



INDIVIDUAL DEATH CLAIM FORM

FOR OFFICIAL USE ONLY

Branch name: Branch code:

Interaction ID:

Employee name:

Employee code:

Date:

Time: ☐ On or before 3 PM ☐ After 3 PM

Sign:

Photograph
of Claimant:

POLICY DETAILS

Policy Number:

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. ☐ Mrs.

Father's / Husband's name:

DETAILS OF DEATH

Date of death:

Place of death: ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (please specify)

Nature of death: ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide

Cause of death:

Name & address of police station where FIR was lodged (if any):

PIN Code:

LAST EMPLOYER DETAILS (IF APPLICABLE):

Name of the company:

Name of contact person: Contact no.

MEDICAL DETAILS:

Family Doctor name: Registration no. Contact no.

Last treating / attending doctor name: Registration no. Contact no.

Date of diagnosis of illness:

Nature of Illness: ☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease ☐ Kidney disease ☐ Cancer ☐ Other (specify)

Name, address and contact details of all doctors / hospitals where the life insured was treated within the last 5 years preceding the death:

Name of hospital / doctor	Address	Contact details	Disease / condition treated for	Treatment dates (from-to)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Habit related details:

Smoking: ☐ YES ☐ NO (if yes - duration: quantity:) Drinking: ☐ YES ☐ NO (if yes - duration: quantity:)

Tobacco: ☐ YES ☐ NO (if yes - duration: quantity:)

Drug Intake: ☐ Heroin ☐ Cocaine ☐ Cannabis / Ganja ☐ LSD ☐ Other: (if yes - duration: quantity:)



Other Insurance details: (Life / Mediclaim / Health)

Policy	Company name	Sum Assured	Status (Active / Lapsed / Applied / Mature)

DETAILS OF CLAIMANT

Claimant name: ☐ Mr. ☐ Ms. ☐ Mrs.

Date of birth:

Address:

PIN Code: Contact no.: Convenient time to call:

Office & / or personal email ID:

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others

Claimant's title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN details: Or Form 60

Politically exposed person: ☐ YES ☐ NO US Person: ☐ YES ☐ NO (If Yes, please fill FATCA / CRS certification)

If NRI or Foreign National, please provide country of residence or Nationality

CLAIMANT NEFT MANDATE / BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details, else appointee's

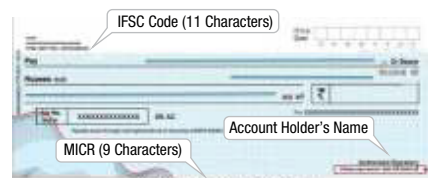
Bank account no.:

Account holder name:

Bank name & branch:

Account type: ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: MICR:



Mandatory for Pension Plans, Please indicate how you would like to receive the benefits:

☐ Entire amount as Lump sum, ☐ Entire amount as Annuity, ☐ Part as Annuity and Part as Lump sum, As Instalments)

Mandatory for the following products "Generali Central Term with Return of Premium" (Formerly known as Future Generali Term with Return of Premium) & "Generali Central Assured Income Plan" (Formerly known as Future Generali Assured Income Plan)

Please indicate how you would like to receive the benefits. (Please tick one of the following options):

☐ Entire Amount as a Lump sum, ☐ Entire amount in Annual Instalments, ☐ Entire amount in Monthly Instalments)

DECLARATION AND AUTHORISATION

- I hereby declare that all the details filled / furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realisation of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV / AIDS and others, related to the Life Assured, to Generali Central Life Insurance from both the past and present.
- A photocopy of this declaration shall be considered as valid and effective.
- I authorise Generali Central Life Insurance to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other services and hereby provide my consent for the same.

Date:

Place:

Sign here

Signature of the Claimant

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: care@generalicentral.com

Note: If you feel that the space provided is insufficient anywhere, kindly attach additional sheets



DECLARATION TO BE MADE BY THIRD PERSON FOR THUMB IMPRESSION OR VERNACULAR SIGNATURE

The Claimant has affixed his / her thumb impression / has signed in vernacular / has not filled the form. I hereby declare that the content of this form has been explained to the Claimant in _____ language and I have truthfully recorded the answers provided to me. I further declare that the Claimant has signed / affixed his/her thumb impression in my presence.

Name of the declarant: _____

Address: _____

_____ PIN Code:

Date:

Place: _____ Sign here

Signature of the Claimant

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (PLEASE READ BEFORE FILLING THE FORM)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form.
2. Claims under multiple policies may be registered by filling a single form & by providing all applicable policy numbers.
3. In case of more than one claimant, separate forms need to be filled for each claimant.
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque.
5. Claim is payable subject to fulfilment of all terms and conditions of the policy.
6. No fee or commission should be paid to anyone to process this claim.
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through them only.

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS - REFER SECTION C

- (1) Original policy document (Not necessary in case of dematerialised policy document)
- (2) Death certificate issued by local authority
- (3) Claimant's PAN card
- (4) Claimant's passport size photograph
- (5) Cancelled cheque

ADDITIONAL DOCUMENTS HOSPITALISATION / DEATH DUE TO ILLNESS

- (1) Medical cause of death certificate
- (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports etc.)
- (3) Claimant's passport size photograph
- (4) Cancelled cheque

ACCIDENTAL DEATH

- (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable)
- Newspaper cutting (s), if any, Others as applicable

Disclaimers:

1. Copies to be submitted and originals to be presented at the time of claim submission.
2. Generali Central Life Insurance Company Limited reserves the right to ask for more information/ documents, if required

Note: If you feel that the space provided is insufficient anywhere, kindly attach additional sheets





C. LIST OF VALID IDENTITY & ADDRESS PROOFS (PLEASE TICK THE DOCUMENT SUBMITTED)

PHOTO IDENTIFY PROOF (ANY ONE)

- ☐ Claimant's PAN card
- ☐ Voter ID card
- ☐ Valid passport
- ☐ Aadhaar card*
- ☐ Valid driving license
- ☐ Bank passbook with stamped photograph (not more than 6 months old)
- ☐ ID Card issued by Central / State Govt. to employees
- ☐ Any other Central / State Govt. issued ID

ADDRESS PROOF (ANY ONE)

- ☐ Valid passport
- ☐ Voter ID card
- ☐ Aadhaar card*
- ☐ Valid driving license
- ☐ Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by Generali Central Life Insurance

D. NOTE: CLAIMANT NEFT MANDATE / BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Generali Central Life Insurance.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account

Note: If you feel that the space provided is insufficient anywhere, kindly attach additional sheets



CLAIMANT ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy number:

Branch name / Interaction ID:

Employee name:

Employee sign:

Claimant name:

Claimant client ID:

Date:

Employee code:

Branch stamp

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as '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@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.