FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

DETAILS OF CLAIM FOR CRITICAL ILLNESS RIDER BENEFIT

Policy No.		Intimation by	
Client Id.		Contact No.	
Relationship with the insured			

DETAILS OF ILLNESS

1. Name of the Insured
2. What were the initial symptoms?
3. Date on which the symptoms were first experienced by the insured Duration:
4. Name and contact details of the Medical Attendants who attended to the insured.
5. What was the diagnosis:
6. What treatment was given?
7. Was any operation performed? If so,please furnish the nature of the surgery undergone by the insured
8. Details about hospitalization

   Name of the Hospital

   Address

   Contact Nos.

   Date of Admission Date of discharge from the hospital

9. Had the insured been treated in the same hospital or in any other hospital in connection with the Critical Illness or for any antecedent disease in the same hospital or any other hospital in the past?

Signature

Name of Branch Manager/Executive

Branch Date

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

Signature of the person intimating