**<compname>**

**<compadd>**

**PH: +91-8825761193 FAX: EMAIL: info@futurainstech.com**

**HEALTH INSURANCE POLICY UIN. <uinno>**

**POLICY NO.: <clientno><yr>P<policyno>**

|  |
| --- |
| **PERIOD OF INSURANCE**  **FROM 00:00 Hrs on <startdate>**  **To MIDNIGHT on <enddate>** |

***Insured***

**<ClientSalutation>. <ClientFullName>**

<ClientFullAddress>

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

**Agent Name: <agentname>**

**Agent Code: <agentcode>**

**Mobile/Landline Number/Email<agentphoneno>** [**<agentemailaddress>**](mailto:myagent@myagent.com)

#### The genuineness of the policy can be verified through "Verify Your Policy" link at [www.futurainstech.com](http://www.futurainstech.com)

#### For any Information, Service Requests and Grievances please write to [enquiry@futurainstech.com](mailto:enquiry@futurainstech.com)

#### For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

**Download Customer App(**[**www.futurainstech.com**](http://www.futurainstech.com)**).** REGD. & HEAD OFFICE: <compadd>.

Website: <http://www.futurainstech.com>

#### Printed By: CUSTOMER @ <datime>

#### [OL]

## HEALTH INSURANCE POLICY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Number | **<clientno><yr>P<policyno>** | | | | | Previous Policy No. | | <clientno><prevyr>P<prevpol> | |
| Insured Detail | Name/ID | **<ClientSalutation>. <ClientFullName> /<clientno>** | | | | | | | |
| Tel.(O) |  | | Tel.(R) |  | | Fax | |  |
| EMail | [**<clientemailaddress>**](mailto:shubham@patil.com) | | | | | Mobile | | **<clientphoneno>** |
| Business/Occupation | | None | | | | | | |
| Period Of Insurance | From | | **00:00hrs of <startdate>** | | | To | | **Midnight on <enddate>** | |
| Policy Type | **<benefitplantypedesc>** | | Family Floater Sum Assured (Rs.) | | | **<bsumassured a0>** | | | |
| **Coinsurance** | FITINSCO: 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.)** |
| <R> <slno> </R> | <R> <laname> </R> | <R> <ladob> </R> | <R> <lagender> </R> | <R> <larel> </R> | <R> <laoccup> </R> | <R> <pecdecl> </R> | <R> <ppolstdate> </R> | <R> <lanominee> </R> | <R> <lanomrel> </R> | <R> <bprem a2> </R> |

**Premium Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Premium** | **Amount** | **Premium Summary** | **Amount** |
| Total Base Premium | <totalbasepremium a2> | Premium: | <premwogstamt a2> |
| Add Loadings | <totalloadingprem a2> | IGST (18%) | <gstamt a2> |
| Less Preferred Life Discounts | <totalpreflifedisamt a2> | Stamp Duty: | <stampdutyamt a2> |
| Less Loyalty Discounts | <totalloyaltydisamt a2> | Total: | <totalpremiumamt a2> |
| Less Floater Discounts | <totalfloaterdisamt a2> | Receipt Number: | <receiptno d0> |
| Less Online Discounts | <totalonlinedisamt a2> | Receipt Date: | <receiptdate> |

#### [PageBrk]

|  |  |  |  |
| --- | --- | --- | --- |
| Agent Name | <agentname> | Agent/Broker Code | <agentno> |

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer GST/UIN No.:** | <clientgstno> | **Office GST No.:** | <gstofficeno> |
| **SAC Code:** | <saccode> | **Invoice No.** | <gstinvoiceno> |
| **Amount Subject to Reverse Charges** | NIL | **Invoice Date:** | <gstdate> |

**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: <startdate>

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand at DO M.G. ROAD on this <day> day of <month>, <year>.

**For and On behalf of**

**FuturaInsTech Insurance Co. Ltd.**

|  |  |  |
| --- | --- | --- |
|  | |  | | --- | | **AFFIX**  **STAMP**  **HERE** | |

**Authorized Signatory.**

**Underwritten By - UW CUM CASHIER**

#### [OP]

**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](mailto:info@fitassistindia.com) | [cashless@fitassistindia.com](mailto:cashless@fitassistindia.com) | [claimintimation@fitassistindia.com](mailto:claimintimation@fitassistindia.com) | [grievance@fitassistindia.com](mailto:grievance@fitassistindia.com) |