

## CERTIFICATE OF EMPLOYER - DEATH CLAIM

Claim under Policy No  on the life of

I hereby make the following statement:

### Section I

- a) Name of the Deceased :
- b) Date of Birth (as per records) :
- c) Address of Deceased :
- d) Nature of Duties and last designation :
- e) Date of joining the service :
- f) Last date of attending duties :

### Section II

- g) Date on which the Life Assured first reported of the illness :
- i) Was the Deceased covered under any medical insurance policy or by any reimbursement scheme of the Company -  Yes  No.
- ii) If yes, Please provide us details of the reimbursements made under the Company's scheme during the past 3 years

Dates of illness	Particulars of illness	Amount Disbursed

### Section III

Please state particulars of leave availed of i.e. Casual, Earned/ Privilege leave, Sick leave etc. during the last three years. If the Life Assured had availed of Sick Leave and medical certificates had been produced in support please furnish copies of leave applications and medical certificates

Nature of Leave (Sick/Casual/Privilege etc)	Period of leave (From & To dates)	Whether medical certificate produced

Name & Designation

Address

Signature of Employer

Date

Tel. No. with STD code   Company Seal