

**Tata AIA Life Insurance Company Limited**  
**(hereinafter called “the Company”)**  
**DEATH CLAIM INTIMATION - CUM - CLAIMANT’S STATEMENT**

**Guidelines / Notes:**

1. Death benefit is payable subject to policy being in force on date of death.
2. Only the person entitled to receive the policy monies under the Policy should fill & sign this form.
3. Submission of this form should not to be construed as acceptance of claim.
4. Please submit the form & the requirements at the nearest Tata AIA Life branch office or the address given below;  
 Tata AIA Life Insurance Company Limited, B- wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) Pin Code – 400 607.
5. Early and complete submission of requirements would enable the company to process the claim at the earliest
6. Claims under multiple policies may be reported by filling a single form & providing all relevant policy nos.
7. To be completed by claimant in BLOCK letters.

Please affix  
recent  
photograph

Policy Number(s):

**1. Details of the Life Assured:**

Full Name:  Gender:  Male  Female Age at Death:  D  D  M  M  Y  Y  Y  Y  
 Address at the time of death:   
 Tel. No.:   
 City/ Town:  Pin Code:  State:

**2. Details of the Claimant (person entitled to receive claim proceeds under the policy):**

Full Name:  Gender:  Male  Female Date of Birth:  D  D  M  M  Y  Y  Y  Y  
 Current Correspondence Address:  Tel. No.:   
  
 City/ Town:  Pin Code:  State:   
 Residential Status: Resident Indian  Non Resident Indian (NRI)   
 Pan Card No.  Aadhar No.   
 Place of Birth:  Country of Birth:   
 If NRI, please state Country of Residence:  Email address:   
 Relationship with the Life Assured:   
 Residence for tax purpose in jurisdiction(s) outside India:  Yes /  No (If 'Yes' then FATCA & CRS-Self Certification Form to be mandatorily completed)  
 Nature of title to the Policy monies: Policyowner  Nominee Assignee  Other   
 Please enclose a copy of Photo Identification : Passport  Driving License  Company ID card   
 proof (please tick whichever is applicable): Election card  Credit Card with Photo  PAN Card  Bank Pass book with Photo Club card If Any   
 Other, please specify

Requirements submitted along with this form	Please Tick (ü)
1. Original Policy Document	
2. Copy of Death Certificate issued by Local Authority	
3. Photo ID and date of birth proof of insured and claimant	
4. Copy of Medico legal cause of Death Certificate	
5. Medical Records (admission notes, discharge summary, test reports etc.)	
6. Post Mortem Report (If applicable)	
7. FIR/ Panchnama/ Inquest Report (If applicable)	
8. Employer's Certificate	
9. Hospital Information sheet	
10. Cancelled cheque for NEFT	
11. Copy of Driving License (If applicable)	
(applicable only if "Accidental Death Benefit Rider" is opted)	

Note: The Company reserves the right to call for additional requirements, if needed

**3a. Details of the Claim:**

Date of Death:  Cause of Death:

**3b. Other Details**

Place of Death (specify the name and address of the hospital, wherever applicable):

Name & Address of the Doctor who declared the death:

City/ Town:  Pin Code:  Tel No:

Date of Post Mortem examination:  Date & Time of cremation/ burial:

Name & Address of hospital where Post Mortem examination was done:

City/ Town:  Pin Code:  Tel No:

Name & Address of Police Station where FIR has been lodged:

City/ Town:  Pin Code:  Tel No:

What do you understand to be the circumstances of the Life Assured's death?

**4. Medical History of the Life Assured:**

Nature of illness/ ailment:

Duration of the illness/ ailment (specify from – to dates):

Name & Address of the doctor/ hospital who diagnosed & treated the Life Assured:

City/ Town:  Pin code:  Tel No:

Name & Address of Life Assured's usual/ family doctor:

City/ Town:  Pin code:  Tel No:

**5. Employment Details:**

Employer's/ business name:

Address:

City/ Town:  Pin Code:  Tel No:

Designation at work place/ business:

Exact nature of job/ business:

Date of last working day:

**6. Particulars of other Life Insurance / Mediclaim policies held by the Life Assured:**

Policy No.	(1)	(2)	(3)	(4)
Name of the Insurance company:				
Commencement date:				
Sum Assured:				
Riders opted:				
Status of the Claim:				

**Declaration & Authorization**

I hereby declare that the information given on this death claim application form is true and complete to the best of my knowledge and belief.

I hereby make a claim on Company 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 irrevocably authorise any organisation, institution, or individual that has any record or knowledge of the Deceased 's (Insured's) health and medical history or any treatment or advice and that has been or may hereafter be consulted, other personal information or details of related accident/injury to disclose to Company such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

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.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Claimant Signature

Name of the Witness \_\_\_\_\_

(in block letters, family name first)

Address of Witness: \_\_\_\_\_

Designation: \_\_\_\_\_

Date:

Name of Claimant \_\_\_\_\_

(in block letters, family name first)

Date:

Note: - Witness should be a Notary/ Gazette Officer /Gram Panchayat Pradhan/Gram Panchayat Member/ Doctor/ Lawyer/ School Headmaster/Ward councilor/Block Development Officer/NGO/ Bank Manager/ BOI/BOE/Zone claims person/ SEM or a person of local standing.

**Authorization**

(To be signed by the claimant)

To,

Life Insurance Policy Number(s): \_\_\_\_\_

I, Mr./ Ms. \_\_\_\_\_ (name), \_\_\_\_\_ (relation) of Mr./ Ms. \_\_\_\_\_ name of the Life Assured) hereby give my consent to "Tata AIA Life Insurance Company Ltd., and/ or its representative to obtain all employment/ medical/Govt. or Pvt. hospital records/ other records (including photocopies)/ information pertaining to the treatment/ occupation of the deceased.

Yours faithfully,

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Claimant Signature

Name of the Witness \_\_\_\_\_

(in block letters, family name first)

Address of Witness: \_\_\_\_\_

\_\_\_\_\_  
Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Claimant \_\_\_\_\_

(in block letters, family name first)

Date: \_\_\_\_\_

