

INDIVIDUAL DEATH CLAIM FORM

For Official Use Only

Branch Name: _____ Branch Code: _____

Interaction ID: _____

Employee Name: _____

Employee Code: _____ Sign: _____

Date: Time: ☐ On or Before 3 PM ☐ After 3 PM

Photograph
of Claimant

SECTION A*

POLICY DETAILS

Policy Number(s): _____

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. _____ FIRST MIDDLE LAST

Father's Name: _____ FIRST MIDDLE LAST

Date of Death

Place of Death ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (Please specify) _____

Family Doctor: Name _____ Registration No. _____ Contact No. _____

Last treated/attended Doctor: Name _____ Registration No. _____ Contact No. _____

Last Employer details (If applicable):

Name of the Company _____ Name of contact person _____ Contact No. _____

Nature of Death ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide

Cause of Death _____

Nature of illness and Habit of the insured

☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease
☐ Kidney disease ☐ Cancer ☐ Other _____
☐ Smoking ☐ Tobacco ☐ Drugs If yes, Duration of Consumption _____ & Quantity _____ Consumed

Date of diagnosis of illness

Other Insurance details: (Life/Mediclaim/Health)

Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

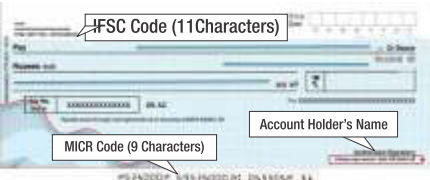
DETAILS OF CLAIMANT

Claimant Name: ☐ Mr. ☐ Ms. _____

Date of Birth:

Address: _____ FIRST LAST
 _____ BUILDING ROAD NAME/NO
 _____ LANDMARK
 _____ CITY/VILLAGE
 _____ DISTRICT STATE

Claimant Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address: _____	FIRST LAST
	BUILDING ROAD NAME/NO
	LANDMARK
	CITY/VILLAGE
	DISTRICT STATE
Pincode: _____	
Contact No.: _____	MOBILE RESIDENCE OFFICE
Office & / or Personal Email ID: _____	
Relation with the Life Assured: <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Parents <input type="checkbox"/> Others _____	
Claimant's Title: <input type="checkbox"/> Nominee <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Appointee <input type="checkbox"/> Employer <input type="checkbox"/> Assignee <input type="checkbox"/> Beneficiary	
Claimant's PAN details: <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"/> Or Form 60 <input type="checkbox"/>	
Politically exposed person: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US Person: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill FATCA / CRS certification)	

CLAIMANT NEFT MANDATE / BANK ACCOUNT DETAILS	
In case of children's plans, if beneficiary is a major, please provide beneficiary's account details	
Bank Account No. : _____	
Account Holder Name: _____	
Bank Name & Branch: _____	
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	
IFSC: _____ MICR: _____	
Mandatory for Pension Plans, Please indicate how you would like to receive the benefits	
<input type="checkbox"/> Entire amount as Lump sum <input type="checkbox"/> Entire amount as Annuity <input type="checkbox"/> Part as Annuity, Part as Lump sum <input type="checkbox"/> As Installments	
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)	
<input type="checkbox"/> Entire Amount as a Lump sum <input type="checkbox"/> Entire amount in Annual Installments <input type="checkbox"/> Entire amount in Monthly Installments	

SECTION C*	
<div style="background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;">DECLARATION AND AUTHORISATION</div> <ul style="list-style-type: none"> 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 photo copy 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place: _____	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center;">SIGN HERE</div> <div style="text-align: left; margin-left: 20px;">Signature of Claimant</div>
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	

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 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: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

SIGN HERE

Signature of Third Person

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 fulfillment 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 this only
8. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

- (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 (5) 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



C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)**PHOTO IDENTIFY PROOF (ANY ONE)**

- | | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Claimant's PAN CARD | <input type="checkbox"/> Valid Passport | <input type="checkbox"/> Voter ID Card |
| <input type="checkbox"/> Aadhaar Card* | <input type="checkbox"/> Valid Driving License | |
| <input type="checkbox"/> Bank Passbook with stamped photograph (not more than 6 months old) | | |
| <input type="checkbox"/> ID Card Issued by Central/State Govt. to employees | | |
| <input type="checkbox"/> Any other Central/State Govt. issued ID | | |

ADDRESS PROOF (ANY ONE)

- | |
|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Valid Passport |
| <input type="checkbox"/> Voter ID Card |
| <input type="checkbox"/> Aadhaar Card* |
| <input type="checkbox"/> Valid Driving License |
| <input type="checkbox"/> 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.

**CLAIMANT ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM**

Policy No. _____	Claimant Name _____
Branch Name / Interaction ID _____	Claimant Client ID _____
Employee Name _____	Date _____
Employee Sign _____	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 / FRAUD PHONE CALLS: 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.