DLF Pramerica
LIFE INSURANCE

# DEATH CLAIM FORM

**Please read the Instructions mentioned overleaf before filling up this form.**

## Documents Checklist

List of documents required for Death Claim

1. Death Intimation Form
2. Last Medical Attendant Certificate Report
3. Original Policy Bond
4. All medical/hospital records - admission notes, test records, Death summary etc.
5. Certificate of Hospital Treatment (where applicable)
6. Copy of Death Certificate issued by Municipal or local/Government authority
7. Identity proof of Claimant
8. Additional documents in case of no identified nominee proving legal title

Additional documents for Accidental Death Benefit Claim

1. Copy of FIR/PIR (original to be produced)
2. Post Mortem report
3. Newspaper cuttings (not mandatory)
4. Copy of Driving License of the Life Insured
5. English translation of Vernacular documents (Mandatory)

In connection with Claim under Policy No. _____ for Sum Insured of Rs. _____ on the life of _____ I, _____ the Claimant under the Policy make the following statement

## Particulars of Life Insured

| | |
|---|---|
| Policy No (s): | Gender: ☐ Male ☐ Female |
| Deceased Name in Full: _____ | Date of Birth D D M M Y Y Y Y<br>Age at Death ☐☐ years |
| Marital Status at time of death<br>☐ Single ☐ Married ☐ Divorced<br>☐ Widowed | Last Occupation/Main Duties: _____ |
| Residential Address: _____ | Telephone No. (Res): _____<br>(Mobile): _____ |
| Name of Employer: | |
| Present Occupation: | |
| Address: _____ | Telephone No. (Res): _____<br>(Mobile): _____ |

## Details of Death

| Date of death: D D M M Y Y Y Y | Place of death (State location of death e.g. hospital/institute/home - State name of location & address): |
|---|---|
| Exact Time of Death (am/pm) | |
| Immediate cause of Death: | |
| Details and Duration of last Illness<br>First complaint of symptoms<br>Name and address of doctor consulted during the last 3 years | |
| Date of last attendance at usual work D D M M Y Y Y Y | |

## Details of Death by Accident

| Date of Accident: D D M M Y Y Y Y | Time of Accident: |
|---|---|
| Place of Accident + Details of news paper reports (if any with attachment): | |
| If accident was reported to police, address of police station where case was reported | |
| Details of the Accident (If known): | |

## Particulars of Claimant

Name in Full:

Date of Birth: D D M M Y Y Y Y

Age: Gender: ☐ Male ☐ Female

Correspondence Address:

Relation to the deceased Life Insured

Contact No. Landline:

Mobile No.:

Claimant's Bank account details

Bank Name: Account No.

Title under which claim is made (Tick whichever is applicable)

☐ Nominee ☐ Appointee (in case Claimant is a minor)

☐ Survivor ☐ Trustee

☐ Assignee ☐ HUF

## General Information

**Details of Other Policies held by the Life Insured:**

| Name of Companies/ Contact No./Address | Date of Policy commencement | Policy No. | Amount of Policies (Sum Insured) | Rider Coverage details |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Any other relevant Information

## Declaration of Claimant

I/we hereby declare that the statements made herein above are true and correct. I/we further declare the written statement of all the physicians who attended to or treated the deceased, and all papers furnished in support of this claim shall constitute proofs of death. I further declare and agree that the furnishing of this form or any other forms supplemental thereto or any acts of enquiry or investigation by DLF Pramerica Life Insurance Co. (Company) shall not constitute or be considered as an admission of the claim by the Company.

Signature of Claimant:

Name, Designation and Address of Claimant

Countersigned by*

Name, Designation and Address

*Certified that the contents of this form were explained to the Claimant in vernacular and he/she has affixed his/her signature/thumb Impression hereto after fully understanding the same.

Signature of Witness 1

Name and Address:

Date: D D M M Y Y Y Y

Signature of Witness 2

Name and Address:

Date: D D M M Y Y Y Y

## Authorisation of Claimant

Policy No._____

Name of Life Insured _____

I/We _____ hereby authorise and give our consent to DLF Pramerica Life Insurance Company and/or its representatives to seek information, obtain all information, records in relation to employment, medical, hospital records, police records, other records (including photocopies) in connection with any treatment, occupation, personal details of the Life Insured.

_____

Signature of Claimant:

Claimant's Name:

Claimant's Full Address:

Claimant's Phone No.: Landline Mobile

## Instructions

- All fields are mandatory
- The Death benefits under the above Policy will be payable to the person legally entitled
- The person completing the form must qualify as a Claimant in accordance with this form
- All payments shall be subject to the terms and conditions of the Policy
- The Company retains the right to call for additional evidence to process the claim
- The Company reserves the right to entertain or to repudiate the claim
- All alterations/corrections made, need to be countersigned by the Claimant
- If the Life Insured died outside India and was cremated or buried abroad, please provide burial/cremation permit along with names and addresses of two people not related to the deceased, present at the burial or cremation
- All copies of evidence must be attested by any of the following: A Notary Public, Block Development Officer, Magistrate, Commissioner of Oaths, Class 1 Gazetted Officer, Head Postmaster, Head Master of a High School
- Each page of this form must be countersigned by any of the following: Sales Manager of the Company, Advocate, Bank Manager, Block Development Officer, Commissioner of Oaths, Gazetted Officer, President of Village Panchayat, Magistrate, Head Postmaster, Head Master of a High School

**CONTACT US:**
Customer Service Helpline: 1800 102 7070 (Toll-Free)
Fax us at: 0124-2717070
E-mail: contactus@dlfpramericalife.com

**Communication Address:**
Claims, DLF Pramerica Life Insurance Company Limited
4th Floor, Building No. 9 B, Cyber City, DLF City Phase III, Gurgaon - 122002

Insurance is the subject matter of the solicitation.
IRDA Registration Number:140