

# INDIVIDUAL DEATH CLAIM FORM

## For Official Use Only

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
 Interaction ID: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Employee Code: \_\_\_\_\_ Sign: \_\_\_\_\_  
 Date: DD / MM / YYYY Time:  On or Before 3PM  After 3PM

Photograph  
of Claimant

## SECTION A\*

### POLICY DETAILS

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

## SECTION B\*

### DETAILS OF LIFE ASSURED (LA)

Name of Life Assured:  Mr.  Ms. FIRST MIDDLE LAST  
 Father's Name: FIRST MIDDLE LAST  
 Date of Death: DD / MM / YYYY  
 Place of Death:  Hospital  Clinic  Residence  Office  Other (Please specify) \_\_\_\_\_  
 Family Doctor: Name: \_\_\_\_\_ Registration No. \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Last treated/attended Doctor Name: \_\_\_\_\_ Registration No. \_\_\_\_\_ Contact No: \_\_\_\_\_

### Last Employer details (If applicable):

Name of the Company: \_\_\_\_\_ Name of contact person: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Nature of Death:  Medical  Natural  Accident  Murder  Suicide  
 Cause of Death: \_\_\_\_\_

### Nature of Illness and Habit of the insured

Hypertension  Diabetes  Heart disease  Liver disease Date of diagnosis of illness  
 Kidney disease  Cancer  Other \_\_\_\_\_  
 Smoking  Tobacco  Drugs If yes, Duration of Consumption \_\_\_\_\_ & Quantity Consumed

### Other Insurance details: (Life/Mediclaim/Health)

| Policy No. | Company Name | Sum Assured | Status (Active/Lapsed/Applied/Matured) |
|------------|--------------|-------------|--|
|            |              |             |  |

## DETAILS OF CLAIMANT

### DETAILS OF LIFE ASSURED (LA)

Claimant Name:  Mr.  Ms. FIRST MIDDLE LAST  
 Date of Birth: DD / MM / YYYY  
 Address: FIRST LAST  
BUILDING ROADNAME/NO  
CITY/VILLAGE LANDMARK  
DISTRICT STATE Pincode: \_\_\_\_\_  
 Contact No.: OFFICE RESIDENCE MOBILE  
 Office &/or Personal Email ID: \_\_\_\_\_  
 Relation with the Life Assured:  Spouse  Children  Parents  Others SPECIFY  
 Claimant's Title:  Nominee  Executor  Trustee  Appointee  Employer  Assignee  Beneficiary  Non-Profit Organization  
 Claimant's PAN details:           Or Form 60   
 Politically exposed person:  Yes  No  
 US Person:  Yes  No (If Yes, please fill FATCA/CRS certification)

\*Non-profit organization\* means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)

PEPs are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political officials. \*Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally\*

## CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details.

Bank Account No.: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Account Type:  Savings  Current  NRO  NRE

IFSC: \_\_\_\_\_ MICR: \_\_\_\_\_

Applicable for pension plans:

Please indicate how you would like to receive the benefits.

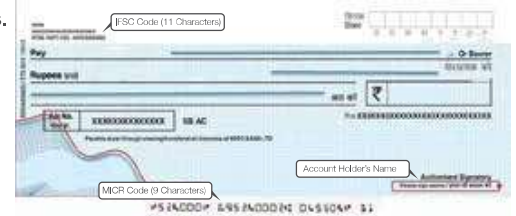
Entire amount as Lumpsum  Entire amount as Annuity  Part as annuity, part as Lumpsum  As Installments

Applicable for Tata AIA Life Insurance Sampoorna Raksha/Tata AIA Life Insurance Sampoorna Raksha Plus (Options 2 & 4):

Please confirm if you would like to receive the claim amount as

Monthly income  Lumpsum payout

Note: Selection of this option does not constitute acceptance of claim.



## SECTION C\*

### DECLARATION AND AUTHORISATION

- I hereby declare that all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to Tata AIA Life Insurance, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Tata AIA Life Insurance to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.

Date: DDMMYYYY

Place: \_\_\_\_\_

Signature of Claimant:

### DECLARATION TO BE MADE BY A THIRD PERSON

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: \_\_\_\_\_

Address: \_\_\_\_\_

Date: DDMMYYYY

Place: \_\_\_\_\_

Signature of Third Person:

**Important Note:** In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: [customer@tataaia.com](mailto:customer@tataaia.com)

## INSTRUCTION FOR FILLING UP THE FORM

### A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (\*) refers to mandatory information

### B. DOCUMENTS TO BE SUBMITTED

#### MANDATORY DOCUMENTS

(1) Original policy document (Not necessary in case of dematerialised policy document) (2) Death certificate issued by local authority (3) Claimant's PAN CARD (4) Claimant's passport size photograph (5) Cancelled cheque

#### ADDITIONAL DOCUMENTS

#### HOSPITALISATION/DEATH DUE TO ILLNESS

(1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.) (3) Claimant's passport size photograph (5) Cancelled cheque

**ACCIDENTAL DEATH** (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,  
2. Tata AIA Life Insurance reserves the right to ask for more information/ documents, if required

### C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

#### PHOTO IDENTIFY PROOF (ANY ONE)

- Claimant's PAN Card     Valid Passport     Voter ID Card  
 Aadhar Card\*     Valid Driving License

#### ADDRESS PROOF (ANY ONE)

- Valid Passport  
 Voter ID Card

\*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by (LI COMPANY NAME) Life

### D. NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with (LI COMPANY NAME) Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

\*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

\*\*In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

## CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy No.: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Branch Name/Interaction ID: \_\_\_\_\_

Claimant Client ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Employee Sign: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Branch Stamp: \_\_\_\_\_

L&C/Misc/2023/Apr/0169

#TataAIAKaBharosa

**Tata AIA Life Insurance Company Limited** (IRDAI Regn. No.110) CIN: U66010MH2000PLC128403. **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at: **www.tataaia.com**. • L&C/Misc/2022/Apr/0113.

**Beware of Spurious Phone Calls  
and Fictitious / Fraudulent Offers**

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint