



## **DETAILS OF CLAIM FOR DEATH BENEFIT**

Policy/Proposal No.	Intimation by
Client Id.	Contact No.
Relationship with the insured	
Complete Mailing Address	
DETAILS OF DEATH	
Name of the deceased	
2. Died at:  Home Hospital Road Elsewhere	
3. If in hospital, provide us with following details:	
Name of the Hospital	
Address	
Contact Nos.	
Date of Admission Date of Death	
Name of Attending Doctor	
4. What was the diagnosis	
5. Date of Death DDDMMYYYYY	
6. Place of Death Time of Death	
8. Who certified the cause of death?  9. Was the death reported to police? Yes No	
If Yes - Please provide details (Name, address & contact no. of police station where reported)	
If less thease provide details (Name, address & contact no. or police station where reported)	
10.Was a Post Mortem Examination performed?	
If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail)	
Signature	
Name of Branch Manager/ Branch Operation Executive	
Branch	
Date DDMMYYYYY	
Incase, Intimation is through direct walk-in at HO/Zone/Branch	
Signature of the person intimating	