



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
- Died at: ☐ Home ☐ Hospital ☐ Road ☐ Elsewhere
- If in hospital, provide us with following details:

Name of the Hospital <input type="text"/>
Address <input type="text"/>
<input type="text"/> Contact Nos. <input type="text"/>
Date of Admission <input type="text"/> Date of Death <input type="text"/>
Name of Attending Doctor <input type="text"/>
- What was the diagnosis
- Date of Death
- Place of Death Time of Death
- Cause of Death
- Who certified the cause of death?
- Was the death reported to police? ☐ Yes ☐ No
If Yes - Please provide details (Name, address & contact no. of police station where reported)
- Was a Post Mortem Examination performed? ☐ Yes ☐ No
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

Incase, Intimation is through direct walk-in at HO/Zone/Branch

Signature of the person intimating