

## Affinity- Group Death Claim Intimation Form

### Documents to be Submitted

#### Mandatory Documents

- 1) Copy of death certificate issued by appropriate authority (e.g: Municipal Corporation)
- 2) KYC documents of claimant (Mandatory)
  - i) PAN or Form No. 60
  - ii) Copy of any one of the following (Identity & address proof of claimant)
    - a. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')
    - b. Passport (unexpired)
    - c. Driving License (unexpired)
    - d. Voter's Identity Card
    - e. Job card issued by NREGA duly signed by an officer of the State Government
  - iii) One recent photograph of the claimant
- 3) Copy of self attested cancelled cheque/bank passbook of the beneficiary
- 4) Copy of certificate of insurance
 

For Death due to accident/suicide, other than above documents:

  - 1) Copy of First Information Report (FIR)
  - 2) Copy of Post Mortem Report

#### Supporting Documents

Death due to illness/sudden death:	Death due to accident/Suicide:
1) Copy of cause of death certificate issued by treating doctor	1) Inquest Report
2) Medical records (admission notes, discharge/death summary, test reports etc)	2) Panchnama
	3) Viscera report

- Form to be filled by the beneficiary in BLOCK LETTERS
- Policy benefit will be payable subject to policy being in force as on date of event & subject to fulfilment of all conditions as stated in the Certificate of Insurance
- Submission of this form should not be construed as acceptance of claim.
- Aegon Life reserves the right to call upon supporting/additional documents as deemed necessary.
- Regulatory guidelines require insurers to pay all payouts due to policy holder/nominee/assignee by directly crediting the money into their bank accounts

#### Group Policyholder's Details:

1) Name of Master Policy Holder : \_\_\_\_\_

2) Master Policy No : \_\_\_\_\_ 3) Certificate of insurance number : \_\_\_\_\_

#### Information of the Member Insured:

##### Details of Deceased Life Assured

##### A: Personal Details

Name: \_\_\_\_\_ Date of Birth :

Last Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

##### B: Details of Claim

Date of Death :         Cause of Death:  Natural  Accident  Suicide

Place of Death:  Hospital/Clinic  Residence  Office  Others

##### C: Any history of hospitalisation / Illness in the last 5 years? If yes, please provide details

Nature of illness / ailment : \_\_\_\_\_

Date of diagnosis:         Date of admission:

Date of discharge:

Name & address of doctor last visited: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Beneficiary Information:**

1) Beneficiary Name: \_\_\_\_\_

2) Relation with the Deceased: \_\_\_\_\_

3) Address: \_\_\_\_\_  
\_\_\_\_\_

4) Bank Name: \_\_\_\_\_ 5) Account Type: \_\_\_\_\_

6) Account No.: \_\_\_\_\_ 7) IFSC Code: \_\_\_\_\_

8) Contact No.: \_\_\_\_\_ 9) E-Mail ID: \_\_\_\_\_

**Declaration & authorization by beneficiary/beneficiaries**

I/We , the above mentioned claimant/s do solemnly declare the foregoing statements are true & agree that furnishing this form, or any other form supplemental thereto, shall not constitute an admission by it that there was any insurance in force on the life in question or a waiver of any rights or defence. We agree that submission of this form will not be construed as acceptance of claim by Aegon Life Insurance Co. Ltd. I/we hereby give our / my consent to Aegon Life Insurance Co. Ltd. and/or its representative to obtain all past / present employment/birth & death registrar / medical / Govt. or Pvt Hospital records / Police records / other records (including photocopies) / information pertaining to the treatment/occupation of the deceased and/ or conduct such investigations as it may deem fit. We agree that payment of claim amount shall constitute discharge of liability of Aegon Life Insurance Co.Ltd

**Signature of Claimant/Beneficiary**

\_\_\_\_\_

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

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: \_\_\_\_\_

Name of the Witness: \_\_\_\_\_ Contact No. of the Witness: \_\_\_\_\_

Note: Witness declaration to be signed by any of these: Official of MPH or any other person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazetted Officer.