



FUTURE GENERALI INDIA

Insurance Company Limited

FUTURE TRAVEL SURAKSHA CLAIM FORM

Please contact our 24 hour Helpline (Europe Assistance Alarm Centre) Phone Numbers as mentioned below in section –“HOW TO REACH US”. Failure to intimate about 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 & exceptions of the insurance contract.
 2. Please answer all questions completely. In case of insufficient space attach additional sheet.
 3. Please attach all Originals bills, receipts, credit card slips to your claim.

| | |
|---|-----------------------------|
| 1. Policy Number - | 2. Policy Plan Type - |
| 3. Policy Start Date - | 4. Policy End date - |
| Please Indicate any 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) Present completed age - |
| (d) Occupation - | (e) Contact Number - |
| (e) Residential Address - | |

Trip Details:-

Passport No: _____

Date of Departure: ___/___/_____ Flight No: _____ From _____ To _____

Date of Arrival: ___/___/_____ Flight No: _____ From _____ To _____

Connective flight details (If any):

Date of Departure: ___/___/_____ Flight No: _____ From _____ To _____

Date of Arrival: ___/___/_____ Flight No: _____ From _____ To _____

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)

| | | |
|---|--|--|
| <p>A. Medical Care</p> <p>Medical Expense <input type="checkbox"/></p> <p>Repatriation of Remains <input type="checkbox"/></p> <p>Emergency Medical Evacuation <input type="checkbox"/></p> <p>Daily Allowance in case of Hospitalization <input type="checkbox"/></p> <p>Emergency Sickness Dental Relief <input type="checkbox"/></p> <p>Balance Period of Policy <input type="checkbox"/></p> | <p>B. Travel Inconvenience</p> <p>Hijack Distress Allowance <input type="checkbox"/></p> <p>Trip Delay <input type="checkbox"/></p> <p>Trip Cancellation <input type="checkbox"/></p> <p>Trip Curtailment <input type="checkbox"/></p> <p>Missed Connection <input type="checkbox"/></p> <p>Loss of Passport <input type="checkbox"/></p> | <p>C. Personal Care</p> <p>Baggage Loss <input type="checkbox"/></p> <p>Baggage Delay <input type="checkbox"/></p> <p>Compassionate Visit <input type="checkbox"/></p> <p>Financial Emergency Assistance <input type="checkbox"/></p> |
|---|--|--|

| | | |
|---|---|--|
| <p>D. Personal Accident</p> <p>Accidental Death. <input type="checkbox"/></p> <p>Permanent Total Disability. <input type="checkbox"/></p> <p>Accidental Death. (Common Carrier) <input type="checkbox"/></p> <p>Accidental Death. (Air Travel Only) <input type="checkbox"/></p> | <p>E. Special Care</p> <p>Golfers Hole in one Celebration. <input type="checkbox"/></p> <p>Burglary. (Home Contents) <input type="checkbox"/></p> <p>Child Escort <input type="checkbox"/></p> | <p>F. Legal Liability</p> <p>Personal Liability. <input type="checkbox"/></p> |
|---|---|--|

MEDICAL EXPENSE COVERAGE, EMERGENCY DENTAL RELIEF, DAILY HOSPITALIZATION ALLOWANCE, EMERGENCY MEDICAL EVACUATION

Name of the Hospital where treatment was given: _____
 Address of the Hospital where treatment was given: _____
 Name of Treating Doctor and Contact details: _____
 Details of illness & Treatment: _____ Date of First Symptom ___/___/_____
 Please confirm if the illness is suffered for first time or also treated in past (Pre-Existing): Yes No

PAST MEDICAL HISTORY

Treatment / Hospitalization dates for any illness/disease in past: From ___/___/____ To ___/___/____
 Treatment Details of Any illness ailment in past: _____
 Please provide name of any prescription medicine you are presently taking: _____
 Name of Family Physician and contact details: _____
 Claiming for Medical Evacuation Benefit then Reason of Medical Evacuation: _____
 Place where Patient is to be evacuated: _____ Date of Medical Evacuation: _____
 In case of Compassionate visit: Treating Doctor's opinion for the necessity of an attendant: _____

Documents Required: Discharge Summary, Investigation Reports, Doctors Certificate stating tooth/teeth treated, Doctors Certificate stating the reason for Medical Evacuation, Doctor's Certificate confirming the necessity of an attendant (compassionate visit), Medicine prescriptions & Bills, Bills and Receipts of expenses incurred:

| ITEM NO | DETAILS OF EXPENSES INCURRED | AMOUNT |
|---------|------------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

REPATRIATION OF MORTAL REMAINS

Cause of Death/ Medical Transportation: _____ Place of Death: _____
 Medical Transportation from _____ to _____ Date of Death/ Medical Transportation: ___/___/____

Documents Required: Death Certificate, Doctors Certificate for cause of death/Medical Transportation, Bills & Receipts of expenses incurred

| ITEM NO | DETAILS OF EXPENSES INCURRED | AMOUNT |
|---------|------------------------------|--------|
| | | |
| | | |
| | | |

LOSS OF PASSPORT, BAGGAGE LOSS & BAGGAGE DELAY (CHECKED IN BAGGAGE)

Name of the Carrier: _____ Place where baggage/passport was lost: _____
 In case of baggage loss/ loss of passport: Date on which baggage/ passport was lost: ___/___/____
 In case of baggage delay: Date & Time of Arrival: ___/___/____ at ___ am/pm.
 Airport of Disembarkation: _____ Date & Time of Retrieval of Baggage: ___/___/____ at ___ am/pm.

Documents Required: Police report made within 24 hrs of loss of passport, Property irregularity report, Airport authority report stating the compensation received for lost baggage, Bills & Receipts as a proof of ownership of items lost with baggage, Bills of items purchased in emergency due to baggage delay.

| ITEM NO | DETAILS OF EXPENSES INCURRED | AMOUNT |
|---------|------------------------------|--------|
| | | |
| | | |
| | | |

FINANCIAL EMERGENCY ASSISTANCE

Date on which fund was lost: ___/___/___ Details of reason for loss of fund: _____

Local contact Person in India who can provide payment security: - _____ Contact Numbers _____

Name of the Police Station _____ Police Information (FIR) No _____

HOME BURGLARY INSURANCE

Claiming Under: Property Loss / Property Damage Date of Loss of Property: _____

Name of the Occupants at the time of Loss: - _____

Address of the Property:- _____

Circumstances of Loss: - _____

Name of the Police Station _____ Police Information (FIR) No _____

| Sr. | DETAILS OF EXPENSES INCURRED | AMOUNT |
|-----|------------------------------|--------|
| | | |
| | | |

LEGAL / PERSONAL LIABILITY INSURANCE

Name of the Third Party to be compensated: _____

Date of Loss: _____ Amount of Loss: _____ Detail Circumstances of Loss: _____

Name of the Police Station: _____ Police Information No _____

Legal Case No _____ Jurisdiction City _____

PERSONAL ACCIDENT DEATH / DISABILITY INSURANCE

Claiming for Personal Accident resulting into **DEATH** / **DISABILITY** (with exact details of Disability) _____

Details & Circumstances of Accident i.e. how, when _____

Date of loss: _____ Place of Accident: _____ Claimed Amount: _____

Name of the Police Station informed about accident _____ Police Information (FIR) No _____

Name & Address of consulting physician: _____

Provide name & address of your Regular physician in India: _____

(Please attach Attending Physician's Statement)

HIJACK DISTRESS COVER

Name of the Carrier: _____

Place of Hijack: _____ Place of Release: _____

Dates and time of Hijack: FROM: _____ at _____ am/pm - TO _____ at _____ am/pm

(Please attach police report describing the incident.)

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFERPlease 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 <input type="checkbox"/> Current <input type="checkbox"/> Cash / Credit <input type="checkbox"/> | |
| 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 the presence or future shall be forfeited.

Place: _____

Date: _____

Signature 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 |
|-------------|---------------------|
| USA | 8775729854 |
| Canada | 8775729855 |
| Russia | 8-10-8002-7554011 |
| New Zealand | 00 +800-18001900 |
| Singapore | 001 +800-18001900 |
| Malaysia | 00 +800-18001900 |
| Australia | 0011+800-18001900 |
| Austria | 00 +800-18001900 |
| China | 00 +800-18001900 |
| France | 00 +800-18001900 |
| Germany | 00 +800-18001900 |
| UK | 00 +800-18001900 |
| Netherlands | 00 +800-18001900 |

| Country | Number to be dialed |
|-------------|---------------------|
| Belgium | 00 +800-18001900 |
| Portugal | 00 +800-18001900 |
| Denmark | 00 +800-18001900 |
| Hong Kong | 00 +800-18001900 |
| Norway | 00 +800-18001900 |
| Spain | 00 +800-18001900 |
| Finland | 00 +800-18001900 |
| Poland | 00 +800-18001900 |
| Thailand | 00 +800-18001900 |
| Ireland | 00 +800-18001900 |
| Philippines | 00 +800-18001900 |
| Italy | 00 +800-18001900 |
| Hungary | 00 +800-18001900 |

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.