



DETAILS OF CLAIM FOR DEATH BENEFIT

Policy/Proposal No. Intimation by	
Client Id. Contact No.	
Relationship with the insured	
Complete Mailing Address	
DETAILS OF DEATH	
1. Name of the deceased	
2. Died at: Home Hospital Road Elsewhere	
3. If in hospital, provide us with following details:	
Name of the Hospital	
Address	
Contact Nos.	
Date of Admission Date of Death	
Name of Attending Doctor	
4. What was the diagnosis	لــــ
5. Date of Death DDMMYYYYY	
6. Place of Death	
7. Cause of Death	
8. Who certified the cause of death?	
9. Was the death reported to police?	
If Yes - Please provide details (Name, address & contact no. of police station where reported)	
10.Was a Post Mortem Examination performed? Yes No	
If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail)	
Signature	
Name of Branch Manager/ Branch Operation Executive	I
Branch	
Incase, Intimation is through direct walk-in at HO/Zone/Branch	
Signature of the person intimating	

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