



DETAILS OF CLAIM FOR DISMEMBERMENT / TOTAL PERMANENT DISABILITY RIDER BENEFIT

		Policy No
		Client Id
Intimation by:		
Contact No. :		
Relationship with the insured:		
Details of Loss:		
1.	Name of the Insured :	
2.	Date of Accident :	
3.	Details of Accident :	
4.	What were the initial symptoms?	
5.	Which doctor(s) were summoned?	(Provide us with the name & contact details)
6.	What was the diagnosis :	
7.	What treatment was given?	
8.	Was any operation performed?	
9.	Details about hospitalization :	
	Name of the Hospital	
	Address	
	Contact Nos	
	Date of Admission	

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

Date of Illness/Loss

Name of Attending Doctor





10. Was he treated in the same hospital or any other hospital in the past?

11. Were there any related/unrelated illnesses in the past? And where was he treated?

Signature:

Name of Branch Manager/Executive: _____

Branch: _____

Date: _____

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

Signature of the person intimating _____

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