



GROUP DEATH CLAIM FORM

DETAILS TO BE PROVIDED BY THE MASTER POLICYHOLDER

Policy number:

Master policyholder name:

Name / Number of subsidiary:

Contact number of master policyholder:

DECEASED MEMBER DETAILS

Name: ☐ Mr. ☐ Ms. ☐ Mrs.

Date of birth:

DETAILS OF DEATH

Date of death:

Cause of death: ☐ Illness ☐ Accident ☐ Suicide ☐ Others:

Details of accident / Symptoms of illness:

EMPLOYMENT DETAILS (APPLICABLE ONLY FOR GROUP TERM LIFE (GTL) POLICIES)

Employee code:

Date of joining the company:

Annual CTC:

Eligible Sum assured under the scheme:

Whether active at work: ☐ YES ☐ NO Last day at work:

LOAN DETAILS (APPLICABLE ONLY FOR GROUP CREDIT LIFE (GCL) POLICIES)

Customer ID as per bank / creditor records:

Loan number:

Sum assured as on date of death (as per COI) (A):

Outstanding balance as on date of death (Payable to master policyholder) (B):

Amount payable to beneficiary (A-B):

BENEFICIARY DETAILS (PAYMENT TO BE MADE IN FAVOUR OF: NOMINEE / BENEFICIARY)

Name: ☐ Mr. ☐ Ms. ☐ Mrs.

Mobile number: Email ID:

Date of birth: Relationship with insured:

Address:

PIN Code:

NEFT PAYMENT DETAILS

Account holder name:

Bank name:

Branch name:

IFSC code:

Bank account number:

Are you a resident for tax purpose in jurisdiction(s) outside India? ☐ YES ☐ NO (If Yes: Please submit FATCA Declaration)

If NRI or Foreign National, please provide country of residence or Nationality:



ONLY APPLICABLE FOR GCL POLICIES, NOT FOR GTL POLICIES

If payment is to be made in favour of master policyholder

Reason:

DECLARATION BY MASTER POLICYHOLDER / EMPLOYER

I / We do hereby confirm that the information mentioned hereinabove and in this form is true and correct to the best of my knowledge and abilities and I shall be liable for the same. Beneficiary details are as per the nomination details registered with us by the member. We further agree to indemnify Generali Central Life Insurance Company Limited, in case of any adverse claim on account of incorrect information provided in this form.

Name of Authorised Signatory :

Designation:

Date:

Place:

Sign here

Signature

Stamp / seal here

Affix the company rubber stamp / seal

DECLARATION BY THE NOMINEE / CLAIMANT

I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.

If any transaction is delayed or not effectuated, or for any instance of non-receipt of any payment on account of wrong / incorrect / incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever.

I hereby give my consent to Generali Central Life Insurance Company Limited and its representatives to obtain additional documents and / or information as is required to settle this claim and I request the relevant authorities to release the sought information to Generali Central Life Insurance Company Limited and its representatives.

I hereby agree to indemnify Generali Central Life Insurance Company Limited against all liabilities that it may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.

Name of the Nominee:

Address of the Nominee:

PIN Code: Mobile / Telephone number:

Date:

Place:

Sign here

Signature of the Nominee:

DECLARATION TO BE MADE BY THIRD PERSON FOR THUMB IMPRESSION OR VERNACULAR SIGNATURE

The Claimant has affixed his / her thumb impression / has signed in vernacular / has not filled the form. I hereby declare that the content of this form has been explained to the Claimant in language and have truthfully recorded the answers provided to me. I further declare that the Claimant has signed / affixed his / her thumb impression in my presence.

Name of the Declarant:

Address:

PIN Code: Mobile / Telephone number:

Date:

Place:

Sign here

Signature of the Declarant

Note: If you feel that the space provided is insufficient anywhere, kindly attach additional sheets

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com