

DEATH BENEFIT CLAIM FORM

Lodged at:

Head Office:

Branch Office: _____

(To be filled by the Policy Owner/Nominee/Person legally entitled for the policy money.)

General instructions and warnings:

- The death benefit under the Policy/ies will be payable to the Policy Owner/Nominee/Person legally entitled.
- While answering questions in the claim form and providing any other information in respect of the claim, the Claimant must make a full and frank disclosure of all material facts.
- Please read the policy document carefully to avail the benefits under the policy.
- All corrections made in the claim form have to be duly countersigned in full.
- All the answers must be clear and unambiguous.
- If the space provided is insufficient, please attach the annexures along with this form.
- Please submit the requisite documents along with the claim form for a faster processing.
- The Company retains the right to call for further evidence needed to process the claim.
- Submission of form duly acknowledged by us does not amount to admission of claim.
- **As per the Know your Customer (KYC) norms, certain KYC documents of the claimant(s) would be required for the processing of the claim.**

Checklist of the documents to be submitted in case of Natural Death

- Death Claim Form to be signed and attested by the policy owner/ claimant/assignee(available on the website /can be provided by the claims department)
- Original policy document.
- Original death certificate(will be returned after verifying)
- Proof of residence and identity of the policy owner / claimant (KYC).
- Physician`s Statement stating the cause of death if natural death (format will be provided by the claims department).
- Attested copies of Hospital treatment papers
- Employer`s Certificate Form, in case employed (format will be provided by the claims department)
- Succession Certificate from the relevant legal authority(in case of open title cases)
- Others (as required by IDBI Federal)

Note:

1. If copies of any documents are being submitted then, they need to be attested by the respective authorized signatories / entities from where they were issued.
2. Depending on the facts and circumstances of the claim, the Company reserves the right to call for certain additional documents.

Name of the Deceased:

Claim No: _____ Policy No(s): _____ Sum Insured: _____

1. Information about the Claimant:

- Name of the claimant _____
- Age _____
- Address _____

- Occupation and Office address _____

- Telephone number- Residence (with STD code) _____
Mobile number _____
- Email ID & Fax No. _____

- vii. **Bank account no., Name of the Bank and address (mandatory)** _____

- viii. Whether Nominee / Appointee (in case the nominee is minor)/ Assignee / Holder of Legal evidence of title _____

- ix. Relationship to deceased _____

2. Information regarding the deceased:

- i. Place of death _____

- ii. Date and time of death _____

- iii. Place and date of registration of death _____

- iv. Last residential address _____

- v. Last occupation, address and tel. nos of the employer(s) _____

- vi. Last date of employment _____
- vii. Names and addresses of relatives or other persons present at the time of death _____

3. Details of cause of deceased's death:

- i. Please specify the cause of death _____

- ii. Date and time of admission to the hospital _____
- iii. Date of commencement of treatment and type of treatment given _____

- iv. Hospital (s) where treatment was received _____

- v. Name, address and telephone numbers of the doctor(s) consulted during the illness _____

- vi. Details of treatment taken for any illness _____
- vii. Name, address and tel. nos. of doctor / hospital certifying the death _____

- viii. Was a postmortem carried out? Yes/ No. If yes, then please provide name, address and tel. no. of hospital _____

4. Details of policies on the deceased taken with other life insurance companies:

S. No.	Base policy benefit	Base amount	Policy no.	Insurer	Effective Date	Riders

5. Declaration:

I _____ do hereby declare and confirm that I am the rightful Claimant of the deceased person and the statements made here in above are true and complete in each and every respect.

I hereby authorize any medical practitioner or hospital or nursing home or medical clinic who or which has attended upon or examined or treated Life Insured for any ailment or illness to divulge any knowledge or information regarding Life Insured's state of health which he / they may have acquired before or after the issuance of the policy, to IDBI Federal Life Insurance Co Ltd, any of its offices, Court of law, or any grievance redressal forum. I hereby confirm that this authorization is notwithstanding any law, custom or usage for the time being in force prohibiting any physician or hospital from divulging any knowledge or information, acquired by him/ them in attending upon or examining a person on the ground of secrecy.

Further, I hereby authorize any insurance company, government organization, employer, other organization, institution or person to release to IDBI Federal Life Insurance Co Ltd or its duly authorized representatives any record or knowledge about deceased. I hereby confirm that such information shall without limitation include information about deceased's health (including any information relating to the use of drugs or alcohol, AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information of the Life Insured's account.

I hereby declare that I am entitled to make the above authorizations. I also agree to render help to IDBI Federal Life Insurance Co Ltd or its duly authorized representatives to gather the said information or any information that may help the company to process this claim and to use the information in whatever manner as may be deemed to be fit to process this claim further.

Name in Block Letters: _____

Address and telephone no _____

Signature/ Thumb Impression of the claimant: _____

Place: _____ Date: _____

6. Witness Declaration:

(The below Declaration is to be given if claim form is signed in vernacular or if the claimant has used thumb impression instead of signature.)

I have explained the contents of this claim form to the claimant in _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the claimant's responses to the information sought in the claim form. I have read out the responses to the claimant and he/she has confirmed that they are correct and affixed his/her thumb impression after fully understanding the same.

Name of the Witness/ Declarant: _____

Address: _____

Signature of the Witness/Declarant: _____

Place: _____ Date: _____