

### Claim Intimation form - Credit Life

Disclaimer: All claim payments would be made through the electronic fund transfer only.  
 (Issuance of this form does not amount to admission of any claim/liability under the policy on the part of the insurers.)  
 Please attach this form fully completed along with original death certificate to help us process your claim promptly.

#### Master Policyholder's details

Master Policyholder's Name:

Loan / Membership no :  MasterPolicy number:

Certificate of Insurance no :

Reducing Sum Assured :  Level Sum Assured :  Loan Amount Covered :

Outstanding Loan Amount as on Date of Death :

#### Member's ( Life Assured ) Details.

Name :

Date of birth:         Date of death:         Place of death:

Gender :  Male  Female Time of death :    Duration of Illness which lead to death: Days  Month  Yrs

Cause of death:  Occupation:

Address:

City:  Pin code:  State:

#### Claimant/ Nominee's Details.

Name :

Current Residential Address:

E Mail ID:  Contact No: Residential  Date of birth:

Mobile:

#### Claimant's relationship with the life assured ( Check Relevant Option):

Son :  Daughter :  Father :  Mother :  Spouse :  Others ( Please specify ) : \_\_\_\_\_

#### Doctor's details ( In case of death to medical reason):

Name:

Address:

City:  Pin code:  State:

Contact No: Residential  Mobile:

#### Other doctors/specialists/hospitals consulted

Name of the doctor/ hospital	Address	Phone Number	Date of Consultation	Reason for consultation/ admission

#### Accident details (in case of death due to accident)

Date of Accident :         Place:

Cause of death: Road accident:  Accident at home:  Accident at work:  Homicide:  Other:

In case of other, please specify:

How did the accident occur ?

