



CLF000101

DEATH CLAIM INTIMATION FORM (Form - I)

(This form is to be filled up by the bonafide claimant only)

Policy No(s): _____ Claim Amount: _____

Name of deceased Life Assured _____

Date of Death / / Time of Death : (a.m. /p.m.)

Place of Death _____

Cause of Death _____

Name of Claimant _____

Address of Claimant _____

Telephone No. : Mobile No.:

(with STD/ISD code)

*Claimant's Bank a/c no. _____ *Claimant's Bank Name _____
(In case of NRI Claimant, please provide NRO a/c no. only)

Relationship of Claimant to the Life Assured _____

*Copy of Claimant's photo ID and address proof enclosed (Please whichever is submitted)

Passport Driving License Voter ID Passbook of nationalized bank with photo & address

ESI Card Other (Please Specify) _____

*Mandatory

Name of the last attending physician _____

Address _____

Contact no.

Name & Signature / Thumb Impression of Claimant

Name & Signature of the person who explained the contents of this form to the claimant
(In case of Vernacular Signature / Thumb Impression of Claimant)

Date / /

Designation / Relationship with the Claimant: _____

Place _____

Request you to kindly submit this form along with your photo ID & address proof to register the Claim

Please submit the following additional documents at the earliest*

For Nil Death Benefit plans/ Paid-up policies/ Pure pension plans	Additional requirements for all other plans	Additional requirements in case of death due to unnatural reasons (like Accident, Suicide, Murder, Sudden/Mysterious Death etc.)
Original Policy Bond	Post-mortem report (if conducted)	First Information Report (FIR)
Original Death Certificate issued by Municipal Authorities	Physician's Statement	Panchnama, Police Investigation report, Police Final Report
Claimant's Statement	Treating Hospital Certificate	Post-mortem report and Toxicology/ viscera report, if available
Photo ID & address proof of the claimant	Medical records from Hospitals & Doctors for the last 5 years (Discharge summary, admission notes, test reports, consultation notes, medical prescriptions etc)	Newspaper Clippings, if available
	Employer Certificate with Leave records for last 5 years	Copy of Driving license if Life Assured was driving at the time of accident (only in case of accident death claims)

Note: Company reserves the right to call for any additional requirements

CL/I/Ver. 1.7/2012

*Not required for registration of Claim