



# 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 -
<b>Please Indicate any insurance coverage (In India/overseas) -</b>	
<b>Policy Number/s :</b>	
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)**

<b>A. Medical Care</b> Medical Expense <input type="checkbox"/> Repatriation of Remains <input type="checkbox"/> Emergency Medical Evacuation <input type="checkbox"/> Daily Allowance in case of Hospitalization <input type="checkbox"/> Emergency Sickness Dental Relief <input type="checkbox"/> Balance Period of Policy <input type="checkbox"/>	<b>B. Travel Inconvenience</b> Hijack Distress Allowance <input type="checkbox"/> Trip Delay <input type="checkbox"/> Trip Cancellation <input type="checkbox"/> Trip Curtailment <input type="checkbox"/> Missed Connection <input type="checkbox"/> Loss of Passport <input type="checkbox"/>	<b>C. Personal Care</b> Baggage Loss <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Compassionate Visit <input type="checkbox"/> Financial Emergency Assistance <input type="checkbox"/>
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<b>D. Personal Accident</b> Accidental Death. <input type="checkbox"/> Permanent Total Disability. <input type="checkbox"/> Accidental Death. (Common Carrier) <input type="checkbox"/> Accidental Death. (Air Travel Only) <input type="checkbox"/>	<b>E. Special Care</b> Golfers Hole in one Celebration. <input type="checkbox"/> Burglary. (Home Contents) <input type="checkbox"/> Child Escort <input type="checkbox"/>	<b>F. Legal Liability</b> Personal Liability. <input type="checkbox"/>
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**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 TRANSFER**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 <input type="checkbox"/> Current <input type="checkbox"/> Cash / Credit <input type="checkbox"/>	
Contact numbers in India: _____ ; _____ ; Alternate Email ID: _____	
<b>( Please attach a scanned image of a blank , duly cancelled cheque - of your bank)</b>	

**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](mailto:fgi@europ-assistance.in) / [fg.h.travel@futuregenerali.in](mailto:fg.h.travel@futuregenerali.in).