

DOG HEALTH COVER CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

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

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

NAME OF THE INSURED						
ADDRESS	City:					
	State:					
	Pin code:					
CONTACT DETAILS	Phone No.					
	Mobile No.					
	Email Id:					
POLICY NUMBER						
CLAIM NO.						
DETAILS OF INSURED DOG IN RESPECT OF WHICH CLAIM IS MADE						
Name of Pet Dog(s)	Sex(M/F)	Age(Y/M)	Breed	Weight of the Insured Pet Dog when it is 15-18 months old	Identification features/marks	Sum Insured (Rs.)
DETAILS OF THE CLAIM:						
Name of the Cover in which claim has incurred along with details	Date of Loss		Place of Loss	Estimated Claim Amount		
Base Covers						
Surgery and Hospitalisation Cover						
OPD Cover						
Optional Covers						

Terminal Illness Cover			
Lost and Stolen Cover			
Long-Term Care Cover			
Funeral Cost Cover			
Veterinary on Call (Home Visits)			
Emergency Pet Minding Cover			
Third Party Liability Cover			
In case of Lost and Stolen Cover, please provide Police's General Diary details			
Pls confirm if any advertisement is given or proposed to be given for lost Insured Dog.			
In case the lost Insured Dog is found, please confirm how and who traced the Insured Dog.			
Have you received any legal notice from a third party with regard to injury caused by Insured Dog?		Yes/ No If Yes, please provide details:	
Name of the Vet Clinic/Hospital: Name of the Vet: Contact no: Email id:			
Do you have any other Pet Dog Insurance Policy? If yes, give details.			
Please confirm if below documents are enclosed with this form:		• Vaccination Certificates • Death Certificate along with colored photographs of the Insured Dog (in case of Claim under Funeral Cover) • Vet Medical Papers and Bill (in case of Claims under Surgery & Hospitalisation Cover, OPD Cover, Long-Term Care cover) • Copy of General Diary Entry lodged by Police (in case of Claim under Lost and Stolen Cover) • FIR (in case of Claim under Third Party Liability Cover) • Copy of advertisement (in case of Claim under Lost and Stolen Cover) • Hospitalization bill (in case of Claim under Surgery & Hospitalization Cover)	

	• Court Orders (in case of Claim under Third Party Liability Cover) • Diagnostics Report (in case of Claim under OPD Cover, Long-Term Care Cover, Terminal Illness Cover, and Veterinary On Call Cover) • Hospital bills of the Policyholder/Death Certificate of Insured or Family members for Emergency Pet Minding Cover and self- declaration on non-availability of Family members • Any other documents if required by the Company to process the Claim
Any Other Relevant Information	

Declaration

I/We agree to provide additional information to the Company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss/damage, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be void, and all rights to recover there under in respect of past or future loss/damage shall be forfeited.

Date:

Place:

Signature of Insured:

Name of the Insured:

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800