FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Travel Insurance Claim Form

Please contact our 24-hour Helpline Number **+91 22 67347841** (with call back facility anywhere in the world) **OR** You may use Country specific numbers as mentioned below in– **''HOW TO REACH US''**. Failure to intimate your claim within 24 hours to our Assistance Company shall invalidate your claim.

Note: -

1. Issuance of the form does not imply acceptance of the liability or a waiver of terms, conditions & exclusions of policy.
2. Please attach all originals bills, receipts, credit card slips or bank statement to your claim. (Mandatory)

1. Policy Number -	2. Passport No-
3. Policy Start Date -	4. Policy End date -
Please Indicate any other insurance coverage (In India/overseas) - Policy Number/s:	
5. Name of the Insured Person (in whose name the policy is issued)	
6. (a)Name of the Claimant Person (in respect of whom the claim is made)	
(b) Relationship to the Insured -	(c) E-mail ID/s: -
(d) Contact Numbers (INDIA) -	(e) Contact Numbers (Overseas) -
(e) Residential Address (INDIA) –	

Trip Details: - Date of Departure:_______/____/__________Flight No: ______________________________________

From_________________To_____________ Date of Arrival:____/_____/______________________________

Flight No:______________________From________________To ____

Claim in Respect of following section (*please tick against the applicable claim type*)

A. Medical Care		**B. Travel Inconvenience**		**C. Personal Care**	
Emergency Medical Expenses	☐	Hijack Benefit	☐	Baggage Loss (Checked in Baggage)	☐
Emergency Medical Evacuation	☐	Trip Delay	☐	Baggage Delay (Checked in Baggage)	☐
Continuation of Medical Treatment in India	☐	Trip Cancellation	☐		
Emergency outpatient Treatment	☐	Trip Curtailment	☐		
Repatriation of Remains	☐	Loss of passport & driving license	☐		
Dental Treatment Expenses	☐				

D. Personal Accident		**E. Legal liability**		**F. Miscellaneous**	
Accidental Death	☐	Personal Liability	☐	Automatic trip extension	☐
Permanent Total disability,					
Permanent Partial disability					

OPTIONAL COVERS

A. Medical Care		**B. Accidental Care**		**C. Personal Care**	
Waiver of Medical Sub limits	☐	Accidental Death & Disablement-Common Carrier (AD, PTD & PPD)	☐	Compassionate Visit	☐

Pre-Existing Disease Cover ☐	Home to Home Cover ☐	Compassionate Stay ☐
Daily Hospital Allowances ☐	Mobility Aids ☐	Emergency Reunion & Resumption of trip ☐
Additional Sum Insured for Accidental Hospitalization ☐	Lifestyle Support ☐	Loss of Gadgets (Laptop, Tablet, Mobile Phone & Camera) ☐
Adventure Sports Cover ☐		

D. Special Care	E. Trip Care	F. Domestic Care
Political Risk & Catastrophic Evacuation ☐	Common Carrier Delay ☐	Home Contents ☐
Child Escort ☐	Missed Connection ☐	Pet Care ☐
Travel with Pet Cover ☐	Bounced Booking - Hotel / Common Carrier ☐	
Debit Card / Credit Card / Forex Card Fraud ☐	Car Rental Excess Cover ☐	
Identity Theft ☐	Cruise Cover ☐	
Substitute Employee Expenses ☐		
Mugging Benefit ☐		

G. Legal Care	H. Miscellaneous	I. Student Care
Legal expenses ☐	Golfer hole-in -one ☐	Bail Bond ☐
	Sports Equipment cover ☐	Cancer Screening & Mammography Cover ☐
	Weather Protection ☐	Sponsor Protection ☐
	☐	Study Interruption ☐
		Maternity & New-born Baby Cover ☐

EMERGENCY MEDICAL EXPENSES, DENTAL TREATMENT EXPENSES, EMERGENCY MEDICAL EVACUATION

Name of the Hospital:
Address of the Hospital:
Name of Treating Doctor and Contact details:
Details of illness& Treatment: Date of First
Symptom / / please confirm if the illness was also treated in past (Pre-Existing): Yes ☐ No ☐
Treatment / Hospitalization dates for any illness/disease in past: From / / To / /
Treatment Details of Any illness ailment in past: Name
of medicines you are presently or routinely taking: ______________________________

PAST HISTORY OF ANY CHRONIC ILLNESS WITH DURATION					
Disease / Ailment					**Duration (Specify Years / Months / Days)**
Hypertension	Yes		No		
Hyperlipidemia	Yes		No		
Cancer	Yes		No		
Osteoarthritis	Yes		No		

Diabetes	Yes		No		
Cardiovascular Diseases	Yes		No		
Asthma / COPD / Bronchitis	Yes		No		
Congenital Internal / External	Yes		No		
Any HIV or STD/Related Ailments	Yes		No		
Alcohol or Drug Abuse	Yes		No		
Any Surgery / Hospitalization	Yes		No		
Any Other Disease / Disability	Yes		No		

Name of Family Physician (INDIA):

Email ID and contact details of Family Physician (INDIA):

If, Claiming for Medical Evacuation / Compassionate visit then Reasons for Medical Evacuation)

____

(PLEASE ATTACH TREATING DOCTOR'S OPINION FOR THE NECESSITY OF AN ATTENDANT/EVACUATION).

Evacuation Request From: -________________________________to: -______________________________

Date of Medical Evacuation required:

REPATRIATION OF REMAINS

Cause of Death/ Medical Transportation:_______________ Place of Death: ________________________________

Medical Transportation from to Date of Death/ Medical Transportation: / /

ITEM NO	DETAILS OF EXPENSES INCURRED – UNDER MEDICAL EXPENSES	AMOUNT
TOTAL CLAIMED AMOUNT * Kindly specify this total claimed amount.		

LOSS OF PASSPORT, LOSS OF BAGGAGE; DELAY IN CHECKED IN BAGGAGE, TRIP DELAY/CURTAILMENT

Date & Time of actual arrival: / / at am/pm.
Date & Time of scheduled arrival / / at am/pm
Date & Time of Retrieval of Baggage / / at am/pm Total Hours of Delay
Details of Incident i.e., how, when, where

___

Date on which baggage/passport was lost: / / Place where baggage/passport was lost

ITEM NO	DETAILS OF EXPENSES INCURRED – UNDER TRAVEL INCOVENIENCE	AMOUNT
	TOTAL CLAIMED AMOUNT * Kindly specify this total claimed amount.	

PERSONAL ACCIDENT DEATH / DISABILITY of INSURED / SPONSOR

Claiming for Personal Accident resulting into DEATH ☐ / DISABILITY ☐ (with exact details of disability)
___

Date of Accident________________ Place of Accident _________________Claim Amount________________________
Details & circumstances of Accident i.e how, when, where____
Was the injured person under the influence of alcohol / drugs & medicine at the time of accident: No ☐ Yes ☐
Name of the police station informed about accident __________________________ Police Information (FIR) No______
Name & address of Hospital____
Name & address of casualty doctor ____
Name & address of Insured's Regular physician in India____
Nominee name, address & Contact details____

(Please attach Attending Physician's Statement as per standard format)

BAIL BOND INSURANCE

Name of the Detaining Authority ____
Address & contact no. of Detaining Authority____
Jurisdiction City ____Legal case no________________________
Date of loss ____Law of court allow bail for this offense Yes ☐ No☐
Details of circumstances / offense resulting in Detaining of Insured ____
____

LEGAL / PERSONAL LIABILITY INSURANCE

Name of the Third Party to be compensated____
Date of loss __________Amount of loss__________ Details & circumstances of loss i.e. how, when, where___________
____

Name of Police station ____________________________Police Information No __________________________________
Legal Case No ___________________________________Jurisdiction City _______________________________________

TUITION FEE / SPONSOR PROTECTION

Student hospitalization for more than one month ☐ (please fill details under medical expenses)
Accidental Death of Immediate family member ☐
Date of Accident ___________________ Place of Accident ___________________ Claimed Amount__________________
Details & circumstances of Accident i.e how, when, where____
Was the deceased person under the influence of alcohol/ drug / medicines at the time of accident: No ☐ / Yes ☐
Name of Police station informed about accident ____________________________Police Information (FIR) No________
Name & address of Hospital ____
Name & address of casualty doctor ____
Name & address of Insured's Regular physician in India____
Nominee name, address & Contact details____

(Please attach Attending Physician's Statement as per standard format)

ITEM NO	DETAILS OF EXPENSES INCURRED	AMOUNT

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND

Please provide below mentioned details of INSURED'S INDIAN BANK ACCOUNT for NEFT payment.	
Bank Name	
Branch Name & Address	Branch Phone No.
Name of Proposer (As per Bank A/c): Relation with Insured	
Account No. (as appearing in Cheque Book)	
Branch IFSC Code for NEFT	Branch MICR Code
Account Type: Savings ☐ Current ☐ Cash / Credit ☐	
Contact numbers in India: ;	; Alternate Email ID:
(Please attach a scanned image of a blank , duly cancelled cheque - of your bank)	

Declaration: - I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Future Generali India Insurance Company Ltd. responsible. I also undertake to advise any change in the particulars of my account to facilitate updations of records for purpose of credit of claim amount through NEFT.

I/ We hereby authorize service provider, Insurance Company & its authorized representative to collect my Medical Records, Treatment Papers, Investigation Reports etc. from Treating Doctor/ Family Physician / Hospitals in India or Overseas.

I/ We hereby to the best of my/ our knowledge and belief, warrant the truth of the above details in every respect. I/ We agree that if we have already made or if I/ We make in any of my/ our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the policy shall be void and all rights of compensation in respect of the presence or future shall be forfeited.

Place: Signature of the claimant/ Insured

Date: Name of the claimant/ Insured

HOW TO REACH US

Overseas policy holders can call us on any of the Toll free numbers listed below. All lines are accessible from Local Landline or payphone except for USA & Canada which are accessible from Mobile Phone

Country	Number to be dialed
Argentina	0080055331345
Australia	001180055331345
Austria	0080055331345
Belgium	0080055331345
Canada	01180055331345
China	0080055331345
Czech Republic	0080055331345
Denmark	0080055331345
France	0080055331345
Germany	0080055331345
Greece	86002038016
Hong Kong	00180055331345
Hungary	0080055331345
Italy	0080055331345
Japan	01080055331345
Malaysia	0080055331345
Netherlands	0080055331345
New Zealand	0080055331345
Norway	0080055331345
Philippines	0080055331345
Poland	0080055331345
Portugal	0080055331345
Singapore	00180055331345
South Africa	0080055331345
Spain	0080055331345
Sweden	0080055331345
Switzerland	0080055331345
Taiwan	0080055331345
Thailand	00180055331345
United Kingdom	0080055331345
USA	18337426672

In case there is no Toll free number for the country you are calling from, you may please call us on the our India Landline number - +91 22 67347841 (This number is chargeable and accessible 24 X 7 X365). You may also ask for a call back on this number and we will immediately call you back on your preferred number as provided during the call request.
National Toll Free number for your relatives in India is 1800 209 2333.
Alternatively, you may also write to us at fgi@europ-assistance.in / fgh.travel@futuregenerali.in.

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