GENERALI Central
LIFE INSURANCE

MEDICAL QUESTIONNAIRE FOR TOTAL PERMANENT DISABILITY CLAIM

Policy No.		Claim No.	

DETAILS OF THE LIFE ASSURED			
Full Name of the Life Assured			
Age		Gender	☐ Male ☐ Female

A. DETAILS OF ILLNESS	
Symptoms/Complaints	
Duration of Symptom/Complaint	
Date of First Consultation	
Name & Address of Doctor Consulted	
Date of Event	
Event leading to main claim event and documentation of the same (FIR etc)	
Diagnosis Date	

B. DETAILS OF FAMILY DOCTOR	
Name of the Doctor	
Address	
Contact Nos.	
Email address	

C. NAME AND ADDRESS OF THE DOCTORS WHO HAD ATTENDED / THE HOSPITALS WHERE THE LIFE ASSURED WAS TREATED DURING LAST FIVE YEARS

Name of Doctor/Hospital	Address	Date of Consultation	Diagnosis

D. IN CASE OF TPD 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			

E. Total and Permanent disability clause

The Life Assured will be regarded as Totally and Permanently disabled if, as a result of accidental bodily injury, resulting solely and directly from an accident caused by outward, violent and visible means

No.	Particulars	Yes/No	Comments
i.	Whether the Life Assured has been rendered totally incapable of being employed or engaged in any work or any occupation Whatsoever for remuneration or profit.	☐ Yes ☐ No	
ii.	Whether the Insured has suffered the loss of (or the total and permanent loss of use of) both hands, or both feet, or both eyes, or a combination of any two.	☐ Yes ☐ No	
iii.	Whether the above Disability has been lasted without any interruption for at least 180 consecutive days.	☐ Yes ☐ No	

F. Any additional information which could help us process the claim (To be filled in by the medical practionser only)

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Please attach records along with this form.

I hereby declare that the information provided above is best to my personal knowledge & belief and nothing has been concealed therefrom.

Name _____ Signature & Seal

Registration No _____

Address _____

_____

Contact No. _____ Date _____