FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

EMPLOYER QUESTIONNAIRE

Policy No.		Claim No.	

1. LIFE ASSURED'S INFORMATION

Name of the Life Assured			
Address of the Life Assured			
Date of Birth			
Date of joining		Date of resignation/Last date of Work	
Last designation held			

2. DETAILS OF ILLNESS/DEATH

Date of intimation of illness/accident	
Symptoms complained of	
Date of Symptom/Accident	
Date of Death	
Who intimated the death of the deceased?	
Brief Details of Illness/Accident	

3. LEAVE PARTICULARS

Leave particulars of the deceased for the period from to

Nature of leave	Dates of leave	Date of Joining	If Sick leave, Medical Certificate received or not (If yes, provide copy)

4. ANY OTHER INFORMATION

5. EMPLOYER DECLARATION

I/We hereby declare that the above information has been verified by us to the best of our knowledge and belief.

Name of Signatory		Company Name	
Designation		Company Address	
Signature			
Date		Company Seal/Stamp	