

TOLL FREE PHONE: 1800 103 8889 / 1800 209 1016 TOLL FREE FAX: 1800 103 9998 / 1800 209 1017

E MAIL: fgh@futuregenerali.in

HOSPI-CASH CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY (Data will be kept confidential)

POLICY ,	/ INSURED DETAILS			(-7		
Policy No : Claim No (If Available)									
Corpo	rate Name(Only for Group Policies)							-	
PERSON	AL DETAILS OF POLICYHOLDER								
1	Name of the Insured Member:								
2	E-Mail address of the Insured Member:								
3 Mobile Number of the Insured Member :									
CLAIMA	NT / PATIENT DETAILS								
1	Name of the Patient:								
2	Relationship with Policy Holder	S	Self O Spouse (Child (Parent	Others			
3	Date of Birth of Patient:		Age (In Years)		Gend	er O Male	O Female	Other	
4	Residential Address								
CLAIM D	DETAILS								
	Date & Time of Admission	Date	& Time of Discharg	ge		No.of Days in NON-ICU	No.of Days in ICU	Hospital City	
DD/I	MM/YYYYAM/PM	DD/MM/Y	YYY	AM/PM					
DD/I	MM/YYYY AM/PM	DD/MM/Y	YYY	AM/PM					
	ed Amount in Words: Rupees	Stay	Total Claimed	Enclosure	Check List	t:			
1. Diag	nosis						containing all rel	evant details.	
	ne of Treating Doctor:			2. Copy of Final Hospital bill.					
Mobile No. of Treating Doctor: Details of other existing Health Policies:				Copy of First prescription / consultation letter from your Doctor. For hospitalization of more than 10 days, please provide medical certificate from treating doctor mentioning the need of such					
				prolonged hospitalization.					
				Copy of proposer photo ID proof & address proof. NEFT Form with photocopy of cancelled cheque with printed					
					NEFT Form with photocopy of cancelled cheque with printed name of proposer.				
hereby	T REQUIREMENT FOR ACCESS TO TREATM authorize Future Generali India Insuran including but not limited to admission no	ce or any age	ency / individual au	uthorized by	them to	obtain copies	or review in pe		
	in the hospital case file. Details related to		•	•	-	-			
-	ntatives. I agree that all information protion, my right to claim the reimbursemen		•		ts is true	e and that if I	nave provided	any talse or untr	
Name of	f Patient / Relative:ship with Patient.		<u>-</u>						
	e of Patient / Relative:								
Date:	DD / MM / YYYY								



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Please attach this form in Original with claim documents. Separate claim form required for each claim.

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER

	Document List (Any One of the Following)	Required Information on the Document Submitted		
1.	Photocopy of cheque with printed name of	1.	Name of Proposer.	
	Proposer.	2.	Bank Account Number	
2.	Bank Passbook	3.	Bank Account Type	
3.	Bank Statement	4.	IFSC Code	
4.	Duly filled NEFT form authorized by the bank	5.	Bank Name & Branch name	

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd ("Company") or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Proposer:							
Signature of Proposer:							
Claimant Name:							
Date:	Place:						
FEEDBACK AND SUGGESTI	ONS						
We thank you for choosing	Future Generali as your Insurance provider.	. We always strive to ensure that our service levels exceed our					
customer's expectations. In the spirit of this endeavor, we will greatly appreciate your valuable inputs and feedback. Kindly provide your							
feedback on your experien	ce with Future Generali and any suggestions	for improving our services. We value your time and promise to					
evaluate your suggestions	for improvement of our service.						

