

Policy No. : **PAL-26-26-9027945-06-000**

Date : **07/01/2026**

**Mr. Sanjaybhai Popatbhai Patel**

**134 ASHIRVAD RAW HOUSE, NR SARTHANA JAKATNAKA, , SURAT, GUJARAT, Pincode : 394101**

Telephone(Mob) : **9876543210**

Email : **INFO@FUTURGENEARALI.COM**

**Intermediary Name : SHEFALI RANA-F01**

**Dear Mr. Sanjaybhai Popatbhai Patel**

Welcome to the Generali Central Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **PAL-26-26-9027945-06-000**.

Our initiatives will provide you with the highest standards of service, convenience and quality in insurance and it is our endeavour to constantly better your experience by innovating and evolving our basket of conveniences.

The policy has been issued on the basis of the proposal form. A copy has been enclosed for your reference. We would request you to peruse the policy and satisfy yourself that it meets your requirements fully. Please confirm that the proposal form contains the correct information and is signed by you.

In case of any service requirement, do call our care lines below:

1800-220-233, 1860-500-3333, 022-67837800

The claims would be serviced through our In-House Health Administrator, Generali Central Health(GCH). Cashless facility can be availed on producing the GCI - Health ID Card along with a photo identification proof. In case cashless facility is not availed, the claim documents can be submitted directly to the below mentioned address, for reimbursement.

**Note: The Customer Information Sheet is a part of this policy document. It tells you about the basic features in your policy and provides necessary information on it. Please read its contents for easy and quick understanding of your policy and send us your acknowledgement for it, by clicking on**

<https://online.generalicentralinsurance.com/CustomerDeclaration/CustomerCareWeb/index?PolicyNo=PAL-26-26-9027945-06-000&Source=TCS>

Generali Central Health (GCH)  
Generali Central Insurance Co. Ltd.  
Qubix Business Park, Building No. Block IT - 1,  
Ground Floor, Plot No. 2, Bluebridge Township,  
Near Rajiv Gandhi Infotech Park, Phase- 1  
Village Hinjawadi, Taluka Mulshi,  
Pune  
Maharashtra - 411057

**For any claim related queries please call :**

Contact Us at - 1800 220 233 / 1860 500 3333 / 022 6783 7800

Contact Us at Fax - 1800 209 1017 / 1800 103 9998

Email ID - [GCH@generalicentral.com](mailto:GCH@generalicentral.com)

We would like to assure you that the electronic copy of your policy is as authentic and valid as the physical copy and it can be used as a proof of insurance wherever required.

Once again, thank you for choosing to insure with Generali Central and we look forward to being of service to you.

Assuring you of our best services at all times.

If undelivered, please return to:

Generali Central Insurance Company Limited  
OFF CODE-26, Generali Central Insurance Co Ltd, Unit Nos. 103 to 107, Shreepad World, Opp.  
Nyara Petrol Pump, Nr. Pal - Umra Bridge, Pal,  
SURAT,  
GUJARAT - 395009

For Generali Central Insurance Company Limited.



( Authorized Signatory )

Please review the communication address, email or contact nos. noted on this letter for correctness. In case of any change please contact our nearest branch or call our care lines mentioned above. This will ensure you do not miss out on 'Service Updates' and 'Renewal Reminders'.

Now you can buy Health, Personal Accident, Travel, Home, Motor insurance & also renew your Generali Central Private Car Insurance policy online. Visit us at [www.generalicentralinsurance.com](http://www.generalicentralinsurance.com)

## Bill of Supply

INSURED DETAILS			
<b>Policy Number</b>	: PAL-26-26-9027945-06-000	<b>Address of Service Provider</b>	: OFF CODE-26, Generali Central Insurance Co Ltd, Unit Nos. 103 to 107, Shreepad World, Opp. Nyara Petrol Pump, Nr. Pal - Umra Bridge, Pal, SURAT, GUJARAT - 395009
<b>Invoice Number</b>	: 2425011000080171	<b>Area Code</b>	: SURAT, Branch Office,
<b>Reverse Charge</b>	: No	<b>GCI State Code</b>	: 24
<b>Name of Insured/Proposer</b>	: Mr. Sanjaybhai Popatbhai Patel	<b>GCI GSTIN Number</b>	: 24AABCF0191R1ZF
<b>Address</b>	: 134 ASHIRVAD RAW HOUSE, NR SARTHANA JAKATNAKA, , SURAT, GUJARAT, Pincode : 394101	<b>GCI Pan Number</b>	: AABCF0191R
<b>Place of Supply (State Code)</b>	: 24	<b>Intermediary Name/Code</b>	: SHEFALI RANA-60094756
<b>GSTIN / UIN Number</b>	: NA	<b>Date of Issue/Invoice date</b>	: 07/01/2026
<b>Pan Number</b>	: AWSP7807L	<b>HSN</b>	: 997133
<b>Period of Insurance</b>	: From 00:00 hours of 12/01/2026 To Midnight of 11/01/2027	<b>Nature of Service</b>	: Health Insurance Service

Received with thanks from Mr. Sanjaybhai Popatbhai Patel a sum of Rs 3126.00 towards Premium on the above mentioned policy.

PARTICULARS	TAX ( % )	PREMIUM (Rs)
Gross Premium		3126.00
Add : CGST	0%	0.00
Add : SGST	0%	0.00
<b>Total (Rounded to the nearest rupee)</b>		3126.00

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 subrule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

### NOTE:

1. In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
2. Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.

For Generali Central Insurance Company Limited

  
( Authorized Signatory )

Signature Not Verified

Digitally signed by DS GENERALI CENTRAL  
INSURANCE COMPANY LIMITED  
Date: 2026.01.07 13:19:50 IST

**Note:** This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Generali Central Insurance Company Limited on 07/01/2026 .

### ACCIDENT SURAKSHA - INDIVIDUAL POLICY SCHEDULE

<b>Policy Servicing Office</b>	: OFF CODE-26,Generali Central Insurance Co Ltd, Unit Nos. 103 to 107, Shreepad World, Opp. Nyara Petrol Pump, Nr. Pal - Umra Bridge, Pal, SURAT, GUJARAT - 395009		
<b>Policy No.</b>	: PAL-26-26-9027945-06-000	<b>Period of Insurance</b>	: From 00:00 hours of 12/01/2026 To Midnight of 11/01/2027
<b>Name of Insured/ Proposer</b>	: MR SANJAYBHAI POPATBHAI PATEL	<b>Policy Term</b>	: 1 Year
<b>CKYC No.</b>	: NA	<b>Renewal Due Date</b>	: 12/01/2027
<b>Address</b>	: 134 ASHIRVAD RAW HOUSE, NR SARTHANA JAKATNAKA, , SURAT, GUJARAT, Pincode : 394101	<b>Intermediary Name/ Code</b>	: SHEFALI RANA-60094756
<b>GSTIN Number</b>	: NA	<b>Telephone (Mob,Hom)</b>	: 9825039322
		<b>Email Id</b>	: POLICY.SURAT@RETINUE.CO.IN
		<b>Previous Policy No</b>	: PAL-26-25-9027945-05-000
		<b>First Inception Date</b>	: 12/01/2021
		<b>GCI GSTIN Number</b>	: 24AABCF0191R1ZF

#### Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of birth	Gender	Occupation	Relation of the Insured with the Proposer	Cumulative Bonus (Rs.)	Pre-Existing Condition/ deformity	Underwriting Loading	Specific Conditions
SANJAYBHAI	49 Y	Male	CLASS-1	Self	600000.00	NIL	NIL	NA

#### Nominee Details

Name of the insured person's	Nominee	Nominee Name	Nominee's Relation with the Insured Person	% of Sum Insured	Appointee Name	Appointee Relationship with Nominee
SANJAYBHAI	Nominee	SANGITA	Spouse	100	NA	NA

**For members other than self, 100 % nomination will be to the proposer**

Coverage and Sum Insured	
Coverage and Sum Insured	SANJAYBHAI

Primary Covers	
Permanent Total Disablement	2400000
Accidental Death	2400000
Temporary Total Disablement	600000
Permanent Partial Disablement	2400000

Additional Covers	
Family Transportation Allowance	20000
Adventure Sports Benefit	Not Opted
Road Ambulance Cover	Not Opted
Air Ambulance Cover	Not Opted
Accidental Medical expenses	Not Opted
Accidental Hospitalisation	200000
Loan Protector	20000Per Month for 12 Months
Repatriation of remains and Funeral Benefit	Not Opted
Hospital Cash Allowance	Not Opted
Broken Bones	Not Opted
Child Education Support	Less than or equal to 1% of the principal sum insured per month maximum up to Rs. 10000 per month for 48 months per month for max 48 months
Life Support Benefit	Not Opted
Adaptation Allowance	Not Opted
Chauffeur Plan Benefit	Not Opted

Policy Loadings and Discount		Schedule of Premium	
Installment Loading (%)	0.00	Gross Premium	(Rs.) 3126.00
Long Term Discount (%)	0.00	Goods and Services Tax	(Rs.) 0.00
Professional Sports Loading (%)	0.00	Total Premium	(Rs.) 3126
Family Discount (%)	0.00		
Discount (%)	0.00		

Special Clauses, Conditions, Exclusion and Warranties	
NA	NA

Previous Insurance Policy Details					
Name of Person	Policy Details	Inception Date	Expiry Date	Sum Insured	Cumulative Bonus
	First Inception Date 12/01/2021				
Mr Sanjaybhai Popatbhai Patel	2025-2026	12/01/2025	11/01/2026	2400000	600000

**Important:-**

1. If the payment of premium amount has been made through a cheque or in online mode and (i) such cheque is dishonoured, for any reason whatsoever, upon presentation, or (ii) the online payment does not yield a credit to the bank account of GCI, or (iii) the policyholder reverses the premium amount through a chargeback, the insurance cover evidenced through this policy schedule shall stand cancelled, from its inception, with immediate effect, irrespective of whether a separate communication is sent by GCI or not.
2. The above records the information of pre-existing illness/ hospitalization etc. details given by the insured, in the Proposal Form. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non-disclosure of material information.
3. This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and / liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of Claim under the policy.
4. Coverage will be as specified in the schedule and relevant part of the clause will be applicable.
5. Terms/conditions and exclusions as per the Policy clause and Endorsement wordings.
6. In case of change in Goods and Services tax the premiums will stand revised.
7. Kindly refer to the policy wording for sublimits, Co-pay limits, Voluntary Deductible, if any.
8. Kindly note that this policy will not cover any claims incurred in any country which is in the sanctioned list of travel restrictions issued by Government of India or prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.
9. For complete terms, conditions and exclusions, please visit <https://generalicentralinsurance.com/customer-service/downloads/>
10. For any redressal of grievance and for escalation matrix <https://generalicentralinsurance.com/customer-service/grievance-redressal>

**Claims Assistance**

This policy is administered by:-  
In-house Administrator - Generali Central Health (GCH)  
Generali Central Insurance Company Limited  
Qubix Business Park, Building No. Block IT - 1,  
Ground Floor, Plot No. 2, Bluebridge Township,  
Near Rajiv Gandhi Infotech Park, Phase- 1  
Village Hinjawadi, Taluka Mulshi,  
Pune  
Maharashtra - 411057  
Contact Us at number - 1800 209 1016 / 1800 103 8889  
Contact Us at Fax - 1800 209 1017 / 1800 103 9998  
Email ID - GCH@generalicentral.com

**For Generali Central Insurance Company Limited.**

**Receipt No: X3751663**

**Date of Issue: 07/01/2026**

**Place of Issuance: Mumbai\***

\*Address as mentioned below

  
(Authorized Signatory)

**Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Generali Central Insurance Company Limited on 07/01/2026 .**

Stamp duty of Rs. 120.00 is paid as provided under Article Policy of Insurance 47C(b) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, MUMBAI-400001., vide this Order No. ( NO. LoA/ENF-2/CSD/124/2025 (Validity Period Dt. 23/12/2025 To Dt. 31/03/2027) OW NO. 5076, Dated 17/12/2025. ) GRN NO MH012874567202526E , DATE 05/12/2025 , Bank Of Maharashtra , and DEFACE NO 0007599034202526 , DEFACE DATE 13/12/2025

Product UIN : GCIPAIP18040V021718

## ACCIDENT SURAKSHA - TRANSCRIPT/DECLARATION

Dear Mr Sanjaybhai Popatbhai Patel

### Important Note:

1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form.
2. The information in this transcript are a replication of the responses given by the Proposer in the Proposal Form, which forms the basis on which We have issued the Policy bearing Policy number **PAL-26-26-9027945-06-000**
3. The Proposer / Policyholder is requested to review this transcript. In case of any disagreement or objection or any desired change with respect to information mentioned in this transcript, We request the Proposer / Policyholder to inform US, in writing, within a period of 15 days from date of receipt of this transcript, failing which it will be deemed that the Proposer / Policyholder is satisfied with the correctness of the information herein.
4. Suppression of facts that are material to the assessment of the risk or provision of misleading/partial information may cause rejection of Proposal / cancellation of Policy

Policy No : PAL-26-26-9027945-06-000

Date of Proposal : 12/01/2026

### Proposer's Details

Name of proposer	MR SANJAYBHAI POPATBHAI PATEL
Date of Birth	16/04/1976
Gender	Male
Occupation	CLASS-1
Address	134 ASHIRVAD RAW HOUSE, NR SARTHANA JAKATNAKA, , SURAT, GUJARAT, Pincode : 394101
Nationality	India
Do you have a child / children?	Yes
Do you or your family member to be insured have any Loan from Financial organization?	No

### Contact Details

Telephone (M)	9876543210
Email ID	INFO@FUTURGENEARALI.COM
Alternative Email ID	NA
Product Name	Accident Suraksha
Policy Duration	1 Year

### Details of Insured Person(s)

Name of the Insured Person/s	Age/Date of birth	Gender	Relation of the Insured with the Proposer	Cumulative Bonus (Rs.)	Pre-Existing Condition/ deformity	Underwriting Loading	Specific Conditions	ABHA Number
SANJAYBHAI	49 Y	Male	Self	600000.00	NIL	NIL	NA	NA

### Nominee Details

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NOMINEE DETAILS					
Sr No	Particulars	Nominee 1	Nominee 2	Nominee 3	Nominee 4
1	Name	SANGITA	NA	NA	NA
2	Age	40	NA	NA	NA
3	Mobile No.	NA	NA	NA	NA
4	Email ID	NA	NA	NA	NA
5	Present Address	NA	NA	NA	NA
6	Permanent Address (If same as above, please tick here)	NA	NA	NA	NA
7	Relationship with the Proposer	Spouse	NA	NA	NA
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%	100	NA	NA	NA
9	Bank details of the nominee	NA	NA	NA	NA
9.a	Account No.	NA	NA	NA	NA
9.b	IFSC/MICR Code	NA	NA	NA	NA
9.c	Name of the Bank	NA	NA	NA	NA
9.d	Account Holder Name	NA	NA	NA	NA
Appointee Details (Required only if the nominee is a minor)					
Sr No	Particulars	Appointee 1	Appointee 2	Appointee 3	Appointee 1
1	Name	NA	NA	NA	NA
2	Age	NA	NA	NA	NA
3	Mobile No.	NA	NA	NA	NA
4	Email ID	NA	NA	NA	NA
5	Present Address	NA	NA	NA	NA
6	Permanent Address (If same as above, please tick here)	NA	NA	NA	NA
7	Relationship with the Appointee	NA	NA	NA	NA
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%	NA	NA	NA	NA
9	Bank details of the Appointee	NA	NA	NA	NA
9.a	Account No.	NA	NA	NA	NA
9.b	IFSC/MICR Code	NA	NA	NA	NA
9.c	Name of the Bank	NA	NA	NA	NA
9.d	Account Holder Name	NA	NA	NA	NA
For members other than self, 100 % nomination will be to the proposer.					

Coverage and Sum Insured	
Coverage and Sum Insured	SANJAYBHAI

Primary Covers	
Permanent Total Disablement	2400000
Accidental Death	2400000
Temporary Total Disablement	600000
Permanent Partial Disablement	2400000

Additional Covers	
Family Transportation Allowance	20000
Adventure Sports Benefit	Not Opted
Road Ambulance Cover	Not Opted
Air Ambulance Cover	Not Opted
Accidental Medical expenses	Not Opted
Accidental Hospitalisation	200000
Loan Protector	20000Per Month for 12 Months
Repatriation of remains and Funeral Benefit	Not Opted
Hospital Cash Allowance	Not Opted
Broken Bones	Not Opted
Child Education Support	Less than or equal to 1% of the principal sum insured per month maximum up to Rs. 10000 per month for 48 months per month for max 48 months
Life Support Benefit	
Adaptation Allowance	Not Opted
Chauffeur Plan Benefit	Not Opted

Premium Details	
Installment Facility	Not Opted
Installment Frequency	Not Applicable
Loading on Standard Premium in case of Installment payment(%)	0.00
Long Term discount (In case of Single payment of premium for long term policy)(%)	0.00
Family discount ( Individual SI policies )(%)	0.00
Discount(%)	0.00
Gross Premium	3126.00
Goods and Service Tax	0.00
Premium charged Including Goods and Services Tax	3126.00



**True to our Go Green Initiative, we will send the Digitally signed and authenticated policy document to your e-mail address as you've mentioned in this proposal, and you may download and save a copy of it. If you still need a physical copy, please confirm - Yes**

**DECLARATION**

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.

2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6. I further declare that:

☐ There is no other material / relevant information, that has not been disclosed to GCICL and if any information given in this proposal is found to be untrue, the Insurance policy shall be void ab initio and the premium shall be forfeited to GCICL.

☐ I agree to receive Service related information from GCICL and its service providers, through electronic and telecom modes including Whatsapp and further understand that no unsolicited information will be sent to me.

☐ The information/ data provided by me through this Proposal Form, to GCICL and / or GCICL authorized personnel / agency shall be stored by GCICL, throughout the currency of my relationship with GCICL and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.

7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law. OR I confirm that the premium has been paid by \_\_\_\_\_, who has an insurable interest in my policy and refund, if any, shall be processed in my bank account.

8. I am (please tick all that are applicable) ☐ HNI ☐ NRI ☐ Politically Exposed Person ☐ Jeweler ☐ NGO ☐ Film Actor ☐ Producer ☐ Others

9. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Generali Central Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.

10. I agree that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I understand that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/privacy-policy>.

11. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the above-mentioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.

12. Bima – ASBA Declaration (Please tick the box if you want to utilize the Bima-ASBA facility)

☐ ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Generali Central Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.

**Optional Declaration:**

I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors

I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the \* Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (\*to download a copy of the Prospectus and for further details about the product, please visit our website <https://www.generalicentralinsurance.com/>)

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.



**HEALTH CARD**

**Member ID** : PAL1213775407012026A  
**Policy Number** : PAL-26-26-9027945-06-000  
**Policy Period** : 12-Jan-26 to 11-Jan-27  
**Proposer Name** : Sanjaybhai PapatbhaiPatel  
**Insured Name** : MR SANJAYBHAI  
**Age/Gender** : 49 Y / M  
**Relation** : Self



Scan on this QR code to download the **GC Insure App** to manage policy transactions on-the-go.

 WhatsApp 'Hi' on **767 800 6000**  
 Call us on **1800 209 1017 / 1800 103 9998**  
 Write to us at **gcare@generalicentral.com**

We are listening. SMS 'Happy / Unhappy' to 92222 11100 to share your feedback with us.



## 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	PAL-26-26-9027945-06-000	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="3">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>MR SANJAYBHAI</td><td>2400000</td><td>2400000</td><td>2400000</td><td>600000</td></tr></table></div>	Insured Name	Sum Insured (Rs.)				Accidental Death	Permanent Total Disablement	Permanent Partial Disablement	Temporary Total Disablement	MR SANJAYBHAI	2400000	2400000	2400000	600000	Not Applicable
Insured Name	Sum Insured (Rs.)																
	Accidental Death	Permanent Total Disablement		Permanent Partial Disablement	Temporary Total Disablement												
	MR SANJAYBHAI	2400000	2400000	2400000	600000												

5	Policy Coverage (What the policy covers?)	Expenses in respect of:  Primary Covers: <ul style="list-style-type: none"><li>• Accidental Death</li><li>• Permanent Total Disablement</li><li>• Permanent Partial Disablement</li><li>• Temporary Total Disablement</li></ul> Inbuilt covers: • Repatriation of remains and Funeral Benefit								Section C
		Additional Covers	Accidental Medical expenses	Accidental Hospitalisation	Hospital Cash Allowance	Family Transportation Allowance	Adaptation Allowance	Broken Bones	Road Ambulance Cover	Air Ambulance Cover
		MR SANJAY BHAI	Not Opted	200000	Not Opted	20000	Not Opted	Not Opted	Not Opted	Not Opted
6	Exclusions (What the policy does not cover)	Standard Exclusions <ul style="list-style-type: none"><li>• Hazardous or Adventure sports</li><li>• Breach of law</li><li>• Excluded Providers</li><li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li><li>• Unproven Treatments</li></ul>								Section D-1

	<p><b>Specific Exclusions</b></p> <ul style="list-style-type: none"> <li>• Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).</li> <li>• Mental or nervous disorder, anxiety, stress or depression.</li> <li>• Accident while under the influence of alcohol or drugs.</li> <li>• Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.</li> <li>• 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.</li> <li>• Curative treatments or interventions that the Insured Person carries out or have carried out on his body.</li> <li>• Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.</li> <li>• War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution,</li> <li>• insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or</li> <li>• public authority.</li> <li>• Nuclear energy, radiation.</li> <li>• Any existing disablement prior to the inception of the Policy.</li> <li>• Any Medical Expenses, services, supplies or treatment or Hospital stay which were not recommended or approved as Medically Necessary</li> <li>• Treatment by a Medical Practitioner.</li> </ul>	<p><b>Section D-2</b></p>
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		<ul style="list-style-type: none"> <li>• Expenses incurred for emergency medical evacuation, unless specifically insured.</li> <li>• Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture</li> <li>• (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis</li> <li>• or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy.</li> <li>• Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use</li> <li>• of which has been necessitated following an accident.</li> <li>• 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</li> <li>• Standard list of excluded items as mentioned in our website <a href="https://generalicentralinsurance.com">https://generalicentralinsurance.com</a></li> <li>• Treatment taken in any hospital or by any Provider that We have blacklisted, as mentioned in our website <a href="https://generalicentral.com/hospital-locator">https://generalicentral.com/hospital-locator</a></li> </ul>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	

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/-.	
		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.	
		Accidental Hospitalisation	subject to a maximum of Rs. 10 Lakhs or Sum insured mentioned whichever is less	
	ii. Co-payment – (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder / Insured)	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	
		Adventure Sports Benefit	50% of Sum Insured under Accidental Death benefit to a maximum of Rs. 50,00,000/-	

	<p>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))</p> <p>iv. Any other limit (as applicable)</p>	<p>Co-payment - Not Applicable</p> <p>Voluntary Deductible -Not Applicable</p>	
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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> <ul style="list-style-type: none"> <li>i. Helpline Number - 1800 209 1016 / 1800-103-8889</li> <li>ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - <a href="https://generalicentralinsurance.com/hospital-locator">https://generalicentralinsurance.com/hospital-locator</a></li> <li>iii. Downloading/getting claim form - <a href="https://generalicentralinsurance.com/customerservice/downloads">https://generalicentralinsurance.com/customerservice/downloads</a></li> </ul>	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</p> <p>Policy Servicing Office: OFF CODE-26, Generali Central Insurance Co Ltd, Unit Nos. 103 to 107, Shreepad World, Opp. Nyara Petrol Pump, Nr. Pal - Umra Bridge, Pal, SURAT, GUJARAT - 395009</p>	Not Applicable



		<ul style="list-style-type: none"><li>• Migration And 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 And Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: <a href="mailto:GCicare@generalicentral.com">GCicare@generalicentral.com</a></li></ul> <p>For Detailed Guidelines on migration and portability, kindly refer the link <a href="https://generalicentralinsurance.com/portability-and-migration">https://generalicentralinsurance.com/portability-and-migration</a></p>	Section E.i.4				
		<ul style="list-style-type: none"><li>• 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</li></ul>	Section E.13.i				
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><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition/Deformity</td></tr><tr><td>MR SANJAYBHAI</td><td>NIL</td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	MR SANJAYBHAI	NIL	Section E.i.1
Name of the Insured Person/s	Pre-Existing Condition/Deformity						
MR SANJAYBHAI	NIL						

Declaration by the Policy Holder:

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

Place\_\_\_\_\_

Date\_\_\_\_\_ (Signature of the Policy Holder)

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

ACCIDENT SURAKSHA | Customer Information Sheet  
UIN: GCIPAIP18040V021718