

To be filled by Tata AIA Life Office:

GMD Claim Number: _____

Group Policy Number: _____



Tata AIA Life Insurance Company Limited
(hereinafter called "Tata AIA" or "the Company", whichever is applicable)

APPLICATION FORM FOR DEATH CLAIM (CLAIMANT'S STATEMENT)

(To be completed in BLOCK letters. Please answer all questions, use "not applicable" (N/A) as appropriate instead of leaving it blank. Counter-sign where amendments/alterations are made in the form.)

Name of the PolicyHolder: _____

(I) INFORMATION OF THE DECEASED (INSURED)

This is a ☐ New Claim ☐ Further Claim

1. Full Name of the Deceased: _____

Surname\ Firstname\ Middlename

2. Alias, If any: _____ 3. Date of Birth: Month ____ Date ____ Year ____

4. Source from which the date of birth is obtained: _____ 5. Sex: Male ☐ Female ☐

6. Deceased's Address at the time of Death: _____

7. Date and Time of Death: Month ____ Date ____ Year ____ Time: ____ a.m. ☐ p.m. ☐ 8. Place of Death: _____

9. Cause of Death: a. _____ b. _____ c. _____

10. Occupation at the time of Death: _____ 11. Last date at Work: Month ____ Date ____ Year ____

12. Name of the Employer: _____

13. Address of the Employer: _____

14. Deceased Photo ID card type and Number (copy of which is submitted along with the Claim form): _____

Complete 15 – 17 only if the cause of death is due to an accident

(15) Date & Time of Accident Month ____ Date ____ Year ____ Time ____ a.m. ☐ p.m. ☐

(16) Place of Accident: _____

(17) Details of Accident: _____

(18) When did the Deceased complain of or give indications of his last illness? Month ____ Date ____ Year ____

(19) When did the Deceased first seek medical treatment for his last illness? Month ____ Date ____ Year ____

(20) Name and address of the doctor who diagnosed the illness: _____

(21) Names and addresses of all physicians who attended the Deceased for his last illness and prior illnesses:

Name of Doctor/Hospital	Address and Telephone	Attendance Date	Disease or Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(22) Whether a death inquest will be or has been held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	(see note *)
<hr/>				
(23) Whether a post-mortem will be or has been done?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	(see note *)
<hr/>				
* Note: If you are in possession of the verdicts or findings, please forward a copy to us for reference				
<hr/>				
(24) Deceased's Life insurance amount covered by other companies:				
Name of Company	Policy No.	Effective Date or Coverage Commencement Date	Amount Insured	
<hr/>	<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	<hr/>	
<hr/>				
(II) INFORMATION OF CLAIMANT				
(25) Name in Full: <hr/>				
<i>Surname\Firstname\ Middlename</i>				
(26) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		(27) Date of Birth: Month ____ Date ____ Year ____		
(28) Claimant's Photo ID card type and Number (copy of which is submitted along with the Claim form): <hr/>				
(29) Claimant's Address: <hr/>				
<hr/>				
(30) Telephone No.: <hr/>		(31) Relationship with the deceased: <hr/>		
(32) By what title are you submitting this claim? Beneficiary <input type="checkbox"/> Others <input type="checkbox"/> (please Specify)				
<u>Declaration & Authorization by Beneficiary/Claimant</u>				
The policyholder undertakes to pay the proceeds of this Insurance claim to the designated beneficiary/ies nominated by the deceased Member. I (We) hereby request Tata AIA Life to release the benefit payment cheque to the Policyholder and a valid discharge from the Policyholder shall be taken as a valid discharge from me (us)."				
Signature of Beneficiary/ Claimant <hr/>		Date <hr/>		

(23) Whether a post-mortem will be or has been done? Yes ☐ No ☐ Uncertain ☐ (see note *)

* Note: If you are in possession of the verdicts or findings, please forward a copy to us for reference

(24) Deceased's Life insurance amount covered by other companies:			
Name of Company	Policy No.	Effective Date or Coverage Commencement Date	Amount Insured

(II) INFORMATION OF CLAIMANT

(26) Sex: Male ☐ Female ☐

(27) Date of Birth: Month Date Year

(28) Claimant's Photo ID card type and Number (copy of which is submitted along with the Claim form):

(29) Claimant's Address:

(30) Telephone No.: (31) Relationship with the deceased:

(32) By what title are you submitting this claim? Beneficiary ☐ Others ☐ (please Specify) _____

Declaration & Authorization by Beneficiary/Claimant

Signature of Beneficiary/ Claimant **Date**

Declaration & Authorisation

I hereby make claim on Tata AIA by submitting this death claim application form and agree that the written statements of all the physicians who attended or treated the Deceased (Insured) and all other proofs and supporting documents associated with this death claim application form shall constitute and are hereby made part of this death claim application form. I further agree that the furnishing of this death claim application form, or of any other forms supplemental hereto to the Company, shall not be deemed an acceptance of an existence of any assurance in force on the life in question, nor a waiver of any of its rights of defenses.

I hereby declare and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals/organisations associated with the Company or any selected third party (within or outside of India, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes.

Date: _____ Date: _____

Name of the Signatory: _____ Name of Claimant: _____
(Surname/First/Middle name) (Surname/First/Middle name)

Designation of the Signatory : _____

Company Seal :