PRADHAN MANTRI SURAKSHA BIMA YOJANA
POLICY WORDINGS

UIN: IRDAI/HLT/GCI/GOVT. SCHEME-PMSBY/15/2015-16
ISO: GCH/HP/PBY/PWG/001

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

Pradhan Mantri Suraksha Bima Yojana

PREAMBLE

Accident	Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Condition Precedent	Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Illness	Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Injury/Accidental Bodily Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
Medical Advice	Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
Medical expenses	Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Medical Practitioner	Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.
Pre-Existing Disease	Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement. b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
Renewal	Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
Surgery	Surgery or Surgical Procedure means manual and/ or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
Unproven/ Experimental treatment	Unproven/ Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India.
I. Specific Definitions	
Accidental Death	Death due to accident.
Capital Sum Insured	The amount stated in the Schedule, which is the maximum amount, we will pay for claims made by You in one policy period irrespective of the number of claims You make or the number of years that You have had Personal Accident policy with Us.
Insured	The Master policy holder / Bank in whose name the policy has been issued.
Insured Person	Insured means the person(s) named as insured in the Schedule who are covered

	under this Policy, for whom the Insurance is proposed and the appropriate premium has been received
Policy	The complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
Policy Holder	Organization or person (s) stated in the Schedule
Policy Period	The period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule
Proposal	The application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us in considering whether and on what terms to offer this insurance
Schedule	That portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.

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

The Insured Person(s) is eligible to be covered under this policy from 18 years upto the age of 70 years with lifelong renewability subject to continuous renewal of the group policy.

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

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

B. SCOPE OF COVER

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

a. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the death of an insured person(s) the Capital Sum insured stated in (d) Table of Benefits.
b. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot, the Capital Sum Insured stated in (d) Table of Benefits.
c. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of a hand or foot, fifty percent (50%) of the Capital Sum insured stated in (d) Table of Benefits.
d. Benefit Table :

	Table of Benefits	Capital Sum Insured
a.	Death	Rs. 2 lakhs
b.	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot	Rs. 2 lakhs
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs. 1 lakh

C. DEFINITIONS

II. Standard Definitions

Please Note:
a) Insect and mosquito bites is not included in the scope of definition of **Accident**.

D. EXCLUSIONS

A. Standard exclusions:

a) **Hazardous or Adventure sports: Code- Excl09**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

b) **Breach of law: Code- Excl10**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

c) **Unproven Treatments: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

B. Specific Exclusions

The policy does not cover death, injury or disablement resulting from:
d) Service on duty with any Armed Force.
e) Medical expenses or Surgery expenses
f) Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
g) Accident while under the influence of alcohol or drugs.
h) Participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
i) 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.
j) Participating in motor racing or trial run as a driver, co-driver or passenger.
k) Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
l) 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.
m) Nuclear energy, radiation.
n) Any pre-existing disablement prior to the inception of the policy.

E. GENERAL TERMS AND CLAUSES

I. Standard terms and Clauses

1. **Disclosure to information norm**:
The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. **Condition Precedent to Admission of Liability**
The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. **Complete Discharge**
Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid

discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through
Website: https https://generalicentralinsurance.com
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: GCIcare@generalicentral.com
Courier: Grievance Redressal Cell, Generali Central Insurance Company Limited.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GCIGRO@generalicentral.com
or call at: 7900197777

For updated details of grievance officer, kindly refer the link generalicentralinsurance.com/customer-service/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/igms.irda.gov.in/

II. Specific Terms and Clauses

7. Claims procedure

i. If the Insured Person(s) meets with an accidental bodily injury that may result in a claim, then

a) Insured Person(s) must immediately consult a Medical Practitioner and follow the medical advice and treatment that he recommends

b) Insured Person(s) must take reasonable steps to lessen the consequences of his bodily injury.

c) Insured Person(s) or someone claiming on his / her behalf must promptly give us the documentation including claim form with necessary Medical Certificate and other information we ask for to investigate the claim or Our obligation to make payment for it.

d) Insured Person(s) must have himself / herself examined by our medical advisors if we ask for and such examination cost would be borne by us.

e) In case of hardships faced by the insured person(s) or person claiming on behalf of the insured person(s) the conditions as specified under (4) below will be waived for which the insured person(s) or anyone claiming on behalf has to justify delay with documentation.

ii. Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured person(s) or the nominee (in case of death of the insured person(s)) shall contact the bank branch where the insured person(s) held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed claim form.

iii. The claim form may be obtained from the bank branch or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents or designated websites. The company shall ensure wide availability of forms at all such locations.

iv. The Claim form shall be completed by the insured person(s) or, as the case may be, by the nominee and submitted to the bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.

v. The Claim form shall be supported, in case of death of the insured person(s), by the Original FIR/ Panchnama, Post Mortem Report and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the format specified under the scheme shall also be submitted by the claimant / nominee.

vi. The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium / remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to the insurance company within 30 days of the submission of the claim.

vii. The Company will verify and confirm that premium has been remitted for the insured person(s) and the insured person(s) is included in the list of insured persons in the master policy.

viii. Claim shall be processed by the Company within 30 days of its receipt from the Bank.

ix. The admissible Claim amount will be remitted to the Bank Account of the insured person(s) or the nominee in case of a death claim. The discharge given in the Discharge form for the claim amount payable under the policy by the accountholder of the bank or the nominee would be considered as full and final under the policy.

x. In case of death of an insured person(s) who has not named his/ her nominee the admissible claim amount shall be paid to the legal heirs of the insured person(s) on production of Succession Certificate/ Legal Heir certificate from the Competent Court/ authority.

xi. Maximum time limit for Bank to forward duly completed claim form to the Company is thirty days and maximum time limit for Insurance Company to approve claim and disburse money thereafter is thirty days on receipt of completed claim documents.

xii. Any communication should be sent to us in writing to Our address shown in the Schedule of the policy.

8. **Settlement of Claim**

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
vi. We will send any communication meant to Insured Person(s) to his / her address shown in the Schedule.
vii. Pending claims will be asked for submission of incomplete documents.
viii. Rejected claims will be informed to the Insured Person(s) in writing with reason for rejection.
ix. We will make all claim payments in Indian rupees within India only.
x. The Insured / Insured Person(s) / Nominee should not make any claim knowing it to be false or fraudulent in any way.
xi. The Insured / Insured Person(s) / Nominee should also not conceal, misrepresent intentionally or otherwise any fact or circumstance that we consider as material to acceptance of this insurance.
xii. If the Insured / Insured Person(s) / Nominee do so then the policy shall be void and all claims or payments due under it shall be lost.

9. **Renewal**

i. The renewal of this Policy will be by mutual consent and as per the rates, terms and conditions of the Pradhan Mantri Suraksha Bima Yojana prevalent at the time of renewal. The renewal premium shall be paid to us on or before the date of expiry of the Policy or of the subsequent renewal thereof. The policy may be renewed on annual basis.
ii. The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed
iii. It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the

group for any reason whatsoever.

iv. Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

v. The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis

10. **Termination of Cover**

The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

i. On attaining age 70 years.

ii. Closure of account with the Bank or insufficiency of balance to keep the insurance in force.

iii. In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited.

iv. If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions agreed between the Bank and the Insurance Company. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.

v. Participating banks will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

11. **Cancellation**

i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

ii. The Company shall refund a pro-rata premium for the unexpired Policy Period after deducting full premium for members who have claimed under the policy.

iii. If the Insured wishes to cancel this policy Insured should give us 15 days notice in writing. We shall refund the Insured balance premium after retaining premium as per the short term scale for the unexpired Policy Period as well as full premium for the members who have claimed under the policy as shown below:

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

12. **Review of Premium**

As per the Pradhan Mantri Suraksha Bima Yojana of the Government of India, the premium would be reviewed based on annual claims experience.

13. **Dispute Resolution**

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

14. **Territorial Limits and Law**

i. We cover Accidental Bodily injury sustained by the Insured Person(s) during the Policy Period anywhere in the World, but We will make payment within India and in Indian Rupees. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

ii. The Policy constitutes the complete contract of insurance between Us and Insured Person(s). No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

CLAIM FORM

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying Bank Account, preferably within 30 days of the accident resulting in claim.

01	Name of the Account holder (Insured person)	
02	Full address of the Insured:	
03	Name and address of the Bank Branch:	
04	Savings Bank Account Number:	
05	Contact details of insured (if available): Mobile No: Phone number: email address: Aadhar no. if available:	
06	Details of Nominee (in case of death of insured): Name: Mobile / Phone number: Email address: Bank Account Particulars (for electronic transfer): Aadhar no. if available:	
07	Details of Accident. a) Day, Date, and Time of occurrence: b) Where did it occur: c) Nature of Accident: d) Cause of Death/Details of Injury:	
08	Name address and contact details of Hospital/ attending Doctors:	
09	State where and when a Medical or other Officer of the Company can visit the Insured.	
10	Documents to be Submitted in support of the Claim: a) In case of Death: Original FIR/ Panchnama, PostMortem Report and Death Certificate. b) In case of Permanent Disablement: Original FIR/ Panchnama and Disability Certificate from CivilSurgeon. c) Discharge voucher	

Declaration: I hereby declare and warrant that the foregoing particulars are true and complete in every respect and I agree that if any of the details given above are proved to be false or untrue, or there is any suppression or concealment, my right of compensation shall be forfeited. I also declare that I have not claimed the amount due under PMSBY cover on account of the above accident through any other cover under PMSBY

Dated: **Signature of the Claimant/Nominee.**

For Office Use:

Policy Number:		Claim Number:	

Certified that the information relating to the Bank Account and Nominee has been verified. Premium was debited to the Bank Account on ..... and remitted to the insurer on:.....

Signature of Authorised Official of the Bank

PRADHAN MANTRI SURAKSHA BIMA YOJANA
DISCHARGE VOUCHER

Claim No. :*(to be filled by Bank)* Policy No.:

Name of Bank / branch: Name of Insured:

Bank Account No. of Insured: Date:

In Consideration of approval of my claim referred above, I/We hereby accept from *(name of the Insurance Company)* the sum of Rs. *(approved net Claim amount)* **in full and final settlement** of my/our claim arising out of . . . . . .which occurred on *(date of loss)* covered under Policy No. . . . . valid for the period from.....to.....

I/We hereby voluntarily give discharge receipt to the Company in full and final settlement of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

One Rupee Rev. Stamp

Signature of the Nominee /Insured.

Full Name:
Address:
Account No of Nominee:

Witness
Full Name
Address

Counter Signature of Authorized Official of the Bank

Bank Name & Branch:
Address:

Authorization for Transfer of Claim Amount by National Electronic Fund Transfer

Name as per Bank Account											
Bank Name											
Branch Name & Address											
Branch Phone No.											
Branch MICR Code											
Branch IFSC Code for NEFT											
(Please attach a Photocopy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name, account number & name of account holder printed)											
Account Type (Please Tick)	□ Savings			□ Current			□ Cash / Credit				
Account No. (As appearing in Cheque Book)											
HR Authorization & Stamp					Bank Authorization & Stamp						

Date from which the mandate should be effective: _____

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. Generali Central Insurance Company Limited.I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Employee / Proposer: _____Signature of Employee / Proposer_____

Policy No.: _____Claimant Name: _____Date: _____

FEEDBACK AND SUGGESTIONS

We thank you for choosing Generali Central Insurance Company Limited.as your Insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.

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GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,
At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.
We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us

Helpline	Website	Email	Branch GRO	Complaint Form
Call us on **1800 220 233/ 1860 500 3333/022-67837800** Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu.	**Click here to know more**	**Write to us at** **GCIcare@generalicentral.com** Senior citizens can avail priority support by writing to care.assure@generalicentral.com	**Click here** to know your nearest branch.	**Click here** to raise complaint.

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.
-

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCIGRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:
  GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)

  Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

GRIEVANCE REDRESSAL PROCEDURE

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel **(care.assure@generalicentral.com)** as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a **(https://www.cioins.co.in/About**) of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen (CIO): **https://www.cioins.co.in/**