

## DOG HEALTH COVER CLAIM FORM

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

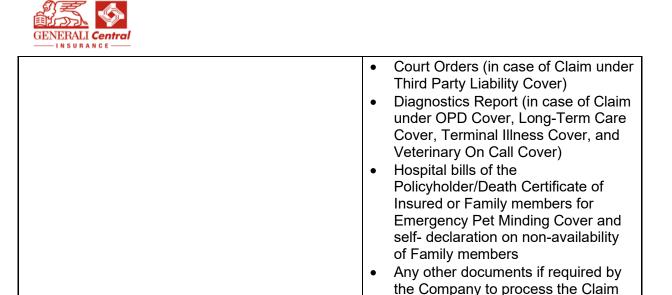
The claim form is to be duly filled and signed by the insured. All facts and statements must be factual, and not influenced or biased in any favour.

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 INSURE		HE								
			City:							
ADDRESS			State:							
			Pin code:							
			Phone No.							
CONTACT DETAILS			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(YY/MM)		Breed	Weight of the Insured Pet Dog when it is 15-18 months old	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 Los	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 Co Police's General Diary details	ver, please provide			
Pls confirm if any advertiseme proposed to be given for lost I	nsured Dog.			
In case the lost Insured Dog is found, please confirm how and who traced the Insured Dog.				
Have you received any lega party with regard to injury caus		Yes/ No		
Name of the Vet Clinic/Hospita	al·	If Yes, please provide details:		
Name of the Vet:	ai.			
Contact no:				
Email id:				
Do you have any other Pet Do	og Insurance Policy?			
If yes, give details.	og insurance Policy!			
Please confirm if below documents are enclosed with this form:			cination Certificates th Certificate along with colored ographs of the Insured Dog (in of Claim under Funeral Cover) Medical Papers and Bill (in case aims under Surgery & Ditalisation Cover, OPD Cover, OPT Cover, OPT Cover) OF General Diary Entry lodged colice (in case of Claim under and Stolen Cover) OF (in case of Claim under Third of Liability Cover) OF Advertisement (in case of In under Lost and Stolen Cover) OF Ditalization bill (in case of Claim er Surgery & Hospitalization er)	



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.

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

Public
Claim Form\_ Dog Health Cover