FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Toll Free Phone: 1800-103-8889
Toll Free Fax: 1800-103-9998
e-mail id: fgh@futuregenerali.in

Accident Suraksha Claim Form

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number	A	0	5	2	6	9	5	6	HPCL Card Number / Customer ID
Insured	Hindustan Petroleum Corporation Limited								

INSURED DETAILS

1. Name of the Insured (in full):

2. Address:

State		Pin code	
Mobile		Landline	

DETAILS OF ACCIDENT

3. Date and time of Accident: D D M M Y Y H H M M AM/ PM

4. Please state the place of Accident : _____

5. Please provide brief details of accident:_____

_____

_____

CLAIM TYPE (Please tick the section under which the claim is lodged)

Accidental Death ☐ Permanent Total Disablement ☐ Permanent Partial Disablement ☐

6. Have the Police been informed about the accident? ☐ YES ☐ NO

If yes, please give following details and submit the report along with claim documents.

MLC No: _____FIR No: _____

Name & Address of the Police station: _____

DECLARATIONS

I/ We _____hereby declare that the details given above are true and correct to the best of my/our belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date: _____

Place: _____

_____
Signature of Insured

Future Generali India Insurance Company Limited
Registered office address : Indiabulls Finance Centre, Tower 3, 6th Floor, SenapatiBapat Marg, Elphinstone (W), Mumbai - 400 013
Corporate Identity No (CIN): U66030MH2006PLC165287 Telephone No 022 4097 6666 and Fax No 22 4097 6900
Email: fgcare@futuregenerali.inwebsite address www.futuregenerali.in

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PERSONAL ACCIDENT CLAIM DOCUMENTS CHECKLIST

IN CASE OF PERMANENT TOTAL DISABILITY / PERMANENT PARTIAL DISABILITY

1	Duly completed Personal Accident Claim Form signed by insured.	
2	Disability Certificate issued by Civil Surgeon of District Hospital or Orthopedic Surgeon of government hospital mentioning the type and percentage of disability.	
3	Copy of medical documents supporting cause of disability.	
4	Copy of FIR / MLC	

IN CASE OF ACCIDENTAL DEATH

1	Duly completed Personal Accident Claim Form signed by insured.	
2	Copy of Death Certificate.	
3	Copy of FIR / Panchnama.	
4	Copy of Post-Mortem Report.	
5	Translation of all vernacular documents in English	

Note: All above documents should be attested by the marketing officer of HPCL.