

Tata AIA Life Insurance Company Limited



(hereinafter called “Tata AIA” or “the Company”, whichever is applicable)
- DEATH CLAIM FORM

(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)

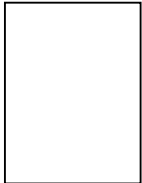
1. Full Name of the Deceased: Surname / First Name / Middle name
2. Date of Birth: _____ 3. Source from which the date of birth is obtained: _____
4. Sex: Male ☐ Female ☐ 5. Date of Death: _____ 6. Place of death: _____
7. Deceased's Address at the time of Death: _____
8. Deceased Photo ID card type and Number (copy of which is submitted along with the Claim form): _____
9. Cause of Death: a) Illness ☐ b) Accident ☐ 10. Whether death is due to suicide: Yes ☐ No ☐
11. Date on which Deceased Joined the Group / Association: _____
12. Date on which the deceased joined the Policy/ Insurance Scheme: _____
13. Provident Fund Account No. _____

(II) INFORMATION OF BENEFICIARY (Nominee as per the PF Nomination Form)

14. Name in Full: _____
15. Sex: Male ☐ Female ☐ 16. Date of Birth: _____ 17. Relationship with deceased member: _____
18. Bank Account No. _____ 19. Bank Name and Branch: _____

Declaration & Authorization by Beneficiary

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 _____

Photograph of nominated beneficiary to be attested by the Policyholder

Declaration & Authorization by Policyholder

a) We hereby declare that the information given on this Death Claim Form is true and complete to the best of our knowledge and belief. b) We declare that this member joined the Insurance Scheme on his/her first opportunity to do so and that all premiums have been paid. c) We declare that the member has been actively contributing to our employees Provident Fund. d) We confirm that the beneficiary/ies detailed above are the deceased member's nominated beneficiary/ies as per the Provident Fund nomination Form enclosed and request that these are paid as directed above. e) We further confirm that these benefits are full and final discharge of the liabilities under the Policy in respect of this member. f) The policyholder undertakes to pay the proceeds of this Insurance claim to the designated beneficiary/ies nominated by the deceased Member.

Authorised Signatories of the Policyholder

Signature & Company Seal	Signature & Company Seal
Name	Name
Date	Date

NOTES: FOR ALL CLAIMS THE COMPLETED DEATH CLAIM FORM MUST, WHERE APPLICABLE, BE ACCOMPANIED BY:

1. A copy of the Death Certificate issued by Municipal Authority certified by a Notary/Gazetted officer.
2. A copy of the Birth Certificate or Bonafide School/College Certificate and Photo-Identity Card of the deceased.
3. Provident Fund Nomination Form specifying the Nominated Beneficiary(ies)
4. Birth Certificate/Marriage Certificate of any dependant beneficiary(ies)/claimant, identification in original certified by a Notary/Gazetted officer.
5. Police Report/F.I.R in case of death due to accident.

[Tata AIA Life reserves the right to check and obtain further documents/information in the process of validating the claim.]