

The Claims Department,
DHFL Pramerica Life Insurance Company Limited

Policy number:

Date:

Details: (To be completed by the Claimant or a relative of the Life Insured)

1) Name of the Life Insured:

2) Name of the Claimant:

3) Complete Mailing Address of the Claimant:

4) Contact Numbers: (With STD Code where applicable) Residence:

Office:

Mobile:

5) Relationship with the Life Insured: _____

6) Date and Time of death: _____

7) Place of death: _____

8) Cause of death: Medical Accident

If medical, please specify the ailment that caused death:

9) Policy number(s) under which the death claim is made: _____

(If more than one policy held with DHFL Pramerica _____

Life Insurance Company Limited) _____

10) Claimant Code:

Signature: _____ Place: _____ Date:

DHFL Pramerica Life Insurance Company Ltd.
Registered Office: DLF Centre, Sansad Marg, New Delhi-110001
Communication Address: 4th Floor, Building No.9, Tower B, DLF City Phase - III, Gurgaon - 122002, Haryana, India
IRDA Registration Number: 140. Insurance is the subject matter of solicitation.

Contact Us: Customer Service Helpline: 1800 102 7070 (Toll Free)
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