



FUTURE GENERALI INDIA

Life Insurance Company Limited

MEDICAL QUESTIONNAIRE FOR Total Permanent Disability CLAIM

Policy No: _____

Claim No: _____

Details of the Life Assured

Full name of the Life Assured	
Age & Gender	

Details of illness

(A)

Symptoms/Complaints	
Duration of Symptom/ Complaint	
Date of First Consultation	
Name & Address of Doctor Consulted	
Date of Event	
Event leading to main claim event and documentation of the same (FIR etc)	
Diagnosis Date	

(B) Details of Family Doctor

Name of the Doctor	
Address	
Contact Nos.	
Email address	

(C) Name and address of the doctors who had attended / the hospitals where the Life Assured was treated during last five years:-

Name of Doctor/Hospital	Address	Date of Consultation	Diagnosis

(D) In case of TPD due to Accident

Brief details of accident (with Reg. No. of vehicles involved)			
Was the Life Assured Driving vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide copy of Driving License)		
Date & Time of accident		Place of Accident	



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Name, address & Tel No. of the hospitals .where the Life Assured was admitted after the accident	
Name, Address & Tel. Nos. of police station where accident was reported.	

(E)	Particulars	Yes / No	Comments
The Life Assured will be regarded as Totally and Permanently disabled if, as a result of accidental bodily injury, resulting solely and directly from an accident caused by outward, violent and visible means			
(i)	Whether the Life Assured has been rendered totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.		
(ii)	Whether the Insured has suffered the loss of (or the total and permanent loss of use of) both hands, or both feet, or both eyes, or a combination of any two.		
(iii)	Whether the above Disability has been lasted without any interruption for at least 180 consecutive days.		

Any additional information which could help us process the claim (to be filled in by the medical practionser only)

Please attach records alongwith this form.

I hereby declare that the information provided above is best to my personal knowledge & belief and nothing has been concealed therefrom.

Name: _____ **Signature & Seal:** _____

Registration No: _____ **Date:** _____

Address: _____

Contact No : _____