

Accident Suraksha

Customer Information sheet/Know Your Policy

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

SI No	Title	Description	Policy Clause Number																																		
1	Name of the Insurance Product /Policy	Accident Suraksha	Not Applicable																																		
2	Policy Number	XXXXXXXXXX	Not Applicable																																		
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable																																		
4	Sum Insured (Basis)	<div>• Individual Sum Insured –<table><tr><th rowspan="2">Insured Name</th><th colspan="4">Sum Insured (Rs.)</th></tr><tr><th>Accidental Death</th><th>Permanent Total Disablement</th><th>Permanent Partial Disablement</th><th>Temporary Total Disablement</th></tr><tr><td>Insured1</td><td></td><td></td><td></td><td></td></tr><tr><td>Insured2</td><td></td><td></td><td></td><td></td></tr><tr><td>Insured3</td><td></td><td></td><td></td><td></td></tr><tr><td>Insured4</td><td></td><td></td><td></td><td></td></tr><tr><td>Insured5</td><td></td><td></td><td></td><td></td></tr></table></div>	Insured Name	Sum Insured (Rs.)				Accidental Death	Permanent Total Disablement	Permanent Partial Disablement	Temporary Total Disablement	Insured1					Insured2					Insured3					Insured4					Insured5					Not Applicable
Insured Name	Sum Insured (Rs.)																																				
	Accidental Death	Permanent Total Disablement	Permanent Partial Disablement	Temporary Total Disablement																																	
Insured1																																					
Insured2																																					
Insured3																																					
Insured4																																					
Insured5																																					
5	Policy Coverage (What the policy covers?)	<div>Expenses in respect of: Primary Covers:<ul style="list-style-type: none">• Accidental Death• Permanent Total Disablement• Permanent Partial Disablement• Temporary Total Disablement Inbuilt covers: • Repatriation of remains and Funeral Benefit Additional covers:<ul style="list-style-type: none">• Child Education Support• Life Support Benefit• Accidental Medical Expenses</div>	Section C																																		

		<ul style="list-style-type: none"> • Accidental Hospitalisation • Hospital Cash Allowance • Loan Protector • Adaptation Allowance • Family Transportation Allowance • Broken Bones • Road Ambulance Cover • Air Ambulance Cover • Adventure Sports Benefit • Chauffeur Plan Benefit 	
6	Exclusions (What the policy does not cover)	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Unproven Treatments <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol). • Mental or nervous disorder, anxiety, stress or depression. • Accident while under the influence of alcohol or drugs. • Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion. • Whilst engaging in aviation or whilst mounting in to, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. • Curative treatments or interventions that the Insured Person carries out or have carried out on his body. • Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these. • 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. • Nuclear energy, radiation. • Any existing disablement prior to the inception of the Policy. 	<p>Section D-1</p> <p>Section D-2</p>

		<ul style="list-style-type: none"> Any Medical Expenses, services, supplies or treatment or Hospital stay which were not recommended or approved as Medically Necessary Treatment by a Medical Practitioner. Expenses incurred for emergency medical evacuation, unless specifically insured. Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident. Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism Standard list of excluded items as mentioned in our website https://generalicentralinsurance.com. Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website website https://generalicentralinsurance.com/hospital-locator 	
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"> Not applicable 	
8	Financial Limits of Coverage	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.	

	i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	Repatriation of remains and Funeral Benefit	1% of the Principal Sum Insured subject to maximum of Rs 12500/-.	Section C.ii	
		Accidental Medical Expenses	40% of the valid personal Accident claim amount or 20% of the relevant Sum Insured, whichever is less subject to maximum of Rupees Ten lakhs only.	Section C.iii.c	
		Accidental Hospitalisation	subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less		
		Adaptation Allowance	10% of the Permanent Total Disablement Sum Insured or as mentioned in the policy schedule, whichever is less, subject to a maximum of Rs. 50,000	Section C.iii.d	
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	Adventure Sports Benefit	50% of Sum Insured under Accidental Death benefit to a maximum of ₹ 50,00,000/-	Section C.iii.g	
	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)	Co-payment - Not Applicable			Section C.iii.i
		Voluntary Deductible -Not Applicable			
iv. Any other limit (as applicable)					

9	Claims/ Claims Procedure	<p>The Insured Person should intimate Us in writing immediately or in any event within 15 days. In case of the Insured Person's death, someone claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report, FIR or any other document that We ask for within 15 days. For claim under Accidental Hospitalisation, the Insured Person must give Notification of Claim in writing immediately, and in any event within 48 hours of the Injury.</p> <p>The Insured Person must promptly and in any event within 30 days of discharge from a Hospital should send Us the claim documentation.</p> <p>Provide the details /web link for following:</p> <ol style="list-style-type: none"> Helpline Number - 1800 209 1016 / 1800-103-8889 Hospitals which are blacklisted or from where no claims will be accepted by Insurer. https://generalicentralinsurance.com/hospital-locator Downloading/getting claim form https://generalicentralinsurance.com/customerservice/downloads 	Section E.ii.11
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>	Not Applicable
11	Grievances /Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal</p> <p>-Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: GCicare@generalicentral.com Website: https://generalicentralinsurance.com <p>-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</p>	Grievance Redressal Procedure
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. <p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and</p>	Section E.I.3

		<p>migrated policies.</p> <p>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 or by submitting a request at any of our branch offices.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> 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 Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <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. • 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 Limited 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>For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration</p> <ul style="list-style-type: none"> • Change in 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. • Moratorium Period: 	<p>Section E. ii.12</p> <p>Section E.i.4</p> <p>Section E.13.i</p> <p>NA</p>
--	--	--	--

13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <table border="1"> <thead> <tr> <th>Name of the Insured Person/s</th> <th>Pre-Existing Condition/ Deformity</th> </tr> </thead> <tbody> <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> </tbody> </table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Insured 1		Insured 2		Insured 3		Insured 4		Section E.i.1
Name of the Insured Person/s	Pre-Existing Condition/ Deformity												
Insured 1													
Insured 2													
Insured 3													
Insured 4													

Declaration by the Policy Holder:

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

Place _____

Date _____ (Signature of the Policyholder)

Note

- 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>
- In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- Your confirmation, being the policyholder, regarding receiving 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/PAL/CIS/00