

### Claim Intimation form - Death

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. IndiaFirst does not demand any kind of fees to process claims. Please connect with our customer service team at 1800 209 8700, if any such demand is made.

#### Life Assured's details

Name:  Policy number:   
 Date of birth:           Date of death:           Place of death:        
 Cause of death:  Occupation:   
 Address:   
  
 City:  Pin code:  State:

#### Claimant's Details.

Name of the Claimant:  Age:   
 Current Residential Address:   
 Contact No: Residential   
 E Mail ID:  Mobile:   
 Bank Account Details of Claimant: Bank Name -   
 (Please enclose a copy of Bank Passbook / Bank Statement)  
 A/C No:

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

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

#### Assignment details

Is the policy assigned? Yes  No

#### If yes, please provide the following assignee's details

Name:   
 Address:   
  
 City:  Pin code:  State:

#### Family/Last Attending Doctor's details

Name:   
 Address:   
 Relationship with patient since: Days  Month  Yrs   
 City:  Pin code:  State:   
 Contact No: Residential  Mobile:

#### Other doctors/specialists/hospitals consulted

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

#### Other life insurance details

Name of the company	Issue date	Sum assured	Policy No.

**Accident details (in case of death due to accident)**Date of Accident : 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Cause of death: Road accident:  Accident at home:  Accident at work:  Homicide:  Other: In case of other, please specify: 

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How did the accident occur ?  

I hereby declare and confirm that I am the rightful claimant of this plan and that the details provided above are correct and true to the best of my knowledge. I have not withheld any relevant information and believe that the deceased is the same person as the life assured under the plan issued by India First Life Insurance Company Ltd.

Through this statement, I authorize any hospital, institution, nursing home, medical clinic or medical practitioner who has treated or examined the deceased to provide India First / any court of law / any grievance redressal forum with any medical information regarding the deceased's state of health which he/she may have acquired before or after the issuance of the plan on its request. This authorization is notwithstanding any law, custom or usage for the time being in force which prohibits any physician or hospital from divulging any knowledge or information, acquired by him / them in attending upon or examining a person on the ground of secrecy.

Further, I authorize any insurance company, government organization, employer, other organization, institution or person to release to India First or its duly authorized representatives any record or knowledge about deceased. Such information shall without limitation include information about deceased's health (including any information relating to the use of drugs or alcohol, AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information of the life assured's account.

Lastly, I declare that I am entitled to make the above authorizations and agree to help India First or its duly authorized representatives to gather any information and use it as may be deemed fit to help process this claim.

**Police Investigation details**Police Station: 

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 FIR/ Case No: 

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Findings: **Mode of Payment (Mandatory to be filled):**

Mode selected would be used by the company to make payout(s) to the Claimant. Payout would be in accordance and subject to the terms and conditions of the policy.

Direct Credit (Bank of Baroda and Andhra Bank only)  NEFT / RTGS 

Bank name	Branch
Account number	Type of account
IFSC code	MICR Code
Name as per Bank Records	

It is mandatory to provide a cancelled cheque and copy of bank passbook &amp; A/C statement.

Disclaimer: The payout mode selected in this form would be used by the company to make all payout(s) to the claimant. Payouts would be in accordance and subject to the terms and condition of the policy.

I declare and state that the company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. I hereby take the sole responsibility for the correctness of my Bank Account number and other details of this form. I undertake that I will not hold the company responsible in any manner for any transactions affected by the company due to incorrect Bank Account No. Or these details stated by me.

Date of birth: 

D	D	M	M	Y	Y	Y	Y
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Name of the claimant: Location: Contact Details: 

Name and Signature of the Claimant:

Name and Signature of the Witness:

Name and Signature of the Witness:

**Claims process requirements**

S. No	List if Mandatory Documents required	Tick whichever Submitted
1	Completely Filled and Signed Claim Intimation Form	
2	Original Death Certificate	
3	Copy of Identification & Address proof of Nominee/Claimant	
4	Copy of Bank Pass book of Nominee/Claimant along with Cancelled Cheque	
<b>In case of death due to unnatural causes including Accidents, Murder, Suicide etc, Please provide following documents.</b>		
5	Copies of First Information Report Duly attested by Police Officials.	
6	Copies of Post Mortem Report Duly attested by Police Officials.	
6	Copies of Panchanama Report Duly attested by Police Officials.	
<b>In case the Life Insured was treated for any illness related to cause of death, Please provide following documents.</b>		
8	Discharge / Death Summary of Hospital	
9	All investigation/Diagnostic Reports	
10	Hospital Summary/Indoor Case Sheets	

The company may call for any additional document or information that may be needed to process the claim depending on the cause or nature of claim Kindly mail this completely filled form along with the documents to:

**IndiaFirst Life Insurance Company Ltd.,**  
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,  
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

**Tel:** +91 22 6165 8700 **Fax:** +91 22 6270 0600 **Toll Free:** 1800-209-8700

**E-mail:** customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com