

Date : 28/08/2025

Policy No. : 132/02/21/0826/MTP/1010157430

**SHRIPAD MULTIPRODUCT LLP**
**SR NO 17 3 ABASAHEB CHINCHWADE, INDUSTRIAL  
 ESTATE WALHEKARWADI, MAIN ROAD CHINCHWAD,  
 PUNE, PUNE,**
**MAHARASHTRA, INDIA,**
**Pincode : 411033**
**Telephone(Mob,Off) : 99\*\*\*\*\*99**
**Email Id : -**
**Intermediary Name : ILIYAS ABDUL SHAIKH-60114867**
**PCV**

To renew SMS, REN to 9222211100

 Download the **FG Insure App** for  
 seamless policy management.


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Dear SHRIPAD MULTIPRODUCT LLP

Welcome to the Future Generali Experience.

We thank you for choosing Motor Secure insurance policy. Your Policy No. is **132/02/21/0826/MTP/1010157430**. Motor Secure policy offers your vehicle and yourself protection against any unforeseen vehicle accidents and loss to third party property or life arising there from as per the coverage mentioned in the attached policy terms and conditions. We request you to kindly go through the same to acquaint yourself with the available coverage.

Our initiatives will provide you with the highest standards of service, convenience and quality in motor insurance.

In the unfortunate circumstances of an accident, you may notify us for a claim by sending an SMS MOTORCLAIM to 9222211100 (Standard SMS charges applicable) or by calling us at 1800-220-233/ 1860-500-3333/022- 67837800 or email us at [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in) or walk into any of our nearest offices.

It will always be our endeavour to constantly better your experience by innovating and evolving our basket of conveniences. We strive to deliver service which is personalized and is totally transparent. It is our aim to be with you in your time of need.

**The policy has been issued on the basis of the information provided by you. The extract of the information has been enclosed for your reference. we would request you to peruse the policy and satisfy yourself that it requirement fully.**

**Note: We request you to read 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.fggeneral.in/CustomerDeclaration/CustomerCareWeb/index?policyno=132/02/21/0826/MTP/1010157430&Source=BANCSTH>

Please note : Transfer of benefits under this insurance policy is not automatic on the sale of the vehicle. The transferee must apply within 14 days from the date of transfer of vehicle in writing to the insurance company with full details in a duly signed fresh proposal form along with evidence of sale and transfer fees of ₹. 50/- + Goods and Service tax .

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.

As a part of the government's Digital India drive, you can now store your insurance policy documents digitally and securely under DigiLocker . Download and install the App **DigiLocker** from Playstore and with your Aadhaar number and mobile number create a User ID using an OTP. Under Banking and Insurance submenu, you will find **Future Generali Total Insurance** Tab wherein when you can select the product and update our 8 digit policy number, the Policy PDF of the active policy can be viewed. For more details on DigiLocker, visit <https://digitallocker.gov.in/>

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

Assuring you of our best services at all times.



If undelivered, please return to:

**Future Generali India Insurance Company Limited**

Off Code-16,Future Generali India Insurance Co Ltd,Unit  
Nos. 907 to 911,9th Floor, City Tower Building,Street No.-  
17, Boat Club Road,  
Sassoon Road Branch,PUNE,  
MAHARASHTRA,INDIA,  
Pin Code :411001

**For Future Generali India Insurance Co. Ltd.**



( 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 Future Generali Private Car Insurance policy online. Visit us at [www.futuregenerali.in](http://www.futuregenerali.in)

For any service request please sms **SERVE** to 9222211100. To provide feedback on our service, kindly sms **HAPPY** or **UNHAPPY** to 9222211100. We will call you back.

### Tax Invoice

| INSURED DETAILS                                                                       |                                                                                                                                   |                                                                                                                                                                                                                                           |                                |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Policy Number</b>                                                                  | : 132/02/21/0826/MTP/1010157430                                                                                                   | <b>Address of Service Provider</b> : Off Code-16,Future Generali India Insurance Co Ltd,Unit Nos. 907 to 911,9th Floor, City Tower Building,Street No.-17, Boat Club Road,Sassoon Road Branch,, PUNE, MAHARASHTRA, INDIA,Pin Code :411001 |                                |
| <b>Invoice Number</b>                                                                 | : 272508I000121690                                                                                                                |                                                                                                                                                                                                                                           |                                |
| <b>Reverse Charge</b>                                                                 | : No                                                                                                                              | <b>Area Code</b>                                                                                                                                                                                                                          | : PUNE                         |
| <b>Name of Insured/Proposer</b>                                                       | : SHRIPAD MULTIPRODUCT LLP                                                                                                        | <b>FGI State Code</b>                                                                                                                                                                                                                     | : 27                           |
| <b>Address</b>                                                                        | : SR NO 17 3 ABASAHAB CHINCHWADE, INDUSTRIAL ESTATE WALHEKARWADI, MAIN ROAD CHINCHWAD, PUNE, MAHARASHTRA, INDIA, Pincode : 411033 | <b>FGI GSTIN Number</b>                                                                                                                                                                                                                   | : 27AABCF0191R2Z8              |
|                                                                                       |                                                                                                                                   | <b>FGI PAN Number</b>                                                                                                                                                                                                                     | : AABCF0191R                   |
| <b>Place of Supply (State Code)</b>                                                   | : 27                                                                                                                              | <b>Intermediary Name / Code</b>                                                                                                                                                                                                           | : ILIYAS ABDUL SHAIKH-60114867 |
| <b>GSTIN / UIN Number</b>                                                             | : 27ADAFS0264P1ZR                                                                                                                 | <b>Date of Issue / Invoice Date</b>                                                                                                                                                                                                       | : 28/08/2025                   |
| <b>PAN Number</b>                                                                     | : ADAFS0264P                                                                                                                      |                                                                                                                                                                                                                                           |                                |
| <b>Period of Insurance</b> : From 00:00 hours of 29/08/2025 To Midnight of 28/08/2026 |                                                                                                                                   | <b>HSN</b>                                                                                                                                                                                                                                | : 997134                       |
|                                                                                       |                                                                                                                                   | <b>Nature of Service</b>                                                                                                                                                                                                                  | : Motor Insurance              |

Received with thanks from SHRIPAD MULTIPRODUCT LLP a sum of Rs. 33,460.00 towards Premium on the above mentioned policy.

| PARTICULARS                          | TAX ( % ) | PREMIUM(₹) |
|--------------------------------------|-----------|------------|
| Gross Premium                        |           | 28,355.52  |
| Add : CGST                           | 9%        | 2,552.00   |
| Add : SGST                           | 9%        | 2,552.00   |
| Total (Rounded to the nearest rupee) |           | 33,460.00  |

**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.
3. 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.

**For Future Generali India Insurance Co. Ltd.**



( Authorized Signatory )



**Note: This document is digitally signed by Mr Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 28/08/2025 .**



### Future Secure Commercial Vehicle Package Policy

| CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE - Form 51 of the Central Motors Vehicles Rules, 1989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                   |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------|-----------------------------|
| <b>Policy Servicing Office :</b> Off Code-16,Future Generali India Insurance Co Ltd,Unit Nos. 907 to 911,9th Floor, City Tower Building,Street No.-17, Boat Club Road,Sassoon Road Branch,, PUNE, MAHARASHTRA, INDIA,Pin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                   |                             |
| <b>Policy No.</b> : 132/02/21/0826/MTP/1010157430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Period of Insurance</b> : From 00:00 hours of 29/08/2025 To Midnight of 28/08/2026 |                   |                             |
| <b>Name of Insured/Proposer</b> : SHRIPAD MULTIPRODUCT LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Covernote No.</b> : <b>Dated:</b> <b>Zone:</b> B                                   |                   |                             |
| <b>CKYC No.</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Intermediary Name/Code</b> : ILIYAS ABDUL SHAIKH-60114867                          |                   |                             |
| <b>Address</b> : SR NO 17 3 ABASAHEB CHINCHWADE, INDUSTRIAL ESTATE WALHEKARWADI, MAIN ROAD CHINCHWAD, PUNE, MAHARASHTRA, INDIA, Pincode : 411033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Telephone(Mob,Hom)</b> : 8421887858                                                |                   |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Email ID</b> : AMJADSHAIKH3384@GMAIL.COM                                           |                   |                             |
| <b>GSTIN Number</b> : 27ADAFS0264P1ZR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FGI GSTIN Number</b> : 27AABCF0191R2Z8                                             |                   |                             |
| INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   |                             |
| Registration No., RTA Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Make/Model of Vehicle                                                                 | Engine No.        | Chassis No.                 |
| MH-14-LL-7235, PIMPRI-CHINCHWAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITROEN EC3 ELECTRIC                                                                  | TZ180XSG1W3066638 | MZZCBZKCZRV020188           |
| Year of Manufacture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cubic Capacity                                                                        | Seating Capacity  | Passenger Carrying Capacity |
| 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                     | 5                 | 4                           |
| DRIVERS CLAUSE - Any person including insured:Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learners license may also drive the vehicle when not used for the transport of goods *at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                   |                             |
| * When the vehicle is used for passengers add the following words: when not used for the transport of passengers at time of the accident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                   |                             |
| LIMITATIONS AS TO USE - The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of section 66 of the Motor vehicle's Act 1988. The policy does not cover use for a) Organized racing b) Pace Making c) Reliability Trails d)Speed Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                   |                             |
| Geographical Area : India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                   |                             |
| IMPORTANT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                   |                             |
| The Insured is not indemnified if the vehicle is used or driven otherwise in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation English version will be good.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                   |                             |
| For full details on coverage, terms, conditions and exclusions, please refer the standard policy wordings attached with this schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                   |                             |
| Not with standing anything mentioned herein to the contrary it is agreed and declared that the cover under this policy does not extend to those parts mentioned as damaged /scratched/ dented noted in the photographs/inspection report number dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   |                             |
| <b>IMPORTANT - 1)</b> All other Terms, Conditions and Exclusions as per Policy Wordings. 2) For complete terms, conditions and exclusions, please visit <a href="https://general.futuregenerali.in/customer-service/downloads/">https://general.futuregenerali.in/customer-service/downloads/</a> 3) For any redressal of grievance and for escalation matrix <a href="https://general.futuregenerali.in/customer-service/grievance-redressal">https://general.futuregenerali.in/customer-service/grievance-redressal</a> 4) 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 FGII, 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 FGII or not. |                                                                                       |                   |                             |
| Warranted that the *Vehicle insured herewith has a valid Pollution Under Control (PUC) Certificate as on the inception date of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                   |                             |



policy. (\*Not applicable for Electric Vehicles and New Non- Electric Vehicles).

**LIMITS OF LIABILITY**

|                                                                                                                                       |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Under Section II-I (i) : Death of or bodily injury - Such amount as is necessary to meet the requirements of Motor Vehicles Act, 1988 | Under Section II-I (ii) : Damage to Third Party Property- ₹ . 750000/- in respect of any one claim or series of claims arising out of one event. |
| Under Section III : PA Owner – Driver as per premium computation table                                                                | Compulsory Deductible Under Sec I - ₹ . 500.00/-                                                                                                 |



| Policy No : 132/02/21/0826/MTP/1010157430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                         | Period Of Insurance : From 00:00 hours of 29/08/2025 To Midnight of 28/08/2026 |                                         |                                                                                                                          |                                  |                    |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|-------------|
| <b>INSURED'S DECLARED VALUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| Type of Body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | For Vehicle -<br>₹ | For Vehicle Body -<br>₹ | For Non Elec Accessories -<br>₹                                                | For Trailers -<br>₹                     | For Electrical Accessories -<br>₹                                                                                        | For Bi-Fuel Kit (CNG/LPG) -<br>₹ | Total Value -<br>₹ |             |
| SALOON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 998,090.00         | 0.00                    | -                                                                              | 0.00                                    | -                                                                                                                        | -                                | 998,090.00         |             |
| <b>SCHEDULE OF PREMIUM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| <b>A-OWN DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                         | <b>B-LIABILITY</b>                                                             |                                         |                                                                                                                          |                                  |                    |             |
| Basic Premium on Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                         | ₹ 6,689.20                                                                     |                                         | Basic Premium including Premium for TPPD                                                                                 |                                  |                    | ₹ 10,073.00 |
| Add : Add-on Premium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                         | ₹ 10,479.95                                                                    |                                         | Add: Personal accident cover to paid drivers, cleaners and conductors (No. of persons 1 ) PA Limit Rs. 100000 per person |                                  |                    | ₹ 60.00     |
| Add: Lamps tyre tube mudguard bonnet side parts bumper headlight paintwork of damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                         | ₹ 1,003.38                                                                     |                                         | Add: Legal liability to paid driver and or conductor and or cleaner employed (No. of persons 1 )                         |                                  |                    | ₹ 50.00     |
| Total Own Damage Premium (A) (rounded off)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                         | ₹ 18,173.00                                                                    |                                         | Total Liability Premium (B)                                                                                              |                                  |                    | ₹ 10,183.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                         |                                                                                |                                         | Total Annual Premium (A+B)                                                                                               |                                  |                    | ₹ 28,356.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                         |                                                                                |                                         | Total Premium for the Policy Period                                                                                      |                                  |                    | ₹ 28,355.52 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                         |                                                                                |                                         | Goods and Service Tax                                                                                                    |                                  |                    | ₹ 5,104.00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                         |                                                                                |                                         | Total Premium (rounded off)                                                                                              |                                  |                    | ₹ 33,460.00 |
| Class of Vehicle: CA-Passenger Carrying - 4 Wheel & Carrying Capacity <= 6 - Electric Battery Operated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                         |                                                                                | Subject to Endorsement Nos. 17,22,23,28 |                                                                                                                          |                                  |                    |             |
| <p>I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M .V. Act, 1988.</p> <p style="text-align: right;"><b>For FUTURE GENERALI INDIA INSURANCE CO. LTD.</b></p> <p>Receipt No : X3012771<br/> Date of Issue : 28/08/2025<br/> Place of Issuance : Mumbai*<br/> *Address as mentioned below</p> <p style="text-align: right;">( Authorized Signatory )</p>                                                                                                                                                                                                                              |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| <p><b>Note: This document is digitally signed by Mr Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 28/08/2025 .</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| <p>For registration of your Motor Claims SMS MOTORCLAIM to 9222211100 (Standard SMS charges applicable)</p> <p>Stamp Duty of Rs. 0.50 is paid as provided under Article Policy of Insurance 47B 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/69/2025 (Validity Period Dt. 22/07/2025 To Dt. 31/03/2027)/OW NO. 2796, Dated 14/07/2025.). GRN NO MH004773376202526E , DATE 01/07/2025 , BANK OF MAHARASHTRA , and DEFACE NO 0003042525202526 , DEFACE DATE 11/07/2025</p> <p>Product UIN : IRDAN132RP0015V02200708</p> |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| Hypothecation Agreement with:- NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| SPECIAL CONDITIONS – NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| ADDITIONAL EXCESS – 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |
| The nominee for Compulsory PA to owner driver cover is 1) , Age: , Relationship: , Share Percentage: %.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                         |                                                                                |                                         |                                                                                                                          |                                  |                    |             |

**Infectious Disease / COVID-19 Exclusion**

Notwithstanding any provision to the contrary, this Reinsurance / Insurance excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following – including any fear or threat thereof, whether actual or perceived – :

- “ Any infectious disease, virus, bacterium or other microorganism (whether asymptomatic or not); or
- “ Coronavirus (COVID-19) including any mutation or variation thereof; or
- “ Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.

**Annexure**
**Forming part of policy number:- 132/02/21/0826/MTP/1010157430**
**Motor Add-on Cover**

| Serial No. | Add-on Description      | UIN No.                                      | Premium Amount ₹<br>(Before Tax) |
|------------|-------------------------|----------------------------------------------|----------------------------------|
| 1          | Zero Depreciation Cover | IRDAN132RPMT0015V03200708/<br>A0028V02201718 | 8,982.81                         |
| 2          | Consumable Cover        | IRDAN132RPMT0015V03200708/<br>A0029V02201718 | 1,497.14                         |

Please refer the attached detailed policy wordings for the above mentioned coverages.

Dear SHRIPAD MULTIPRODUCT LLP,

We wish to inform you that the Insurance policy number **132/02/21/0826/MTP/1010157430** has been issued on the basis of the proposal(via e-proposal/distance marketing/online/physical) and any other subsequent documents, submitted by you post understanding the Terms & Conditions of the policy and consequences of the risk proposed, to the Company for issuance of the policy.

You have agreed to issue this policy, subject to the Company's Board approved Underwriting Policy and that the Policy will come into force only after the Company is in receipt and realisation of full prescribed premium.

The Company shall have no liability under the Policy/contract of insurance if it is found that any of your statements, particulars, information, declarations, warranties, submitted in proposal or other documents are incorrect and/or untrue or any information is suppressed or the information provided is misleading or false in any respect on any matter [whether material or not material] which forms the base to issue the policy by the Company.

In case of any disagreement or objection or any changes with respect to the information mentioned in the transcript below, we request you to please revert back within 15 days from the date of receipt of this transcript or the policy start date whichever is earlier, failing which it shall be deemed that you are satisfied with the correctness of the details mentioned in the transcript.

| Future Secure Commercial Vehicle Package Policy - TRANSCRIPT/DECLARATION |                                                                                                                                              |                                                                                                                                       |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Sr No                                                                    | Insured Details                                                                                                                              |                                                                                                                                       |
| 1                                                                        | Insured Name                                                                                                                                 | SHRIPAD MULTIPRODUCT LLP                                                                                                              |
| 2                                                                        | Registration address of the Insured                                                                                                          | SR NO 17 3 ABASAHEB CHINCHWADE, INDUSTRIAL ESTATE WALHEKARWADI, MAIN ROAD CHINCHWAD, PUNE, PUNE, MAHARASHTRA, INDIA, Pincode : 411033 |
| 3                                                                        | Communication address of the Insured                                                                                                         |                                                                                                                                       |
| 4                                                                        | Residence Telephone no                                                                                                                       |                                                                                                                                       |
| 5                                                                        | Mobile no                                                                                                                                    | 99*****99                                                                                                                             |
| 6                                                                        | Email id                                                                                                                                     | -                                                                                                                                     |
| Policy Details                                                           |                                                                                                                                              |                                                                                                                                       |
| 7                                                                        | Policy Number                                                                                                                                | 132/02/21/0826/MTP/1010157430                                                                                                         |
| 8                                                                        | Risk start time and date                                                                                                                     | 29/08/2025 00:00                                                                                                                      |
| 9                                                                        | Risk end date                                                                                                                                | 28/08/2026                                                                                                                            |
| 10                                                                       | Renewal NCB %                                                                                                                                | 0%                                                                                                                                    |
| 11                                                                       | Go Green                                                                                                                                     | Yes                                                                                                                                   |
| Vehicle Details                                                          |                                                                                                                                              |                                                                                                                                       |
| 12                                                                       | Make and Model of vehicle insured                                                                                                            | CITROEN EC3 ELECTRIC                                                                                                                  |
| 13                                                                       | Registration No                                                                                                                              | MH-14-LL-7235                                                                                                                         |
| 14                                                                       | Engine No                                                                                                                                    | TZ180XSG1W3066638                                                                                                                     |
| 15                                                                       | Chassis No                                                                                                                                   | MZZCBZKCZR020188                                                                                                                      |
| 16                                                                       | Cubic Capacity                                                                                                                               | 0                                                                                                                                     |
| 17                                                                       | Year of Manufacturing                                                                                                                        | 2024                                                                                                                                  |
| 18                                                                       | RTO where vehicle is/will be registered                                                                                                      | PIMPRI-CHINCHWAD                                                                                                                      |
| 19                                                                       | Seating Capacity                                                                                                                             | 5                                                                                                                                     |
| 20                                                                       | Date of Registration / Purchase                                                                                                              | 03/09/2024                                                                                                                            |
| 21                                                                       | Usage of the vehicle                                                                                                                         | CA-Passenger Carrying - 4 Wheel & Carrying Capacity <= 6 - Electric Battery Operated                                                  |
| 22                                                                       | Fuel Type                                                                                                                                    | BATTERY(B)                                                                                                                            |
| 23                                                                       | Hypothecation/Lease/Hire Purchase                                                                                                            | Not Opted                                                                                                                             |
| 24                                                                       | Bank Name                                                                                                                                    | -                                                                                                                                     |
| 25                                                                       | Vehicle * being insured has valid Pollution Under Control (PUC) Certificate as on inception date of policy.(*Not applicable for New Vehicle) | YES                                                                                                                                   |
| Previous Insurance Details                                               |                                                                                                                                              |                                                                                                                                       |
| 26                                                                       | Previous Insurer Name                                                                                                                        | C-10 UNITED INDIA INSURANCE CO                                                                                                        |
| 27                                                                       | Expiring Policy No                                                                                                                           | 1610813124P107912240                                                                                                                  |
| 28                                                                       | Expiring Policy Expiry Date                                                                                                                  | 28/08/2025                                                                                                                            |
| 29                                                                       | No Claim Bonus % under expiring policy                                                                                                       | 0%                                                                                                                                    |
| 30                                                                       | Is there any claim in expiring policy                                                                                                        | N                                                                                                                                     |



| IDV Details                                                                                                                                                                                                                                                                                                                        |                                                                                                  |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|
| 31                                                                                                                                                                                                                                                                                                                                 | Vehicle IDV on Rollover                                                                          | ₹ 998,090.00 |
| 32                                                                                                                                                                                                                                                                                                                                 | Electrical Accessories IDV                                                                       | ₹ 0.00       |
| 33                                                                                                                                                                                                                                                                                                                                 | Non Electrical Accessories IDV                                                                   | ₹ 0.00       |
| 34                                                                                                                                                                                                                                                                                                                                 | CNG IDV                                                                                          | ₹ 0.00       |
| Third Party Coverages Opted                                                                                                                                                                                                                                                                                                        |                                                                                                  |              |
| 35                                                                                                                                                                                                                                                                                                                                 | Basic Premium including Premium for TPPD                                                         | Opted        |
| 36                                                                                                                                                                                                                                                                                                                                 | Add:-Trailers                                                                                    | Not Opted    |
| 37                                                                                                                                                                                                                                                                                                                                 | Less : Limit of Liability under sec II-1(ii)-₹ 750000                                            | Not Opted    |
| 38                                                                                                                                                                                                                                                                                                                                 | Add : Bi-Fuel Kit (CNG/LPG)                                                                      | Not Opted    |
| 39                                                                                                                                                                                                                                                                                                                                 | Add : Geographical Area Extn                                                                     | Not Opted    |
| 40                                                                                                                                                                                                                                                                                                                                 | Add : Compulsory PA to Owner-Driver ₹ 15 lacs                                                    | Not Opted    |
| 41                                                                                                                                                                                                                                                                                                                                 | Add : Legal Liability to Employees of the Insured (No. of persons 1)                             | Opted        |
| 42                                                                                                                                                                                                                                                                                                                                 | Add : PA to Drivers/Cleaner/Conductors (No. of persons 1) PA Limit ₹ 100000 per person.          | Opted        |
| 43                                                                                                                                                                                                                                                                                                                                 | Add : PA to Passenger (No. of persons 0) PA Limit ₹ 0.00 per person.                             | Not Opted    |
| 44                                                                                                                                                                                                                                                                                                                                 | PA to Named Persons other than Owner Driver As per Annexure attached                             | Not Opted    |
| 45                                                                                                                                                                                                                                                                                                                                 | Add : Legal Liability to Employees/Non-Fare Paying Passengers (other than WC) (No. of persons 0) | Not Opted    |
| 46                                                                                                                                                                                                                                                                                                                                 | Add : Legal Liability to (No. of persons 0)                                                      | Not Opted    |
| 47                                                                                                                                                                                                                                                                                                                                 | Add : Legal Liability to Driver/Cleaner/Conductor (No. of persons 0)                             | Not Opted    |
| 48                                                                                                                                                                                                                                                                                                                                 | Add : Indemnity to Hirer                                                                         | Not Opted    |
| Own Damage Coverages Opted                                                                                                                                                                                                                                                                                                         |                                                                                                  |              |
| 49                                                                                                                                                                                                                                                                                                                                 | Basic Premium on Vehicle                                                                         | Opted        |
| 50                                                                                                                                                                                                                                                                                                                                 | Add : Non-Electrical Accessories                                                                 | Not Opted    |
| 51                                                                                                                                                                                                                                                                                                                                 | Add : Trailers                                                                                   | Not Opted    |
| 52                                                                                                                                                                                                                                                                                                                                 | Add : Electrical/Electronic Accessories                                                          | Not Opted    |
| 53                                                                                                                                                                                                                                                                                                                                 | Add : Bi-Fuel Kit (CNG/LPG)                                                                      | Not Opted    |
| 54                                                                                                                                                                                                                                                                                                                                 | Add : Geographical Area Extn                                                                     | Not Opted    |
| 55                                                                                                                                                                                                                                                                                                                                 | Add : Fibre Glass Tanks                                                                          | Not Opted    |
| 56                                                                                                                                                                                                                                                                                                                                 | Add : Embassy Loading                                                                            | Not Opted    |
| 57                                                                                                                                                                                                                                                                                                                                 | Add : Driving Tutions                                                                            | Not Opted    |
| 58                                                                                                                                                                                                                                                                                                                                 | Add : IMT 23-Cover for mud-guards etc                                                            | Opted        |
| 59                                                                                                                                                                                                                                                                                                                                 | Add : Overturning during operational use                                                         | Not Opted    |
| 60                                                                                                                                                                                                                                                                                                                                 | Add : IMT 34                                                                                     | Not Opted    |
| 61                                                                                                                                                                                                                                                                                                                                 | Less : Anti Theft                                                                                | Not Opted    |
| 62                                                                                                                                                                                                                                                                                                                                 | Less : Use confined to own premises                                                              | Not Opted    |
| 63                                                                                                                                                                                                                                                                                                                                 | Less : Vehicles Specially Designed/Modified For Handicapped Persons                              | Not Opted    |
| 64                                                                                                                                                                                                                                                                                                                                 | Less : No Claim Discount 0%                                                                      | Not Opted    |
| Nominee Details                                                                                                                                                                                                                                                                                                                    |                                                                                                  |              |
| 64                                                                                                                                                                                                                                                                                                                                 | Nominee Name                                                                                     | -            |
| 65                                                                                                                                                                                                                                                                                                                                 | Nominee Relationship with Insured                                                                | -            |
| 66                                                                                                                                                                                                                                                                                                                                 | Nominee Age in Years                                                                             | -            |
| 67                                                                                                                                                                                                                                                                                                                                 | Nominee %                                                                                        | -            |
| 68                                                                                                                                                                                                                                                                                                                                 | Appointee Name                                                                                   | -            |
| 69                                                                                                                                                                                                                                                                                                                                 | Relationship of Appointee with Nominee                                                           | -            |
| On examination of the Policy, if you notice any mistake, please return the Policy to the Company immediately for correction. Any modification(s) in the policy resulting in additional premium, will be applicable from the inception of the policy and this has to be paid by you immediately to keep the policy coverage intact. |                                                                                                  |              |





## ENDORSEMENTS (Attached to and forming part of policy)

### IMT 17. PERSONAL ACCIDENT COVER TO PAID DRIVERS, CLEANERS AND CONDUCTORS : (Applicable to all classes of vehicles)

In consideration of the payment of an additional premium it is hereby agreed and understood that the Company undertakes to pay compensation on the scale provided below for bodily injury as hereinafter defined sustained by the insured person in direct connection with the vehicle insured or whilst mounting and dismounting from or traveling in vehicle insured and caused by violent accidental external and visible means which independently of any other cause shall within six calendar months of the occurrence of such injury result in:-

| Details of Injury                                                              | Scale of Compensation |
|--------------------------------------------------------------------------------|-----------------------|
| i) Death                                                                       | 100%                  |
| ii) Loss of two limbs or sight of two eyes<br>or one limb and sight of one eye | 100%                  |
| iii) Loss of one limb or sight of one eye                                      | 50%                   |
| iv) Permanent Total Disablement from<br>injuries other than named above        | 100%                  |

Provided always that

(1) compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of Rs.....\* during any one period of insurance in respect of any such person.

(2) no compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.

(3) such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.

Subject otherwise to the terms exceptions conditions and limitations of this policy.

### IMT.22. COMPULSORY DEDUCTIBLE

**(Applicable to Private Cars, three wheelers rated as private cars, all motorized two wheelers, taxis, private car type vehicle plying for public/private hire, private type taxi let out on private hire)**

Notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insured shall bear under Section 1 of the policy in respect of each and every event (including event giving rise to a total loss/constructive total loss) the first Rs....\* (or any less expenditure which may be incurred) of any expenditure for which provision has been made under this policy and/or of any expenditure by the insurer in the exercise of his discretion under Condition no ...\*\* of this policy .

If the expenditure incurred by the insurer shall include any amount for which the insured is responsible hereunder such amount shall be repaid by the insured to the insurer forthwith.

For the purpose of this Endorsement the expression "event" shall mean an event or series of events arising out of one cause in connection with the vehicle insured in respect of which indemnity is provided under this policy.

Subject otherwise to the terms conditions limitations and exceptions of this Policy.

\* (i) to insert amount as appropriate to the class of vehicle insured as per GR.40 of the tariff.

(ii) in respect of a vehicle rated under the Tariff for Private Car and in respect of a motorised two wheeler not carrying passengers for hire or reward, if any deductible in addition to the compulsory deductible provided in this endorsement is voluntarily borne by the insured, the sum representing the aggregate of the compulsory and the voluntary deductibles is to be inserted.

\*\* to insert Condition no 3 in respect of a vehicle rated under Tariff for Private Car / Two wheelers or Condition no 4 in respect of a vehicle rated under the Tariff for Commercial Vehicles.

**IMT 23. COVER FOR LAMPS TYRES / TUBES MUDGUARDS BONNET /SIDE PARTS BUMPERS HEADLIGHTS AND PAINTWORK OF DAMAGED PORTION ONLY .**  
**(For all Commercial Vehicles)**

In consideration of payment of an additional premium of Rs.....\*, notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that subject to conditions (a) (b) and (c) hereunder loss of or damage (excluding theft under any circumstances) to lamps tyres/tubes mudguards bonnet/side parts bumpers headlights and paintwork of damaged portion only is covered provided the vehicle is also damaged at the same time.  
Subject to:

- (a) Depreciation as per schedule provided in Section 1 of the policy. It is further understood and agreed that in respect of paint work for the damaged portion only (as referred to above) shall also be as per schedule provided in Section 1 of the policy.
- (b) In addition to any amount which the insured may be required to bear under para (a) above, the insured shall also bear 50% of the assessed loss in respect of each and every claim under this Endorsement.
- (c) It is also understood that no deductible other than those mentioned in (a) and (b) above shall be applicable in respect of a claim which become payable under this Endorsement.

Subject otherwise to the terms conditions limitations and exceptions of this Policy.

\* To insert the sum arrived at as per the provisions of G.R.40. NB.3. of the Tariff.

**IMT. 28. LEGAL LIABILITY TO PAID DRIVER AND/OR CONDUCTOR AND/OR CLEANER EMPLOYED IN CONNECTION WITH THE OPERATION OF INSURED VEHICLE**  
**(For all Classes of vehicles.)**

In consideration of an additional premium of Rs. 50/- notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insurer shall indemnify the insured against the insured's legal liability under the **Workmen's Compensation Act, 1923**, the **Fatal Accidents Act, 1855** or at **Common Law** and subsequent amendments of these Acts prior to the date of this Endorsement in respect of personal injury to any paid driver and/or conductor and/or cleaner whilst engaged in the service of the insured in such occupation in connection with the vehicle insured herein and will in addition be responsible for all costs and expenses incurred with its written consent.

**Provided always that**

- (1) this Endorsement does not indemnify the insured in respect of any liability in cases where the insured holds or subsequently effects with any insurer or group of insurers a Policy of Insurance in respect of liability as herein defined for insured's general employees;
- (2) the insured shall take reasonable precautions to prevent accidents and shall comply with all statutory obligations;
- \*(3) the insured shall keep record of the name of each paid driver conductor cleaner or persons employed in loading and/or unloading and the amount of wages and salaries and other earnings paid to such employees and shall at all times allow the insurer to inspect such records on demand.
- (4) in the event of the Policy being cancelled at the request of the insured no refund of the premium paid in respect of this Endorsement will be allowed.

Subject otherwise to the terms conditions limitations and exceptions of the Policy except so far as necessary to meet the requirements of the Motor Vehicles Act, 1988.

\*In case of Private cars/ motorised two wheelers (not used for hire or reward) delete this para.

### CUSTOMER INFORMATION SHEET

**This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.**

| Sl No. | Title                                                | Description(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Policy/Clause Number                                 |
|--------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1      | Product Name                                         | FUTURE SECURE COMMERCIAL VEHICLE PACKAGE POLICY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NA                                                   |
| 2      | Unique Identification Number (UIN) allotted by IRDAI | IRDAN132RP0015V02200708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NA                                                   |
| 3      | Structure                                            | Indemnity<br>Benefit Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NA                                                   |
| 4      | Interests Insured                                    | Commercial Vehicle Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NA                                                   |
| 5      | Sum Insured / Motor Insured Declared Value Scope     | INR 998,090.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NA                                                   |
| 6      | Policy Coverage                                      | 1. Loss or damage to your Vehicle due to <ul style="list-style-type: none"> <li>• Social perils like Burglary, House-breaking or theft, Riot, Strike, Terrorism, Malicious activity</li> <li>• Natural perils like Storm, cyclone, Flood, inundation, hurricane, tempest, hailstorm, frost, Earthquake (Fire and Shock), Rockslide, landslide</li> <li>• Accident external means</li> <li>• Fire, Explosion, self-ignition or lightening</li> <li>• While in transit by road, rail or inland waterway, air lift, elevator</li> </ul> 2. Legal Liability to Third parties (TP) for personal injury and property damage resulting from accident<br>3. Towing of Disabled Vehicle: The policy shall be operative whilst the insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle<br>4. Compulsory Personal Accident (CPA) Cover for Owner-Driver | Section I<br>Section II<br>Section III<br>Section IV |



|                                     |                    | Name of Add-on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
|-------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------------------------|-------|----------------------|------|---------------------|------|-------------------------------------|------|------------|
| 7                                   | Add-on Cover       | Zero Depreciation Cover<br>UIN : IRDAN132RPMT0015V03200708/A0028V02201718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NA                 |        |                                |       |                      |      |                     |      |                                     |      |            |
|                                     |                    | Consumable Cover<br>UIN : IRDAN132RPMT0015V03200708/A0029V02201718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NA                 |        |                                |       |                      |      |                     |      |                                     |      |            |
| 8                                   | Loss Participation | <p>Compulsory deductible is a mandatory deductible applicable in every claim<br/>Voluntary deductible is the extra amount you choose to pay yourself when you make a claim, on top of the compulsory deductible. By picking a voluntary deductible, the insurance premium gets reduced.</p> <p>Compulsory Deductible – INR 500<br/>Voluntary Deductible - NA</p> <p>Deductible Illustration</p> <table><tr><th>Description</th><th>Amount</th></tr><tr><td>Insurance liability Amount (A)</td><td>10000</td></tr><tr><td>Compulsory Excess(B)</td><td>1000</td></tr><tr><td>Voluntary Excess(C)</td><td>5000</td></tr><tr><td>Payable Insurance amount (D= A-B-C)</td><td>4000</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Description        | Amount | Insurance liability Amount (A) | 10000 | Compulsory Excess(B) | 1000 | Voluntary Excess(C) | 5000 | Payable Insurance amount (D= A-B-C) | 4000 | Deductible |
| Description                         | Amount             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
| Insurance liability Amount (A)      | 10000              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
| Compulsory Excess(B)                | 1000               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
| Voluntary Excess(C)                 | 5000               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
| Payable Insurance amount (D= A-B-C) | 4000               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |                                |       |                      |      |                     |      |                                     |      |            |
| 9                                   | Exclusions         | <p>We will not be liable to pay for the following cases :</p> <p>1. Any accidental loss or damage and/or liability caused sustained or incurred outside the geographic area;<br/>2. Any claim arising out of any contractual liability;<br/>3. Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is<br/>a) Being used otherwise than in accordance with the 'Limitations as to Use'<br/>or<br/>b) Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.<br/>4. (a) Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising from or any consequential loss.any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.<br/>5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.<br/>6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or</p> | General Exceptions |        |                                |       |                      |      |                     |      |                                     |      |            |



|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |  | <p>usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.</p> <p><b>Refer policy wordings for complete details on exclusion</b></p> |  |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 10                    | Special Conditions and Warranties (if any)         | -<br>All the damages existing on the vehicle prior to the inception of the policy are not covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NA             |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
|-----------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|--------------|----------------|-------------|-------|------|-------|---------------|------|---|------|-------|--|--|-------|-----------------------|--|--|------|----------------------|--|--|------|-------------|--|--|-------|-------------|-----------------|--------------|----------------|-------------|-------|------|------|---------------|------|---|------|-------|--|--|-------|-----------------------|--|--|------|----------------------|--|--|------|-------------|--|--|------|----|
| 11                    | Admissibility of Claim                             | <p>The admissibility of a claim depends on below factors:</p> <ul style="list-style-type: none"> <li>• Policy Coverage: The incident must be covered under the insurance policy.</li> <li>• Prompt Intimation: The claim must be reported promptly.</li> <li>• Full Disclosure: All relevant information related to the claim must be shared.</li> <li>• Document Submission: All required documents related to the claim must be submitted.</li> <li>• Policy Terms and Conditions: The claim must comply with the terms and conditions of the policy.</li> </ul> <p>The claims which fall under the exclusion, special conditions and warranties, mis representation of facts and fraud will not be admissible</p> <ul style="list-style-type: none"> <li>• Include a sample claim calculation process for retail products</li> </ul> <p>Sample claim calculation with Zero depreciation add on cover</p> <table border="1"> <thead> <tr> <th>Description</th><th>Assessed Amount</th><th>Depreciation</th><th>Payable amount</th></tr> </thead> <tbody> <tr> <td>Part Amount</td><td>15000</td><td>7500</td><td>15000</td></tr> <tr> <td>Labour Amount</td><td>8000</td><td>0</td><td>8000</td></tr> <tr> <td>Total</td><td></td><td></td><td>23000</td></tr> <tr> <td>Compulsory deductible</td><td></td><td></td><td>1000</td></tr> <tr> <td>Voluntary deductible</td><td></td><td></td><td>5000</td></tr> <tr> <td>Net Payable</td><td></td><td></td><td>17000</td></tr> </tbody> </table> <p>Note: Amount in INR</p> <p>Sample claim calculation without Zero depreciation add on cover</p> <table border="1"> <thead> <tr> <th>Description</th><th>Assessed Amount</th><th>Depreciation</th><th>Payable amount</th></tr> </thead> <tbody> <tr> <td>Part Amount</td><td>15000</td><td>7500</td><td>7500</td></tr> <tr> <td>Labour Amount</td><td>8000</td><td>0</td><td>8000</td></tr> <tr> <td>Total</td><td></td><td></td><td>15500</td></tr> <tr> <td>Compulsory deductible</td><td></td><td></td><td>1000</td></tr> <tr> <td>Voluntary deductible</td><td></td><td></td><td>5000</td></tr> <tr> <td>Net Payable</td><td></td><td></td><td>9500</td></tr> </tbody> </table> <p>Note: Amount in INR</p> <p>Depreciation of 50% considered on parts</p> | Description    | Assessed Amount | Depreciation | Payable amount | Part Amount | 15000 | 7500 | 15000 | Labour Amount | 8000 | 0 | 8000 | Total |  |  | 23000 | Compulsory deductible |  |  | 1000 | Voluntary deductible |  |  | 5000 | Net Payable |  |  | 17000 | Description | Assessed Amount | Depreciation | Payable amount | Part Amount | 15000 | 7500 | 7500 | Labour Amount | 8000 | 0 | 8000 | Total |  |  | 15500 | Compulsory deductible |  |  | 1000 | Voluntary deductible |  |  | 5000 | Net Payable |  |  | 9500 | NA |
| Description           | Assessed Amount                                    | Depreciation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Payable amount |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Part Amount           | 15000                                              | 7500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15000          |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Labour Amount         | 8000                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Total                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 23000          |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Compulsory deductible |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Voluntary deductible  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Net Payable           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17000          |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Description           | Assessed Amount                                    | Depreciation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Payable amount |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Part Amount           | 15000                                              | 7500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7500           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Labour Amount         | 8000                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Total                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15500          |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Compulsory deductible |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Voluntary deductible  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5000           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| Net Payable           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9500           |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |
| 12                    | Policy Servicing - Claim Intimation and Processing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NA             |                 |              |                |             |       |      |       |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |       |             |                 |              |                |             |       |      |      |               |      |   |      |       |  |  |       |                       |  |  |      |                      |  |  |      |             |  |  |      |    |

|    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
|----|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 12 | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none"> <li>• Toll free / IVRS number: 1800 220 233 / 1860-500-3333 / 022-67837800</li> <li>• Website: <a href="https://general.futuregenerali.in/">https://general.futuregenerali.in/</a></li> <li>• Claim Form: <a href="https://general.futuregenerali.in/downloads/motor-insurance/future-secure-two-wheeler-package-policy/claim-forms/future-secure-two-wheeler-package-policy-claim-form.pdf">https://general.futuregenerali.in/downloads/motor-insurance/future-secure-two-wheeler-package-policy/claim-forms/future-secure-two-wheeler-package-policy-claim-form.pdf</a></li> <li>• Email: <a href="mailto:fgcare@futuregenerali.in">fgcare@futuregenerali.in</a></li> <li>• Details of designated company officials to be contacted in time of claim –<br/>Off Code-16,Future Generali India Insurance Co Ltd,Unit Nos. 907 to 911,9th Floor, City Tower Building,Street No.-17, Boat Club Road,Sassoon Road Branch,, PUNE, MAHARASHTRA, INDIA,Pin Code :411001,Tel No:02066258100</li> <li>• Details of procedure to be followed for cashless service (In case of Motor Insurance) as well as for reimbursement of claim</li> </ul> <p><b>Cashless claim process (Accident claim)</b></p> <ul style="list-style-type: none"> <li>• <b>Claim Intimation:</b> Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking</li> <li>• <b>Assignment of Surveyor:</b> Surveyor will be assigned for the registered accident claim.</li> <li>• <b>Documents:</b> The claim documents to be submitted to the surveyor</li> <li>• <b>Claim Assessment:</b> The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition</li> <li>• <b>Vehicle Repair:</b> The vehicle will be repaired by the workshop</li> <li>• <b>Delivery order:</b> The vehicle delivery confirmation will be provided once the Invoice/ pre-invoice is received based on the surveyor report and policy terms and conditions. The vehicle can be collected by paying the difference amount between the invoice value and the Insurance amount in the delivery order</li> <li>• <b>Payment:</b> The claim payment will be done directly to the workshop</li> </ul> <p><b>Reimbursement claim process (Accident claim)</b></p> <ul style="list-style-type: none"> <li>• <b>Claim Intimation:</b> Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking</li> <li>• <b>Assignment of Surveyor:</b> Surveyor will be assigned for the registered accident claim.</li> <li>• <b>Documents:</b> The claim documents to be submitted to the surveyor</li> <li>• <b>Claim Assessment:</b> The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition</li> <li>• <b>Vehicle Repair:</b> The vehicle will be repaired by the workshop.</li> <li>• <b>Claim settlement:</b> The final claim amount is determined after invoice and payment receipt is received, based on the surveyor's report and the policy terms and conditions. The claim amount will be paid to the Insured</li> </ul> | NA |
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TOTAL INSURANCE SOLUTIONS

|                         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |     |                         |                                            |                  |                                                                                                               |    |
|-------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-------------------------|--------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------|----|
| 12                      | Policy Servicing - Claim Intimation and Processing                                                            | <ul style="list-style-type: none"><li>• <b>Turn Around Time (TAT)</b> for claims settlement</li></ul> <table><tr><td>Description</td><td>TAT</td></tr><tr><td>Appointment of Surveyor</td><td>Within 24 hours from registration of claim</td></tr><tr><td>Claim Settlement</td><td>Within 7 days from the submission of surveyor report or last document related to the claim whichever is later</td></tr></table> <ul style="list-style-type: none"><li>• Escalation Matrix when TAT is not satisfied:<br/><a href="mailto:fgcare@futuregenerali.in">fgcare@futuregenerali.in</a></li></ul>  | Description | TAT | Appointment of Surveyor | Within 24 hours from registration of claim | Claim Settlement | Within 7 days from the submission of surveyor report or last document related to the claim whichever is later | NA |
| Description             | TAT                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |     |                         |                                            |                  |                                                                                                               |    |
| Appointment of Surveyor | Within 24 hours from registration of claim                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |     |                         |                                            |                  |                                                                                                               |    |
| Claim Settlement        | Within 7 days from the submission of surveyor report or last document related to the claim whichever is later |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |     |                         |                                            |                  |                                                                                                               |    |
| 13                      | Grievance Redressal and Policy holders Protection                                                             | <ul style="list-style-type: none"><li>• State the brief details of Protection of Policyholder's Interest - <a href="https://general.futuregenerali.in/policies">https://general.futuregenerali.in/policies</a></li><li>• Details of Grievance Redressal Officer of the Insurer - <a href="mailto:fgcare@futuregenerali.in">fgcare@futuregenerali.in</a></li><li>• Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li><li>• Ombudsman - <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li></ul> | NA          |     |                         |                                            |                  |                                                                                                               |    |
| 14                      | Obligations of the Policyholder                                                                               | <ul style="list-style-type: none"><li>• To disclose all information correctly sought by the insurer at time of filling the proposal form</li><li>• In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately</li><li>• Non-disclosure of material information may affect the claim settlement.</li></ul>                                                                                                                                                                                         | NA          |     |                         |                                            |                  |                                                                                                               |    |

**Declaration by the Policyholder.**

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

Place:

(Signature of the Policyholder)

Date:

(Authorized signatory, where policyholder is juridical person)

(Stamp of the legal entity)

**Note :**

- Website link for documents: - <https://general.futuregenerali.in/customer-service/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

