FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

HEALTH INSURANCE CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For FGH Use Only) | | | | | | | | | | |

POLICY / INSURED DETAILS

Policy No.:			**Health Card No. Of Patient:**		
Policy Start Date	DD / MM / YYYY	**Policy End Date**	DD / MM / YYYY	**Date Of Joining Policy**	DD / MM / YYYY
Corporate Name	*(Only for group policies)*			**Employee ID:**	

PERSONAL DETAILS OF EMPLOYEE / PROPOSER

1. Name of the Employee / Individual	
2. E-Mail address of the Employee/Individual	
3. Mobile No.	
4. Permanent Account Number (PAN)	

CLAIMANT / PATIENT DETAILS

1. Name of the Patient		
2. Relationship with the Employee / Proposer	☐ Self ☐ Spouse ☐ Child ☐ Parent ☐ Others _____	
3. Date of Birth of Claimant: DD / MM / YYYY	Age: _____ (years)	Gender: ☐ Male ☐ Female
4. Residential Address:		

CLAIM DETAILS

Total Claimed Amount: | | | | | | | | | | |

Claimed Amount in Words: Rupees _____

Diagnosis	
Admission Date: DD / MM / YYYY	Discharge Date: DD / MM / YYYY
Name of Treating Doctor:	
Mobile No. of Treating Doctor:	
Name of Family Physician:	
Mobile No. of Family Physician:	

Enclosure Check List:

i. Original Discharge Summary containing all relevant details
ii. All Original Bills and their Receipts
iii. Copies of all Reports & prescriptions
iv. First Prescription / Consultation Letter from your Doctor.
v. Original Money Receipt duly signed with a Revenue Stamp.
vi. Copy of Proposer/Employee Photo ID Proof & Address Proof

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: _____

Relationship with Patient: _____

_____
Signature of Patient / Relative

Date: DD / MM / YYYY

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim. PLEASE ENCLOSE

A PHOTOCOPY OF THE FUTURE GENERALI HEALTH ID CARD.

Authorization for Transfer of Claim Amount by National Electronic Fund Transfer

Name as per Bank Account											
Bank Name											
Branch Name & Address											
Branch Phone No.											
Branch MICR Code											
Branch IFSC Code for NEFT											
(Please attach a Photocopy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name, account number & name of account holder printed)											
Account Type (Please Tick)	☐ Savings ☐ Current ☐ Cash / Credit										
Account No. (As appearing in Cheque Book)											
HR Authorization & Stamp						Bank Authorization & Stamp					

Date from which the mandate should be effective: _____

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 Employee / Proposer: _____ _____

Policy No.: _____ Signature of Employee / Proposer

Claimant Name: _____ Date: DD / MM / YYYY

FEEDBACK AND SUGGESTIONS

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 endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience 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.