



## CRITICAL ILLNESS / TOTAL PERMANENT DISABILITY CLAIM FORM

### POLICY DETAILS

Policy number:

### DETAILS OF LIFE ASSURED

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

Father's / Husband's name:

Address of Life Assured:

PIN Code:

### DETAILS OF THE PERSON INTIMATING THE CLAIM (IF OTHER THAN LIFE ASSURED)

Intimation by: ☐ Mr. ☐ Ms. ☐ Mrs.

Relationship with Life Assured:

Address:

PIN Code:  Contact number:

### ILLNESS INFORMATION

Symptoms / Complaints:

Date of first appearance of symptoms:  Duration of symptoms / complaints:

Date of first consultation:  Name of consulted doctor:

Address of consulted doctor:

Contact number:  PIN Code:

Diagnosis:  Diagnosis date:

What treatment was given?

Was any operation performed? ☐ YES ☐ NO If yes, please furnish the details of the surgery:

### DETAILS OF HOSPITALISATION

Name of the hospital:

Hospital address:

PIN Code:  Contact number:

Date of admission:  Date of discharge:

### PAST MEDICAL HISTORY

Name and address of the doctors other than above, who had attended / the hospitals where the life assured was treated during last five years

Name of hospital / doctor	Contact details	Date of consultation	Symptoms / Complaints	Diagnosis / Tests undergone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### DETAILS OF FAMILY DOCTOR, IF ANY

Name:

Address:

PIN Code:  Contact number:

## Details of accident: |

Date of resignation / Last date of work: 

D	D	M	M	Y	Y	Y	Y
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A screenshot of a bank passbook page. Three callout boxes with arrows point to specific fields:
 

- IFSC Code (11 Characters)**: Points to the IFSC Code field at the top right.
- MICR (9 Characters)**: Points to the MICR line at the bottom of the page.
- Account Holder's Name**: Points to the Account Holder's Name field on the right side.

PIN Code: 

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 Place: 

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 Date: 

D	D	M	M	Y	Y	Y	Y
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### 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: 

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Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_

Sign here

Signature of Declarant:

### DOCUMENT CHECKLIST

#### LIST OF REQUIREMENTS: PLEASE TICK (✓) THE DOCUMENTS SUBMITTED

- ☐ Original Policy Document
- ☐ Attending Physician Statement
- ☐ Indoor Case Papers of Present & Past Hospitalisations
- ☐ Discharge Summary of Present and Past Hospitalizations
- ☐ First Consultation Notes & all Follow- up Consultation Notes
- ☐ Certificate of Diagnosis
- ☐ All related Medical Examination Reports, e.g.
- ☐ Laboratory test reports
- ☐ X-Ray / CT scan / MRI Reports & Plates
- ☐ Ultrasonography Report
- ☐ Histopathology Report
- ☐ Clinical / Hospital Reports
- ☐ Angiography Reports & Plates
- ☐ Others (please specify)
- ☐ All the documents submitted to us should be in Original or photocopies 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.

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

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