

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) Life assured & beneficiary current photo identity proof, address proof & relationship proof 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 inforce 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: _____

10) 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.