Death Intimation cum Claim Form

EXIDE Life Insurance

Note: Please complete the form in CAPITAL LETTERS. **All fields with (*) are mandatory**

(Claim form to be filled and duly signed by the nominee, assignee or Legal heir. In case of pension plans, claim form to be filled by the spouse, if living. Please fill in complete & correct details. Attach all necessary documents. Submission of this form does not mean acceptance of Claim)

POLICY DETAILS

Policy Number*:

Additional Policy Nos. : ____________________

CLAIMANT DETAILS

Name of Claimant*

Address*:

City*: State*: PIN*:

Landline*: Mobile*:

E-mail*:

Relationship with Life Assured: Age of Claimant:

Legal Status: ☐ Policy Holder ☐ Nominee ☐ Assignee ☐ Others (please specify)____________________

Photo Identification Proof Enclosed: ☐ Passport ☐ PAN Card ☐ Voter's Id ☐ Driving License ☐ Others (please specify)____________________

BANK ACCOUNT DETAILS

Bank Name*:

Bank Branch*:

Bank Address*:

Account Number*:

IFSC code*: 9 Digit MICR No.*:

Account Type:* ☐ Savings ☐ Current Account ☐ Cash Credit/ OverDraft

- Please attach photo copy of the cheque with signatures of the nominee

LIFE ASSURED DETAILS

Name of Life Assured*:

Father's Name*:

Residential address of Life Assured at date of death*:

Age at date of death*:

Occupation Particulars:

Last Employer / Business Name*:

Address of Employer / Business*:

Landline*: Mobile*:

Designation:

Exact Nature of Job / Business:

Last Working day: D D M M Y Y Y Y

Photo Identification Proof Enclosed: ☐ Passport ☐ PAN Card ☐ Voter's Id ☐ Driving License ☐ Others (please specify)____________________

CLMDCF2/VER/2 06/05/2010

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LIFE ASSURED DETAILS

Details of other life insurance / medi-claim policies held by the life assured:

Name of Insurance Company	Policy Number	Commencement Date	Sum Assured(`)	Status of Claim

Date of Death*: D D M M Y Y Y Y Time of Death*: H H M M

Place of Death*:

Date of Burial / Cremation*: D D M M Y Y Y Y Place Buried / Cremated*:

Cause of death*:

Was a Post Mortem done, if yes, please provide attested copy of report:

Name of Doctor who declared the death:

Address of Doctor

Landline*: Mobile*:

In case of accidental or unnatural death:

Police station where FIR was registered:

FIR Number: Date : D D M M Y Y Y Y

Clear narration of events leading to death:

In case cause of death is illness:

Date on which the illness was first diagnosed: D D M M Y Y Y Y Duration of last illness: Y Y

Other Illness suffered: Duration: Y Y

Name of the doctor who attended*:

Address of Doctor *:

Landline*: Mobile*:

Particulars of treatment taken:

If hospitalized:

Date of admission in hospital: D D M M Y Y Y Y Admission Number:

Hospital Name *:

Address *:

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ATTACHMENTS

ATTACHMENTS TO THIS FORM (please tick):

- Original Policy Document ☐
- Original Death Certificate issued by Local Authority ☐
- Age Proof & Identification document (with Photo) of Life Assured ☐
- Identification document (with Photo) of Claimant ☐
- Copy of Medical Cause of Death Certificate ☐
- Medical Records (Discharge / Death summary, Test results, Admission notes, Outpatient consultation notes, etc) ☐
- Attested Copy of Post Mortem Report ☐
- In case of accident / unnatural death, Jurisdictional Police Station Attested Copy of FIR Jurisdictional Police Station Attested Copy of Panchnama /Inquest Report ☐
- Proof of Bank account of Claimant (Self Attested copy of Bank Passbook / Account statement of Claimant) ☐
- Proof of your Current Address ☐

Note: The Company reserves the right to call for additional documents/requirements

PENSION PLANS

TO BE FILLED FOR PENSION PLANS

In case you are the spouse, please indicate how you would like to receive the benefits:

Your Age 45 years and above:

- To receive the entire Benefit Amount as Lump sum ☐
- To receive one-third of the Benefit Amount as lump sum and apply the balance for purchase of annuity ☐
- To apply the entire Benefit Amount for purchase of Annuity ☐

For purchase of Annuity:

- From Exide Life Insurance Company Limited : Fill in the proposal form for purchase of annuity available at any of our branches and submit it along with the documents asked for in the proposal form ☐
- From other Companies: Specify the company in whose favor the cheque needs to be issued (The company name as it should appear in the cheque) ☐

AUTHORIZATION

The above statements are true and correct to the best of my knowledge. Notwithstanding any laws or provisions in force regarding privacy of personal information, I also authorize Exide Life Insurance Company Limited and/or its representatives, agents to collect all information / records (including photocopies) which are relevant to process this claim from employers, hospitals, doctors and others. I further authorize the hospitals, clinics, doctors, and / or diagnostic centers, to disclose any information and provide photocopies of medical / hospital records regarding Life Assureds' health and habits, which they may have come to know during their treatment of Life Assured.

Signature / Thumb Impression of the Policy Owner / Assignee/Nominee*:

Date D D M M Y Y Y Y

Witness Signature*

Name & Address of the Witness*

Relationship with the Claimant: ______________________

*(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.)

FOR OFFICE USE ONLY

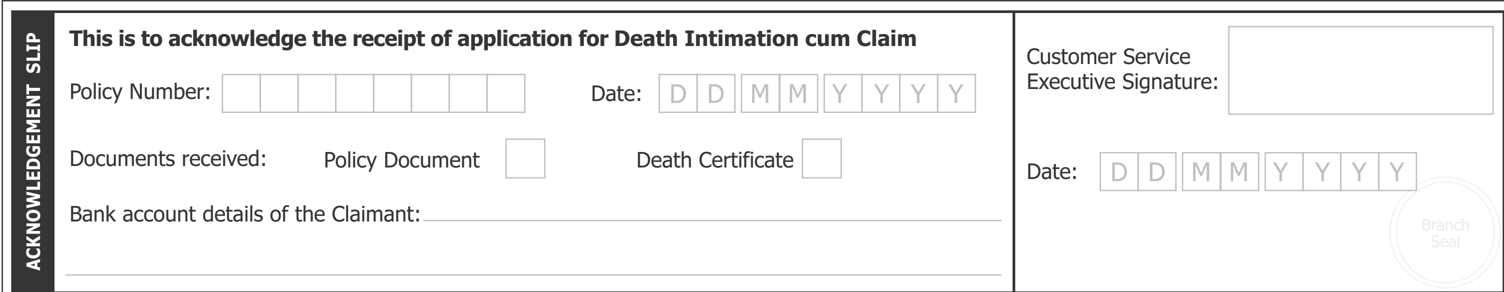
Name of the Customer Service Representative

Branch Code:

Signature:

Date: D D M M Y Y Y Y

Employee No.:



ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for Death Intimation cum Claim

Policy Number:

Date: D D M M Y Y Y Y

Documents received: Policy Document ☐ Death Certificate ☐

Bank account details of the Claimant: ______________________

Customer Service Executive Signature:

Date: D D M M Y Y Y Y

Branch Seal