

Other doctors/specialists/hospitals consulted

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

Other life insurance details

Name of the company	Issue date	Sum assured

Accident details (in case of death due to accident)

Date:

Cause of death: Road accident

Shooting incident

Place:

Accident at home

Other

Accident at work

In case of other, please specify:

How did the accident occur?

Investigation details (please provide copies of FIR, police inquest report, panchanama, post mortem report etc.)

Police station:

Case number:

Findings:



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 IndiaFirst 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 IndiaFirst/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 IndiaFirst 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 IndiaFirst or its duly authorized representatives to gather any information and use it as may be deemed fit to help process this claim.

Date:

Signature of the claimant:

Name of the claimant:

Address:

City and Pin code:

Phone number:

State:

Mobile:

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Claims process requirements

	Please tick
Mandatory documents (for all claims)	
Original policy document	
Claimant's statement along with copies of photo identity and proof of relationship with the life assured	
Death claim	
Copy of the death certificate issued by the local authority	
Burial/cremation ground certificate	
FIR/panchnama/inquest report (in case of death due to accident)	
Driving license of the life assured (in case of death due to road accident)	
Post mortem report (if performed)	
Newspaper clippings, if any	
Other supporting documents	
Last attending doctor's certificate	
Hospital treatment certificate	
Medical records (admission notes, discharge summary, test reports etc.)	
Reason for delay in claim intimation	

Mode of Payment:

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. (Cheque would be used if none of the payout option is chosen)

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

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

Please provide a cancelled copy of your cheque if any of the above payout option is selected.

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