

# Death Intimation cum Claim Form

**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, to be filled by the spouse, if living. Submission of this form does not mean acceptance of Claim.

Note: This Claim Form needs to be witnessed by any of the following (1) Police Sub-Inspector (2) Bank Manager (3) Doctor (4) A Gazetted Officer (5) School Headmaster (6) Head Post Master/Departmental Sub-Post Master (7) Branch Manager of our Company (8) Block Departmental Officer (9) Tahsildar

**All the photocopied documents submitted must be attested by any of the officials mentioned in the above Witness List.**

<b>POLICY NUMBERS</b>	Policy Number*: <input type="text"/>	Policy Holder's Name*: <input type="text"/>
	Additional Policy Nos. : <input type="text"/>	

<b>LIFE ASSURED DETAILS</b>	Name of Life Assured*: <input type="text"/>
	Father's Name*: <input type="text"/>
	Age at Date of Death*: <input type="text"/>
	ID Proof Enclosed*: <input type="checkbox"/> Aadhar <input type="checkbox"/> PAN Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License <input type="checkbox"/> Others, Specify: <input type="text"/>

<b>CLAIMANT DETAILS</b>	Name of Claimant*: <input type="text"/>
	Address*: <input type="text"/>
	City*: <input type="text"/> State*: <input type="text"/> PIN*: <input type="text"/>
	Mobile* (Validated): <input type="text"/> Alternate: <input type="text"/>
	E-mail*: <input type="text"/>
	Relationship with Life Assured*: <input type="text"/> Age of Claimant: <input type="text"/>
	Legal Status*: <input type="checkbox"/> Policy Holder <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Others, Specify: <input type="text"/>
	ID Proof Enclosed*: <input type="checkbox"/> Aadhar <input type="checkbox"/> PAN Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License <input type="checkbox"/> Others, Specify: <input type="text"/>
Preferred Language of Communication*: <input type="text"/>	

<b>BANK ACCOUNT DETAILS</b>	Bank Name*: <input type="text"/>
	Bank A/c No.: <input type="text"/>
	Bank Branch*: <input type="text"/>
	IFSC Code*: <input type="text"/> 9 Digit MICR No.*: <input type="text"/>
	Account Type*: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit/Over Draft
	Bank Account Proof Enclosed*: <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank Statement <input type="checkbox"/> Others, Specify: <input type="text"/>
	<b>Note: Cancelled Cheque with nominee signature / Bank Statement with transactions not later than last 3 months</b>

<b>OCCUPATION DETAILS</b>	Last Employer/Business Name*: <input type="text"/>
	Official Address*: <input type="text"/>
	Designation*: <input type="text"/> Last Working Day*: <input type="text"/>
	Exact Work at Job*: <input type="text"/>
	Employer Mobile*: <input type="text"/> Other Phone Number: <input type="text"/>
	<input type="text"/>

Continue filling the form overleaf. This form is considered "Private" when completed.



Call : 1800 419 8228 (TOLL FREE); +91 80 4134 5444

@ Email : care@exidelife.in



Visit : exidelife.in

Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No.3/1, Millers Road, Bengaluru - 560 001.

IRDAI Registration No. 114 CIN: U66010KA2000PLC028273

**Death Intimation cum Claim Form**

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LIFE ASSURED DEATH AND OTHER INSURER'S DETAILS

Details of other Life Insurance / Medi-Claim Policies held by the Life Assured:

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

Death Date\*: DDMMYYYY      Death Time\*:

Exact cause of Death\*:

Place of Death\*:  Home     Hospital     Workplace     Others, Specify:      

Date of Burial/Cremation\*: DDMMYYYY      Place of Burial / Cremation\*:

Was Post Mortem done?\*:  Yes     No**\*Note: If Yes, please provide attested copy of Post Mortem report****\*For accidental/unnatural death, Post Mortem Report and FIR are mandatory**

Name and designation of person who declared death:

Address of the person who declared death:

Contact No.

Documents Enclosed\*:  FIR     PMR     PANCHNAMA     BURIAL CERTIFICATE     DEATH DECLARATION COPY

Others, Specify:

**In case of death due to Illness**Illness diagnosed date: DDMMYYYY      Any other past illness:  Yes     No      Duration of Illness      

Illness suffered from:

Attended Doctor's Name:      Doctor's Contact No.

Doctor's Address:

Treatments Taken:

**In case of Hospitalization:**

Date of admission in Hospital: DDMMYYYY      Admission No.

Hospital Name:

Hospital Address:

**Note: Physician Statement and Medical documents (Discharge / Death summary, Test results, Admission notes, Outpatient consultation notes, etc.) are mandatory if death due to Illness/Hospitalization.**Documents Enclosed\*:  All first consultation Papers     Last hospitalization documents     Last Medical attended certificate

LIFE ASSURED DEATH AND OTHER INSURER

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PENSION PLANS

**Note: Mandatory for pension plans, in accordance to terms and conditions of the policy**

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

- 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 Assured's health and habits, which they may have come to know during their treatment of Life Assured. List of acceptable witness given in page 1

**Signature of Claimant\***

Date\*: 

D	D	M	M	Y	Y	Y	Y
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Place\*: \_\_\_\_\_

**Signature of Witness\***

Witness Name & Designation\*: \_\_\_\_\_

Witness Contact Number: 

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If the executant is illiterate and has affixed a thumb impression or is subscribing his/her signature in vernacular, then the translator shall execute the following declaration. Certified that the contents of this Claim Form read over and explained by me to Mr./Mrs./Ms. \_\_\_\_\_ (insert name) in \_\_\_\_\_ language and that he/she has affixed his/her signature/thumb impression thereto in my presence after thoroughly understanding the contents herein.

\*Note: Mandatory if claimant affixed thumb impression/vernacular signature

**Signature of translator\***

Name\*: \_\_\_\_\_

Contact Number: 

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Date\*: 

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

Customer Service Representative Name\*: 

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**Signature\***

Date\*: 

D	D	M	M	Y	Y	Y	Y
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Branch\*: 

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e Number\*: 

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ACKNOWLEDGEMENT SLIP

**\*Note: This is to acknowledge the receipt of application for Death Intimation cum Claim Customer Service**

Policy No.\*: 

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Date\*: 

D	D	M	M	Y	Y	Y	Y
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**Executive Signature:**

Documents submitted

Claim form  KYC of claimant and insured  Policy Bond  Bank account details  Death certificate  FIR and MLC copy

Medical documents if any  Any other documents to specify \_\_\_\_\_

**Note:** "The Company reserves the right to call for any other and/or additional documents or information, including documents/information, to the satisfaction of the Company, for processing of the claim".

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