

Death Intimation cum Claim Form

(Claim form to be filled and duly signed by the nominee, assignee or Legal heir in **BLOCK LETTERS**. In case of pension plans, claim form to be filled by the spouse, if living. Please fill in complete & correct details. Attach all necessary documents. **Submission of this form does not mean acceptance of Claim**)

Policy No.:

SECTION A: CLAIMANT DETAILS

- Name of Claimant:** _____
- Current Address:** _____

 State: _____ Pin code: _____
 Phone No.: _____ Mobile No. _____
 E-mail ID of the claimant: _____
- Relation-ship with Life Assured:** _____ **Age of Claimant:** _____
- Legal Status:** Policyholder Nominee Assignee Others (please specify) _____
- Photo Identification Proof Enclosed:**
 Passport PAN Card Voter's Id Driving License Others (please specify) _____
- Bank Account Details:**
 Account Number: _____ A/C Type (savings / current / OD): _____
 RTGS/ NEFT/IFSC code _____ MICR Number: _____
 Name of Bank: _____ Branch _____
 Please attach a copy of a canceled cheque / copy of your Bank passbook / copy of your bank statement as proof of above bank account

SECTION B: LIFE ASSURED DETAILS

- Name of Life Assured:** _____
- Father's name:** _____
- Residential address of Life Assured at date of death:** _____

- Age at date of death:** _____
- Occupation particulars: Last Employer / Business Name:** _____
Address of Employer / Business: _____
 _____ Telephone: _____
Designation: _____ **Exact Nature of Job / Business:** _____
Last Working day: _____
- Details of other life insurance / medi-claim policies held by the life assured:**

Name of Insurance Company	Policy Number	Commencement Date	Sum Assured	Status of Claim

7. Date of death: _____ Time of Death _____
8. Place of death: _____
9. Date of Burial / Cremation: _____ Place Buried / Cremated: _____
10. Cause of death: _____
11. Was a Post Mortem done, if yes, please provide attested copy of report: _____
12. Name and Address of Doctor who declared the death: _____
 _____ Pin Code: _____ Telephone No. _____
13. In case of accidental or unnatural death,
 Police station where FIR was registered: _____ FIR Number: _____ Date: _____
14. Clear narration of events leading to death:

15. In case, cause of death is illness
- a) Date on which the illness was first diagnosed: _____
- b) Duration of last illness: _____
- c) Other Illness suffered: _____ Duration: _____
- d) Name & Address of doctor who attended: _____

 Phone No.: _____ Mobile No. _____
- e) Particulars of treatment taken: _____

- f) If hospitalized
- i. Date of admission in hospital: _____
- ii. Admission Number: _____
- iii. Hospital Name & Address: _____

SECTION C: ATTACHMENTS TO THIS FORM (please tick):

- ⇒ Original Policy Document
- ⇒ Original Death Certificate issued by Local Authority
- ⇒ Age Proof & Identification document (with Photo) of Life Assured
- ⇒ Identification document (with Photo) of Claimant
- ⇒ Copy of Medical Cause of Death Certificate
- ⇒ Medical Records (Discharge / Death summary, Test results, Admission notes, Outpatient consultation notes, etc)
- ⇒ Attested Copy of Post Mortem Report
- ⇒ In case accident / unnatural death,
 Jurisdictional Police Station Attested Copy of FIR
 Jurisdictional Police Station Attested Copy of Panchnama /Inquest Report
- ⇒ Proof of Bank account of Claimant (Self Attested copy of Bank Passbook / Account statement of Claimant)
- ⇒ Proof of your Current Address

Note: The Company reserves the right to call for additional documents/requirements

SECTION D: TO BE FILLED FOR PENSION PLANS

In case you are the spouse, please indicate how you would like to receive the benefits:

Your Age 45 years and above:

- To receive the entire Benefit Amount as Lump sum.
- To receive one-third of the Benefit Amount as lump sum and apply the balance for purchase of annuity
- To apply the entire Benefit Amount for purchase of Annuity

For purchase of Annuity:

- From ING : Fill in the proposal form for purchase of annuity available at any of our branches and submit it along with the documents asked for in the proposal form
- From other Companies: Specify the company in whose favor the cheque needs to be issued. (the company name as it should appear in the cheque) _____

SECTION E: AUTHORIZATION BY CLAIMANT:

The above statements are true and correct to the best of my knowledge. Notwithstanding any laws or provisions in force regarding privacy of personal information, I also authorize ING Vysya Life Insurance Company Ltd. and/or its representatives, agents to collect all information / records (including photocopies) which are relevant to process this claim from employers, hospitals, doctors and others. I further authorize the hospitals, clinics, doctors, and / or diagnostic centers, to disclose any information and provide photocopies of medical / hospital records regarding Life Assureds' health and habits, which they may have come to know during their treatment of Life Assured.

Place: _____

Signature of Claimant

Date: _____

Signature of Witness: _____

Name & Address of Witness: _____

Relationship with the Claimant _____

Phone No. with STD Code _____ Mobile No. _____

If the executant is illiterate or is subscribing his/her signature in vernacular, then the witnesses shall execute the following declaration

Certified that the contents of this Claim Form were read over and explained by me to Mr./Mrs./Ms. _____

(Insert name) in _____ language and that he/she has affixed his/her signature/thumb impression thereto in my presence after thoroughly understanding the contents herein.

Date: _____

Signature: _____

Name of Witness: _____

Address: _____

Contact Telephone: _____