. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalicentralinsurance.com/hospital-locator</p> <p>iv. Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads</p>	
10	Policy Servicing	<p>a) Call Centre number of Insurer: Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209 1016 Timing: 24*7</p> <p>b) Details of company officials Policy Servicing Office: <<As appearing on the Policy Schedule>></p>	Section 4.1.18
11	Grievance/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> - Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal - Insurance Company grievance portal / Department: <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GCIcare@generalicentral.com • Website: https://generalicentralinsurance.com - Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx 	Section 4.1.18
12	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of Policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to <ul style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or b) Where the risk has already commenced and the option of return of the 	Section 4.13

		<p>policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or</p> <p>c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p>									
		<ul style="list-style-type: none">• Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section 4.2.6								
		<ul style="list-style-type: none">• Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Generali Central Insurance Company Ltd. <p>Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: GCicare@generalicentral.com</p> <p>For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration</p>	Section 4.2.3 & Section 4.2.4								
		<ul style="list-style-type: none">• Change of Sum Insured - Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	Section 4.2.1								
		<ul style="list-style-type: none">• Moratorium Period - After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	Section 4.1.16								
13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a Policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period.</p> <table><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition / Deformity</td></tr><tr><td>Insured 1</td><td></td></tr><tr><td>Insured 2</td><td></td></tr><tr><td>Insured 3</td><td></td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition / Deformity	Insured 1		Insured 2		Insured 3		
Name of the Insured Person/s	Pre-Existing Condition / Deformity										
Insured 1											
Insured 2											
Insured 3											

14 Premium Illustration

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all members of family (in ₹)	Floater discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)
50 years	22,388	10,00,000	22,388	2239	20,149	10,00,000	22,388	8955	13,433	10,00,000
17 years	11,631	10,00,000	11,631	1163	10,468	10,00,000	11,631	6979	4,652	
20 years	11,631	10,00,000	11,631	1163	10,468	10,00,000	11,631	6397	5,234	
27 years	13,006	10,00,000	13,006	1301	11,705	10,00,000	13,006	6503	6,503	
32 years	13,895	10,00,000	13,895	1390	12,506	10,00,000	13,895	6253	7,642	
65 years	55,430	10,00,000	55,430	5543	49,887	10,00,000	55,430	19401	36,030	
70 years	73,434	10,00,000	73,434	7343	66,091	10,00,000	73,434	0	73,434	
Total Premium for all members of the family is ₹2,01,415/-, when each member is covered separately.			Total Premium for all members of the family is ₹1,81,274/-, when they are covered under a single Policy.				Total Premium when policy is opted on floater basis is ₹1,46,928/-			
Sum insured available for each individual is ₹1000000			Sum insured available for each family member is ₹1000000				Sum insured of ₹1000000 is available for the entire family.			

Note:

- This is just an illustration of premium calculation.
- Premiums may vary with respect to Sum Insured opted by the insured.
- Premium rates specified in the above illustration are the standard premium rates for without considering any loading and/or discounts like – Online (Website) Sales discount etc.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policy Holder)

Note

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of GCI, is at <https://generalicentralinsurance.com/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.**



Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gcicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800
ISO No.: GCH/HP/HUL/CIS/001