

Death Claim Form

This form must be filled out by the nominee(s)/beneficiary(ies), that means the person or persons to whom the insurance claim amount is payable. If there is more than one nominee/ beneficiary, another form will be filled out for each.

Insurance Type	<input type="checkbox"/> Individual Insurance	<input type="checkbox"/> Group Insurance	<input type="checkbox"/> Bancassurance	<input type="checkbox"/> Others
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Organization's Name (if Group/Bancassurance): _____

Policy Number/Group Member ID: _____

Employee's Office ID Number (if Group/ Bancassurance): _____

1. Name of Policy Holder/Employee: _____

2. Policy Holder's/ Employee's Date of Birth: _____

3. Date of Death: _____

4. Cause of Death: Sickness Natural Accidental Suicidal Others

5. Coverage Effective Date: _____

6. Last Working Date (if any): _____

Details of the Beneficiary (basic & bank related information) nominated by the Insured

1. Name of Beneficiary (ies): _____

2. Relationship with the Policy Holder/ Employee: _____

3. Date of Birth: _____

4. Present Address: _____

5. Mobile/Phone Number: _____ Alternate Emergency Mobile Number: _____

6. Account Name: _____ 7. Bank Name: _____

8. Branch Name: _____ 9. Account Number: _____

10. Routing Number: _____

(Please attach a copy of cheque leaf)

Authorization

I/ We hereby certify that the foregoing statements are full and true to the best of my/our knowledge and hereby authorize all physicians, hospitals, clinics, employer and any institution or any other person who has any record or information about the deceased covered under this Policy to provide Shanta Life Insurance PLC. Any copy of this authorization shall be taken as the original copy.

Signature/Finger print of Beneficiary: _____ **Date:** _____

If the Beneficiary is Minor

Name of Claimant: _____ Relation with Beneficiary (ies): _____

Signature of Claimant with Date

Signature of Authorized Person with Date & Seal
(Applicable only for Group/ Bancassurance)

Required Documents for Death Claim

1. Death Certificate:

Original or attested photocopy of Death Certificate issued by Licensed Private/Government Hospital where the deceased was treated, or original or attested photocopy of Death Certificate issued by the Municipal Body, either from Health Department of City Corporation/Local Union Parishad Chairman/Ward Commissioner/Councilor on Official Letter pad.

2. Age proof:

Both Insured person and Beneficiary's Age Proof must be submitted. Any of the following documents is accepted as Age Proof:
» Photocopy of National ID Card/Original Passport is must for remittance earner/Driving License/S.S.C or Equivalent Certificate.

3. In Case of Accidental Death, following additional documents are required:

- » Photocopy of Autopsy (Post-Mortem) Report and copy of burial permission from police station.
- » Photocopy of Police Report (FIR/Final Police Report, if available)
- » Newspaper cutting (if any)

4. For Claim against Group Insurance- Employment certificate

5. For Claim against Individual Insurance- Original Policy Documents.

6. For claim against Credit Life Policies, following additional documents are required:

- » Photocopy of the initial application for loan or credit card
- » Transaction details/Bank Statements or card account outstanding balance as on the date of death.

N.B: Shanta Life reserve rights to verify and/ or ask for any documents relevant to the claim.