

SHUBH YATRA

Customer Information Sheet/Know Your Policy
This document provides key information about the policy. You are also advised to go through your policy documents.

| SI No | Title | Description | Policy Clause Number | | | | | | | |
|----------|---------------------------------------|---|----------------------------|------------|------------------|---|----------------|--|--|--|
| 1 | Name of the Insurance Product /Policy | Shubh Yatra | Not Applicable | | | | | | | |
| 2 | Policy Number | XXXXXXX | | | | | Not Applicable | | | |
| 3 | Type of Insurance Product/Policy | Both Indemnity and be | Both Indemnity and benefit | | | | | | | |
| 4 | Sum Insured | • Plan Opted - << | | >> | | | Not Applicable | | | |
| | (Basis) | • Individual Sum Inst | ured – | | | | | | | |
| | | Insured Name | | Sum Insi | ured (Re | s.) | | | | |
| | | Insured 1 | | | | | | | | |
| | | Insured 2 | | | | | | | | |
| | | Insured 3 | | | | | | | | |
| | | Insured 4 | | | | | | | | |
| | | Insured 5 | | | | | | | | |
| | | Insured 6 | | | | | | | | |
| | | Insured 7 | Insured 7 | | | | | | | |
| | | | | | | | | | | |
| 5 | Policy Coverage (What the policy | Expenses in respect | Section B | | | | | | | |
| | covers?) | Covers | Daily Commute Plan | | siness n | Vacations Plan | | | | |
| | | Accidental Death | Available | Ava | ilable | Available | | | | |
| | | Permanent Total Disability | Available | Ava | ilable | Available | | | | |
| | | Permanent Partial Disability | Available | | | Available | | | | |
| | | Accidental Hospitalization | Available | | | Available | | | | |
| | | Home Insurance a) Fire and Allied Peril b) Burglary | Available | Ava | ilable | Available | | | | |
| | | Bag Insurance | Available | Not Ava | ilable er the | Available/ Not Available as per the plan | | | | |

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| Trip Canc | ellation | Not Available | Available | Available |
|----------------------------------|---|---------------|--|---|
| Trip Curta | ilment | Not Available | Available | Available |
| Trip Delay | / | Not Available | Available | Available |
| Missed co | nnections | Not Available | Available | Available |
| Loss of C baggage | hecked in | Not Available | Available | Available |
| Bounced Flight | Hotel and | Not Available | Available | Available |
| Emergend Extension | | Not Available | Available | Available |
| Medical E and Repa Remains | | Not Available | Available | Available |
| Adventure | Sports | Not Covered | Not Covered | Covered |
| Assistanc e Services | Private Car Break Down | Available | Available/ Not Available as per the plan | Available/ Not Available as per the plan |
| | Taxi Breakd own | Not Available | Available/ Not Available as per the plan | Available/ Not Available as per the plan |
| | Ambula nce Assista nce | Not Available | Available/ Not Available as per the plan | Available/ Not Available as per the plan |
| | Concier ge service s | Not Available | Available/ Not Available as per the plan | Available/ Not Available as per the plan |
| | Medical Evacuat ion and Repatri ation of Remain s | Not Available | Available/ Not Available as per the plan | Available/ Not Available as per the plan |





| | | of the Policy Period or after the completion of the Policy Period. Any claim relating to events occurring beyond the maximum duration of trip as specified in the schedule, except in case where extensions of trip is allowed by Us. Non-allopathic medicine. Cosmetic surgery and plastic surgery. In so far as it relates to, the Insured: a) travelling against the advice of a Medical Practitioner. b) taking part in a naval, military or air force operation. Medical Expenses relating to any hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations. Standard list of excluded items as mentioned in our website https://generalicentralinsurance.com/non-medical-expenses Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website https://generalicentralinsurance.com/hospital-locator However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim. | |
|---|--|--|----------------|
| 7 | Waiting period | Not Applicable | Not Applicable |
| | Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage | | |
| 8 | Financial Limits | The Policy will pay only up to the Sub limits specified hereunder for | |
| | of Coverage | 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 | Please refer Point no.14 (Benefit Chart) | |
| | is a predefined limit, and the | | |
| | ווווווו, מווע נווכ | | |



| | ii. Co-payment – (It is a specified amount | Not Applicable | Not Applicable |
|---|---|--|----------------|
| | /percentage of the admissible claim amount to be paid by policy holder/ Insured) | | |
| | iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and | Deductible of 6 hours will be applicable for Trip Delay cover. Deductible of 2 days will be applicable for Emergency Hotel Extension cover | Section F |
| | which will be deducted from total claim amount (if claim amount is more than the specified amount) | | |
| | Any other limit (as applicable) | Not Applicable | Not Applicable |
| 9 | Claims/ Claims Procedure | Reimbursement of covered expenses up to specified limits. Fixed amount on the occurrence of covered events. Provide the details /web link for following: i. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889 | Section E |



| 10 | Policy Servicing | 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 b) Details of company officials Policy Servicing Office: <<as appearing="" on="" policy="" schedule="" the="">></as> | |
|----|---------------------------|--|--------------------------------------|
| 11 | Grievances /Complaints | Details of -Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal -Insurance Company grievance portal / Department: • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GClcare@generalicentral.com • Website: https://generalicentralinsurance.com -Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx | Grievances Redressal Procedure |
| 12 | Things to remember | Free Look Cancellation: Not Applicable Policy Renewal: Not Applicable Migration & Portability: Not Applicable Change in Sum Insured - Not Applicable Moratorium Period - Not Applicable | Not Applicable |



| Your Obligations | 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. |
| | Name of the Insured Pre-Existing Condition/ Deformity Person/s |
| | Insured 1 |
| | Insured 2 |
| | Insured 3 |
| | Insured 4 |
| | Insured 5 |
| | |
| | |
| | |
| | Your Obligations |

14 Benefit Chart –

| | Daily | Daily Commuters Plan | | Business Plan | | Vacations Plan | |
|-------------------------------|-------------|----------------------|------------------|---|-----------|---|-----------|
| | Option 1 | Option 2 | Option 3 | Option 1 | Option 2 | Option 1 | Option 2 |
| Policy Period | Annual b | | | a) Annual Multi Trip – Each trip not more than 30 days b) Single Trip (multiple trips are not covered)– 1-7 days, 8-15 days | | a) Annual Multi Trip – Each trip of not more than 30 days b) Single Trip (multiple trips are not covered) – 1-7 days, 8-15 days, 16-30 days | |
| Accidental Death | ₹ 500000 | ₹ 1000000 | ₹ 200000 0 | ₹ 1000000 | ₹ 2500000 | ₹ 1000000 | ₹ 2000000 |
| Permanent Total Disability | ₹ 500000 | ₹ 1000000 | ₹ 200000 0 | ₹ 1000000 | ₹ 2500000 | ₹ 1000000 | ₹ 2000000 |

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| Permane Partial D | | ₹ 500000 | ₹ 1000000 | ₹ 200000 0 | ₹ 1000000 | ₹ 2500000 | ₹ 1000000 | ₹ 2000000 |
|-------------------------------|-------------------------|----------------------|----------------------|----------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| Accident Hospitali | | ₹ 50000 | ₹ 75000 | ₹ 100000 | ₹ 100000 | ₹ 200000 | ₹ 100000 | ₹ 200000 |
| Home In a) Fire a Allied Pe | nd eril | ₹ 200000 | ₹ 350000 | ₹ 500000 | ₹ 200000 | ₹ 400000 | ₹ 200000 | ₹ 400000 |
| Bag Insuranc | Lapto p | ₹ 25000 | ₹ 40000 | ₹ 60000 | Not Available | Not Available | Not Available | Not Available |
| е | Mobile Phone | ₹ 15000 | ₹ 25000 | ₹ 50000 | Not Available | Not Available | Not Available | Not Available |
| | ID Proof | ₹ 800 | ₹ 1200 | ₹ 2000 | Not Available | Not Available | Not Available | Not Available |
| | Sungl asses | ₹ 1000 | ₹ 1500 | ₹ 2500 | Not Available | Not Available | Not Available | Not Available |
| | Credit Card Cover | ₹ 15000 | ₹ 25000 | ₹ 50000 | Not Available | Not Available | Not Available | Not Available |
| Trip Cancella | ition | Not Availab le | Not Availabl e | Not Availabl e | up to ₹ 100000 | up to ₹ 150000 | up to ₹ 100000 | up to 150000 |
| Trip Cur | tailment | Not Availab le | Not Availabl e | Not Availabl e | ₹ 15000 | ₹ 25000 | ₹ 15000 | ₹ 20000 |
| Trip Dela | ау | Not Availab le | Not Availabl e | Not Availabl e | ₹ 7500 Deductible : 6 Hours | ₹ 12500 Deductible : 6 Hours | ₹ 7500 Deductible: 6 Hours | ₹ 10000 Deductible: 6 Hours |
| Missed connecti | ons | Not Availab le | Not Availabl e | Not Availabl e | Train: up to ₹ 3000 | Train: up to ₹ 5000 | Train: up to ₹ 3000 | Train: up to 3000 |
| Loss of Checked baggage | | Not Availab le | Not Availabl e | Not Availabl e | to ₹ 5000 Up to ₹ 10000 | to ₹ 7500 Up to ₹ 15000 | ₹ 5000 Up to ₹ 10000 | 5000 Up to ₹ 15000 |



| | | | | one item within one piece of baggage = 10% of the SI | one item within one piece of baggage = 20% of the SI | one item within one piece of baggage = 10% of the SI | one item within one piece of baggage = 20% of the SI |
|------------------------------|----------------------|----------------------|----------------------|--|--|--|--|
| | | | | More than one item of baggage, then maximum reimburse ment for all items within one piece of baggage = 50% of the SI | More than one item of baggage, then maximum reimburse ment for all items within one piece of baggage = 50% of the SI | More than one item of baggage, then maximum reimbursem ent for all items within one piece of baggage = 50% of the SI | More than one item of baggage, then maximum reimburseme nt for all items within one piece of baggage = 50% of the SI |
| Bounced Hotel and Flight | Not Availab le | Not Availabl e | Not Availabl e | Up to ₹ 10000 | Up to ₹ 20000 | Up to ₹ 15000 | Up to ₹ 20000 |
| Emergency Hotel Extension | Not Availab le | Not Availabl e | Not Availabl e | If hospitalisa tion is more than 7 consecutiv e days | If hospitalisa tion is more than 7 consecutiv e days | If hospitalisati on is more than 7 consecutive days | If hospitalisatio n is more than 7 consecutive days |
| | | | | Actual Room price for Max of 5 Days, max up to ₹ | Actual Room price for Max of 5 Days, max up to ₹ | Actual Room price for Max of 5 Days, max up to ₹ 20000. | Actual Room price for Max of 5 Days, max up to ₹ 25000. |
| | | | | Deductible - 2 days | Deductible - 2 days | Deductible - 2 days | Deductible - 2 days |



| Medical Evacuati Repatria Remains | tion of | Not Availab le | Not Availabl e | Not Availabl e | Up to ₹ 200000 | Up to ₹ 200000 | Up to ₹ 200000 | Up to ₹ 300000 |
|--|---------------------------------|----------------------|----------------------|----------------------|--|--|---|--|
| Adventur | re | Not Covere d | Not Covere d | Not Covere d | Not Covered | Not Covered | Covered, only in case of Accidental Death, Permanent Total Disablemen t, Medical evacuation or repatriation of mortal remains | Covered, only in case of Accidental Death, Permanent Total Disablement, Medical evacuation or repatriation of mortal remains |
| Assistan ce Services | e Car | Availab le | Availabl e | Availabl e | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips |
| | | | | | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips |
| | Taxi Break down | Not Availab le | Not Availabl e | Not Availabl e | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips |
| | | | | | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips |
| | Ambul ance Assist ance | Not Availab le | Not Availabl e | Not Availabl e | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips |



| | | | | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips |
|---------------------------------------|----------------------|----------------------|----------------------|--|--|---|---|
| Conci erge servic es | Not Availab le | Not Availabl e | Not Availabl e | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips |
| | | | | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips |
| Medic al Evacu ation and | Not Availab le | Not Availabl e | Not Availabl e | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips | a) Available for Annual Multi Trips |
| Repatr iation of Remai ns | | | | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips | b) Optional for Single Trips |

| Declaration by the Policy Holder: | |
|---|---------------------------------|
| I have read the above and confirm having noted the details: | |
| Place | |
| Date | (Signature of the Policyholder) |

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.



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