

CLAIM INTIMATION / CLAIMANT STATMENT

*SEGMENT – A (Policies of Life Assured with SLIC)

Sl. No.	Member Policy No.	DOC	Sum Assured	Nominee Relation with Life Assured
A.		DD / MM / YYYY		
B.		DD / MM / YYYY		
C.		DD / MM / YYYY		
D.		DD / MM / YYYY		

* SEGMENT – B (Life Assured Details)

Life Assured Name :

Life Assured Father/Husband Name :

Date of Death : DD / MM / YYYY Gender : ☐ Male / ☐ Female LA Mobile No. (if) :

Nature of Death : ☐ Illness, ☐ Natural, ☐ Accident, ☐ Murder, ☐ Suicide (if Illness please specify)

Place of Death : ☐ Hospital, ☐ Clinic, ☐ Residence, ☐ Office, ☐ Other (if other place specify)

SEGMENT – D (Claimants Details)

*Claimant Name :

*Relation with Life Assured : Date of Birth of Claimant : DD / MM / YYYY

*Claimant Address :

*Contact No. of Claimant :

Email ID of Claimant : Claimant PAN No. :

Claimant Citizenship : ☐ Indian / ☐ NRI (If NRI, please specify the Name of the Country)

*SEGMENT – E (Claimants NEFT Mandate / Bank Account Details)

In case of Beneficiary is a Minor, please provide Legal Heir Account Details:

Account Holder Name : _____

Bank Name : _____

Bank Branch Name : _____

Account No. : _____

IFSC Code : _____ MICR Code : _____

Account Type : ☐ Saving / ☐ Current / ☐ NRO / ☐ NRE

Date : DD / MM / YYYY

Place : _____

Signature of the claimant

SEGMENT – G (Declaration for Signature in Vernacular or for Thumb Impression Case)

The Claimant has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I have explained the contents of this form to the member in _____ language and done the best to ensure that the contents have been fully understood by the claimant and have accurately recorded the claimant responses to the information sought by the DOGH form and I have read the responses back to the claimant and he/she has confirmed that they are correct.

Name of the Declarant: _____

Address : _____

Date : DD / MM / YYYY Place : _____

Contact No. : _____

Signature of the Declarant

Note : In case of any demand or favour asked by anyone including a company representatives towards claim processing or settlement of the same should not be entertained and must be reported to the company immediately on the company's contact details.

SEGMENT – H (Master Policy Holder Declaration)

Name of Master Policy Holder : _____

Location of the MPH : _____

Authorized Person Name : _____

Authorized Person Designation : _____

I/We hereby declare that all the above information is true in every respect.

All the Photocopy of the document provide by claimant is verified through the original documents.

Date : DD / MM / YYYY Place : _____

Seal and Signature of MPH

SEGMENT – I (Instruction for Filling up the Form & Mandatory Documents)**A. Please read before filling the form :**

1. The Form should be filled by the claimant only. In case the claimant is a minor the guardian / appointee / Legal Hire may fill the form.
2. Claims under multiple policies may be registered by filling a single form and provide all applicable Policy No.
3. In case of more than one claimant, separate forms need to be filled for each claimant.
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all the terms and conditions of the Policy.
6. No fee or commission should be paid to anyone to process the claim.
7. Make sure your address, Phone No. and Email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information.

B. Mandatory document for Claim Process :

☐ Original Death Certificate,, ☐ Claim Form, ☐ Certificate of Insurance (COI), ☐ Life Assured ID Proof, ☐ Nominee / Claimant ID & Address Proof, ☐ Claimant NEFT Details, ☐ FIR and PMR require in case of unnatural death, ☐ Driving License in case of Road Traffic Accident (RTA),