FUTURE GENERALI INDIA
Life Insurance Company Limited

REQUEST FOR DEATH CLAIM

(To be filled in by person legally entitled to the claim amount)

Please answer all questions, use "not applicable" (N/A) as appropriate. Do not leave any question blank. Counter-sign where amendments/alterations are made in the replies in the form.
The filling of this form is not to be construed as an admission of liability on the part of Future Generali India Life Insurance Company Limited (the " Company'') No agent has been or is authorized to admit any liability on behalf of the Company.

I. Claimant's Details

Claimant's Name In Full			
Age & Gender			
Correspondence Address & Contact No:			
Relationship with the deceased.			
In what capacity are you claiming? (Please tick one)	☐ **Nominee** ☐ **Appointee** ☐ **Legal Heir** ☐ **Poli cyholder** ☐ **Others** _______________		
Bank Account No (*)		**Type of Account**	
Name as appearing in the Bank Account (*)			
Bank Name & Branch (*)			
*** Please attach a copy of your Bank passbook / bank statement as proof of above bank account**			

II. Details of the Life Assured

Full name of the Life Assured			
Date of Birth			
Last Occupation & Duties			
Date when last attended to work		**Annual Income**	
Employer Name & Address			
Address at the time of death			
Date of Death		**Time of Death**	
Cause of Death			
Place of Death			
Name, Address & Tel. Nos. of doctor / hospital certifying death			
Was a postmortem carried out? If Yes, please provide Name, Address & Tel. No of Hospital. Any additional information?			

III. Lifestyle

Did the Life Assured consume Alcohol/ drugs?	☐ Yes ☐ No If Yes, i. Quantity: _____glass/peg per _______ ii. Since when _______
Did the Life Assured Smoke or otherwise use tobacco products?	☐ Yes ☐ No If Yes, i. Quantity: _____sticks/packets per _______ ii. Since when _______

IV.A. Details of illness

Nature of illness/ailment	
Duration of Illness/ailment	
When did the insured complain of or showed symptoms of his/her last illness?	
When did the insured first seek medical treatment for his/her last illness?	
People present at the time of death (Please provide details)	

IV.B. Details of Family Doctor

Name of the Doctor(s)	
Address & Contact Nos.	

IV.C. Name and address of the doctors who had attended / the hospitals where the Life Assured was treated during his last illness:-

Name of Doctor/Hospital	Address	Date of Consultation	Diagnosis

IV.D. In case of death due to Accident

Brief details of accident (with Reg. No. of vehicles involved)			
Was the Life Assured Driving vehicle?	☐ Yes ☐ No (If Yes, please provide copy of Driving License)		
Date & Time of accident		**Place of Accident**	
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.			

V . Assignments / Reassignments

Is the policy Assigned ☐ **Yes** ☐ **No**
Is the policy Reassigned ☐ **Yes** ☐ **No**

Name and Address of the Assignee ____

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VI. Details of Life Insurance Coverage by other companies

Name of Insurance Cos.	Policy Nos. and Type.	Commencement Date	Sum Assured	Claim Status

VII. DECLARATION & AUTHORIZATION

I ____do hereby declare that the information given on this death claim request form is true and complete to the best of my knowledge and belief and all documents submitted are genuine and duly authenticated. I/we understand that in case any of the above information is found to be false or fabricated, the Company at its discretion may repudiate the claim amount and take necessary action against me.

I hereby authorize the Hospital(s) / Doctor(s) / Laboratories who have examined or treated the deceased for any ailment or illness to provide Future Generali India Life Insurance Company Limited and its authorised representatives/claims investigators such information regarding the deceased's state of health which such hospital, doctor or laboratory may have acquired before or after the policy was issued on the life of _________________________________ by Future Generali India Life Insurance Company Limited . I also authorize the deceased Employer (including any previous employers) to provide information regarding the employment, leave record and medical assistance availed of by the deceased during the tenure of his employment. I further authorize any government organization/undertaking (including the Police or Revenue) to make available to the company or to person or agency as may be authorized by the said company, such information and records as may be needed by it to process a claim. I shall not have any objection, in case Company obtains any document pertaining to life assured or me in relation to or in respect of the abovesaid Policy or otherwise as may be required.

I agree to provide and furnish any other details and reports as and when required by Future Generali India Life Insurance Company Limited for processing my claim.

Signature of Witness **Signature/Thumb Impression of Claimant**

Name of witness ____ **Place:** ___________________________

Address ____

____ **Date:** ____________________________

VIII. VERNACULAR DECLARATION: If the Claimant signs in vernacular or affixes a thumb impression, the witness should also sign the following:

I certify that the contents of this form were explained to the Claimant in __________________ (language) and he/she has affixed his/her thumb impression after fully understanding the same.

Signature ____ **Address** ____

____

Full Name ____ **Contact Nos.** _____________________________________

Designation ______________________________________

<u>Note</u>: This declaration must be witnessed by any one of the following Employer, Advocate, Bank Manager, Officer,/Notary, Doctor, Gazette Officer, Head Master of a High School, Head Post Master or Departmental Sub-Post Master, Magistrate or President of a Village or Local Body or a Branch Manager of our Company .

List of Requirements: Please tick the documents submitted

For Pension Plans without Term Rider	Tick if Attached
1. Death Certificate	
2. Medical Cause of Death Certificate	
3. Original Policy Document	
4. Photocopy of Bank Passbook	
5. Life Assured's Photo ID and Date of Birth Proof	
6. Claimant's Photo ID and Date of Birth Proof	
7. Relationship proof of Claimant with Life Assured	
Additional requirements in case of Non-Accidental cause of death	
8. Medical Questionnaire	
9. All hospital papers of hospitalisations in last 5 years	
10. Employer Questionnaire	
Additional Documents in case of Accidental/Suicide/Murder cases	
11. Post Mortem Report	
12. Chemical Viscera Report (if done)	
13. First Information Report (FIR) by Police	
14. Panchnama/Inquest Panchnama	
15. Final Investigation Report by Police	
16. Newspaper Cutting ,if any	
17. Driving License, only if Life Assured was driving at the time of accident	

- **All the documents submitted to us should be in Original or photocopies duly attested by a Gazetted Officer/SEM / Magistrate or a person of local standing/ Sarpanch/ Talathi/ Tahsildar or Police Sub-Inspector or Branch Manager of our company**
- **All medical reports, documents and certification shall be issued by the attending physician and who is qualified to provide such document/certification according to Indian Laws**
- **In addition to the above documents the Company reserves the rights to ask for more documents/information as may be required in consideration of the claim.**
- **Notification of claim, submission of claim forms and/or claim documents to the Company shall not be construed as an admission of liabilities of the Company. No agent is authorized to admit any liabilities on behalf of the Company, or to alter this list of documents or any claim requirements called for by the Company.**