



## DETAILS OF CLAIM FOR DISMEMBERMENT / TOTAL PERMANENT DISABILITY RIDER BENEFIT

Doliov No

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			Client Id	-
Inti	mation by:			
Contact No. : Relationship with the insured:				
<u>De</u>	etails of Loss:			
1.	Name of the Insured :			
2.	Date of Accident :			
3.	Details of Accident :			
4.	What were the initial symptoms?			
5.	Which doctor(s) were summoned?	(Provide us w	ith the name & contact details)	
6.	What was the diagnosis :	<u></u>		
7.	What treatment was given?			
8.	Was any operation performed?			
9.	Details about hospitalization :			
	Name of the Hospital			
	Address			
	Contact Nos			
	Date of Admission			

Future Group's and Generali Group's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited. (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@futuregenerali.in | Call us at 1800 102 2355 | Website: life.futuregenerali.in

Date of Illness/Loss

Name of Attending Doctor





10. Was he treated in the same hospital or any other hospital in the past?

11. Were there any related/unrelated illnesses in the past? And where was he treated?

Signature:

Name of Branch Manager/Executive: \_\_\_\_\_

Branch: \_\_\_\_\_

Date: \_\_\_\_\_

Incase, Intimation is through direct walk - in at HO/Zone/Branch :

Signature of the person intimatin

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