

Insurance Claim Form

Sr. No	Particulars	Details
1	Branch Name	
2	COI /Policy Number	
3	Member ID	
4	Member Name	
5	Deceased Person (Spouse / Member)	
6	Deceased Person's Name	
7	Date Of Death	
8	Nominee Name	
9	Nominee's Relationship with Deceased Person	
10	Cause of death	

I hereby voluntarily submit at my own discretion to Name of Insurance Company a copy of my KYC details for the purpose of establishing my identity I understand that any pay-out under the policy shall be strictly in accordance with the policy terms and conditions. I hereby declare that the details given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein. If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever. I hereby give my consent to Name of insurance company and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to Name of insurance company and its representatives.

Nominee's signature	
Date	

List Of Mandatory Documents (Please tick (√) the list of documents)					
1	Insurance Claim form	<input type="checkbox"/>	2	Death Certificate of the Deceased Person (Member/Spouse)	<input type="checkbox"/>
3	KYC of Deceased Person	<input type="checkbox"/>	4	KYC and Bank details of the Nominee	<input type="checkbox"/>

Acknowledgement Slip - Claim Document Submission(For MPH office use only)

I on behalf of <MPH NAME> hereby acknowledge receipt of all the above mention documents towards claim of Ms/Mrs/Mr _____. The claim shall be processed subject to approval of insurer.

Date of Claim Document Receipt:	
Name of Staff:	
Staff ID:	
Signature of Staff:-	