



Vernacular Declaration (If the claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration)  
 Certified that the contents of this form were explained to the claimant in vernacular and he/she has affixed his/her signature/thumb impression hereto after fully understanding the same.

**Signature of the Witness:** \_\_\_\_\_ **Address of the Witness:** \_\_\_\_\_

**Name of Witness:** \_\_\_\_\_

Note: Witness declaration to be signed by any of these - Branch CSE/Zonal Manager /Zonal Sales Head/ Branch Head or any other person of local standing, Notary/ Gram Panchayat Pradhan/ Doctor/ Lawyer/ School Head Master/ Block Development Officer/ Bank Manager

Documents To Be Submitted (Please tick appropriate box to indicate documents submitted)

**A) Mandatory documents:**

1. Copy of Death Certificate issued by the appropriate authority( e.g. Municipal Corporation)   
 2. Cancelled Cheque bearing name of the beneficiary (Mandatory for NEFT) & / Or Bank passbook copy

**KYC documents**

**Claimant's current Address Proof (Any one)**

1. Aadhaar Card  2. Valid Passport  3. Voter ID Card  4. Valid Driving License   
 5. Utility Bill (Electricity/Phone bill) not more than 6 months  6. Bank passbook copy with stamped photograph

**Claimant's current ID Proof (Any one)**

1. Aadhaar Card  2. Valid Passport  3. Voter ID Card  4. Valid Driving License  5. Pan Card   
 6. Bank Passbook copy with stamped photograph

**B) Additional documents for Hospitalisation / Accidental Death Claims**

(I) Natural Death/Death due to illness

- a) Copy of medical cause of death certificate   
 b) Medical records (Admission notes, discharge/death summary, test reports etc.)   
 c) Attendant Physician Statement /Hospital certificate

(II) Accidental Death / Suicidal death (FIR & Post Mortem Report Mandatory)

- a) FIR  b) Panchanama  c) Inquest Report  d) Post Mortem Report  e) News Paper Cutting

Please note that the process for initiating the fund value/claim payout will not commence unless all the above mentioned documents have been submitted. Please make sure that all the documents that has been submitted is marked "✓" by the Branch Personnel in the above list.

**FOR BRANCH USE ONLY:-**

Date: \_\_\_\_\_

Before 3:00pm  After 3:00pm

Name of the Branch Ops Executive: \_\_\_\_\_

Signature: \_\_\_\_\_



**Disclaimer:**

- a) Submission of the above requirements does not tantamount to admission of the liability.  
 b) Claims Dept. reserves the right to call for additional requirements, if necessary, based upon review of the above indicated documents.

**Instruction to Branch Office:**

Please ensure that you submit a copy of this acknowledgement along with the requirements to the Claims Department.