



FUTURE GENERALI INDIA

Life Insurance Company Limited

(Details of claim for Death Benefit)

Policy/Proposal No. _____

Client Id. _____

Intimation by: _____

Contact No. : _____

Relationship with the insured: _____

Complete Mailing Address _____

Details of Death:

1. Name of the deceased: _____

2. Died at: Home Hospital Road Elsewhere

3. If in hospital, provide us with following details :-

Name of the Hospital	
Address	
Contact Nos	
Date of Admission	
Date of Death	
Name of Attending Doctor	

4. What was the diagnosis : _____

5. Date of Death: _____

6. Place of Death: _____ Time of Death : _____

7. Cause of Death : _____

8. Who certified the cause of death? _____

9. Was the death reported to police? Yes No

If Yes – Please provide details (Name, Address & contact no. of police station where reported.) _____

10. Was a Post Mortem Examination performed? Yes No

If Yes–Please provide details (Name of Hospital, date, time, and contact no. e-mail)

Signature _____

Name of Branch Manager/ Branch Operation Executive: _____

Branch: _____

Date: _____

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

Signature of the person intimating _____