



FUTURAINSTECH INSURANCE COMPANY LIMITED

#2, Judge Colony 1st Main Road, Tambaram Sanatorium, Chennai, India, 600047

PH: +91-8825761193 FAX:

EMAIL: info@futurainstech.com

HEALTH INSURANCE POLICY UIN. FITHLIP12345V456789
POLICY NO.: 50000001 2025 P5000000125P3456789

PERIOD OF INSURANCE
FROM 00:00 Hrs on 01/01/2025
To MIDNIGHT on 31/12/2025

Insured

Mr. Shubham Patil

X-999, STERLING HEIGHTS, S&P ESTATES, OPP THANE MAHANAGAR PALIKA, THANE WEST, MUMBAI

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : MY AGENT

Agent Code : 60000001

Mobile/Landline Number/Email 9876543210 myagent@myagent.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.futurainstech.com

For any Information, Service Requests and Grievances please write to enquiry@futurainstech.com
For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App(www.futurainstech.com) REGD. & HEAD OFFICE: < compadd > .
Website: <http://www.futurainstech.com>
Printed By: CUSTOMER @ 04/04/2025 3:02:47 PM





HEALTH INSURANCE POLICY

Policy Number	50000001 2025 P5000000125P3456789				Previous Policy No.	50000001 2024 P23456788	
Insured Detail	Name/ID	Mr . Shubham Patil /50000001					
	Tel.(O)		Tel.(R)		Fax		
	EMail	shubham@patil.com				Mobile	9876543210
	Business/Occupation	None					
Period Of Insurance	From	00:00hrs of 01/01/2025			To	Midnight on 31/12/2025	
Policy Type	Family Floater Basis	Family Floater Sum Assured (Rs.)			5,00,000		
Coinsurance	FITINSO : 100%						

Insured Details

Sl no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease /Condition declared	Inception Date of first policy	Nominee Name	Nominee Relation	Base Cover Premium (Rs.)
1	SHUBHAM PATIL	01/01/2000	Male	Self	Service	None	01/04/2022	PATILS FATHER	Father	27,289.00
2	PATILS FATHER	03/07/1970	Male	Father	Retired	None	01/04/2022	SHUBHAM PATIL	Son	0.00
3	PATILS MOTHER	29/11/1975	Female	Mother	HomeMaker	None	01/04/2022	SHUBHAM PATIL	Son	0.00

Premium Details

Details of Premium	Amount	Premium Summary	Amount
Total Base Premium	27,289.00	Premium:	21,846.00
Add Loadings	0.00	IGST (18%)	3,932.00
Less Preferred Life Discounts	0.00	Stamp Duty:	1.00
Less Loyalty Discounts	5,593.35	Total:	25,778.00
Less Floater Discounts	0.00	Receipt Number :	10107270023104118208
Less Online Discounts	0.00	Receipt Date:	03/04/2025





Agent Name	MY AGENT	Agent/Broker Code	
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Customer GST/UIN No.:		Office GST No.:	29AAACU5552C1ZF
SAC Code:	997133	Invoice No.	2823I103518806
Amount Subject to Reverse Charges	NIL	Invoice Date:	03/04/2025

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Anti Money Laundering Clause : -In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 01/01/2025

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand at DO M.G. ROAD on this 03 day of April , 2025 .

For and On behalf of
FuturaInsTech Insurance Co. Ltd.

	<div>AFFIX STAMP HERE</div>
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Authorized Signatory.
Underwritten By - UW CUM CASHIER



**Details of TPA:**

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA/ID	FIT Assist Insurance TPA Private Limited / TPA00012			
Address	Tower D, 4th Floor, IBC Knowledge Park, 4/1, Sarjapur Road, Bangalore- 560092, Pune Agra Road, Chinch wadi, Pin Code: 560092, Fax No:			
Toll Free number	1800 425 9449			
Contact Details	For General Enquiries	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	090 4868 9888	1900 254 8558	For sending SMS 6641978955	7038576155
Email IDs	info@fitassistindia.com	cashless@fitassistindia.com	claimintimation@fitassistindia.com	grievance@fitassistindia.com

