

DEATH CLAIM FORM BY THE EMPLOYER

A. Policy Details

1. Master Policyholder Name			
2. Policy Number		3. Certificate No.	
4. Name / Number of Subsidiary			
5. Address			
6. Contact Number		7. Policy Effective Date	D D M M Y Y Y Y

B. Deceased Member Details

1. Name	(Title)	(First Name)	(Middle Name)	(Last Name)
2. Date of Birth	D D M M Y Y Y Y	3. Member ID		
4. Date of Joining the Company	D D M M Y Y Y Y	5. Cat. / Sal Grade		
6. Cover Commencement Date	D D M M Y Y Y Y	7. Annual CTC ₹		
8. Eligible Sum Assured under the Scheme: ₹			9. Whether active at work	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Last day at work	D D M M Y Y Y Y	11. Date of Death	D D M M Y Y Y Y	
12. Place of Death				
13. Cause of Death	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Others			
14. Details of Illness/ Accident				

C. Beneficiary Details (Payment to be made in favour of: Nominee / Beneficiary)

1. Nominee/ Beneficiary Name	(Title)	(First Name)	(Middle Name)	(Last Name)
2. Mobile No				
3. Email ID				
4. Date of Birth	D D M M Y Y Y Y	5. Relationship with Insured		
6. Address				
7. Aadhaar Number			8. Permanent Account Number (PAN)	
9. NEFT Payment	i. Account Holder name			
	ii. Bank Name		iii. IFSC code	
	iv. Bank Account Number		v. Branch Name	
10. Resident for Tax purpose in jurisdiction(s) outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Tick as applicable) (If Yes: Please submit FATCA Declaration)			

D. If payment to be done in favour of Master Policyholder,

Reason	
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Employer Declaration

I/ We hereby declare that the above information has been verified by us to the best of our knowledge and belief. I/We also undertake that any litigation or controversies arising shall be handled by us. Further, we undertake to indemnify Future Generali India Life Insurance Company Limited the loss suffered, if any, due to wrong statement or information given in connection with this claim.

Beneficiary Signature _____ Master Policyholder Authorized Name _____

Date | D | D | M | M | Y | Y | Y | Y |

Signature and Seal

Place _____

Designation _____

Date | D | D | M | M | Y | Y | Y | Y |

Copies of the below mentioned documents would be required along with the claim form, duly certified by the Master Policyholder

1. Copy of the Death Certificate issued by the Municipal Authority
2. Member Six Months leave records prior to commencement of risk (if asked for)
3. Personalized cancelled cheque / Bank Passbook of nominee/ beneficiary
4. Beneficiary/ Nomination form signed by the member
5. Beneficiary/ Nominee relationship proof with the insured member (KYC records)
6. Beneficiary/ Nominee PAN & Aadhaar number details
7. In case of Accidental Death: **a.** First Information report; **b.** Post Mortem Report; **c.** Panchnama Report; **d.** Police inquest Report with final findings (if asked for)



DEATH CLAIM INTIMATION FORM

Policy Details:

Name of Master Policyholder	
Master Policy Number	
Policy / Certificate effective date	
Name / Number of Subsidiary (If any)	

Deceased Member's Details:

Full Name of the deceased Member	
Employee Code	
Date of Birth (as per your records)	
Date of joining the Company	
Date of joining the Group Policy	
Last day at work	

Details of Death:

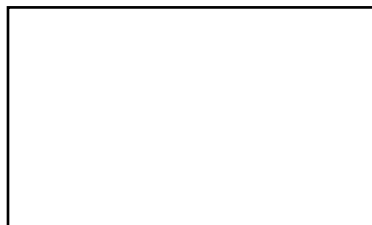
Date of Death	
Cause of Death	
Place of Death	

Name of Authorized Signatory _____

Signature of Signatory: _____ Date _____

Designation: _____

Affix the Company Rubber Stamp/Seal:



**Future Generali India
Life Insurance Company Limited**
List of Primary Claim Documents for Group Insurance Claims

Type of claim	
<p>Primary requirements for Claims of Basic Cover up to FCL or GIL</p> <p>* The Company however, reserves the right to ask for any additional proofs and documents in support of the claim.</p>	<ul style="list-style-type: none"> • Death Claim Form by the Employer • Death Certificate issued by a local government body like Municipal Corporation/Village Panchayat
<p>Primary requirements for Claims of Basic Cover beyond FCL or GIL</p> <p>* The Company however, reserves the right to ask for any additional proofs and documents in support of the claim.</p>	<ul style="list-style-type: none"> • Death Claim Form by the Employer • Attending Physician's Statement • Death Certificate issued by a local government body like Municipal Corporation/Village Panchayat
<p style="text-align: center;">If Death due to Accident</p> <p>(submit in addition to the above whatever is applicable)</p>	<ul style="list-style-type: none"> • Newspaper cutting/Photographs of the accident - if available. • First Information Report • Postmortem Report • Panchnama Report • Police Inquest Report with final findings

Note

- 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.
- 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 FGI 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.