

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 Medical Expenses <input type="checkbox"/> Repatriation of Remains <input type="checkbox"/> Emergency Medical Evacuation <input type="checkbox"/> Daily Hospital Allowances <input type="checkbox"/> Emergency Sickness Dental Relief <input type="checkbox"/> Continuation of Medical Treatment in India <input type="checkbox"/>	B. Travel Inconvenience Hijack Benefit <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"/>	C. Personal Care Baggage Loss <input type="checkbox"/> (Checked in Baggage) Baggage Delay <input type="checkbox"/> (Checked in Baggage) Compassionate Visit <input type="checkbox"/> Financial Emergency Assistance <input type="checkbox"/>
D. Personal Accident 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"/>	E. Special Care Golfers Hole in one Celebration <input type="checkbox"/> Home Burglary Insurance <input type="checkbox"/> Automatic extension of policy period <input type="checkbox"/> Child Return Journey <input type="checkbox"/>	F. Legal Liability Personal Liability <input type="checkbox"/>

MEDICAL EXPENSES, EMERGENCY SICKNESS DENTAL RELIEF, 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	Yes		No		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.		

FINANCIAL EMERGENCY ASSISTANCE

Date on which fund was lost: ___/___/___ Details of incident of loss of fund i.e. how, when, where _____

Local contact Person (INDIA) who can provide payment security _____ Contact Numbers _____

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

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

Claiming for Personal Accident resulting into **DEATH** / **DISABILITY** (exact details of Disability) _____
Date of Accident: _____ Place of Accident: _____ Claimed Amount: _____
Details & Circumstances of Accident i.e. how, when, where _____

Was the injured person under the influence of alcohol/drugs/medicines 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)

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 <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 to 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
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
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 X 365). 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 / fgi.travel@futuregenerali.in.



Future Generali India Insurance Company Limited

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900. Website: <https://general.futuregenerali.in> | Email: fgicare@futuregenerali.in
IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287 | Service Tax Registration No.: AABCF091RSD002