AEGON Life

Claimant Statement – Death Claim

In order to help us settle your claim faster, please read the instruction given below:

1. Form to be completed by claimant in BLOCK letters.
2. Only the person entitled to receive the policy monies under the Policy should fill and sign this form.
3. Claims under multiple policies may be registered by filling a single form & providing all relevant policy numbers.
4. Death benefit is payable subject to policy being Inforce on date of death and other policy conditions.
5. Regulatory guidelines require insurers to pay all payouts due to policyholders/ nominee/ assignee by directly crediting the money into their bank account. Copy of self attested cancelled cheque / bank passbook of beneficiary is mandatory to enable NEFT payment.

Policy Number(s) : ☐☐☐☐☐☐☐☐☐☐☐☐ / ☐☐☐☐☐☐☐☐☐☐☐☐

Details of Deceased Life Assured

A: Personal Details

Name:____________________

Date of Birth : D D M M Y Y Y Y

Last Occupation:____________________

Employer's Name:____________________

B: Details of Claim

Date of Death: D D M M Y E A R

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: D D M M Y E A R

Date of admission: D D M M Y E A R

Date of discharge: D D M M Y E A R

Details of Claimant

A: Personal Details

Name:____________________

Date of Birth : D D M M Y Y Y Y

Relationship with Deceased Life Assured: ☐ Spouse ☐ Son/Daughter ☐ Father/Mother ☐ Others ________

Current Correspondence Address: ____________________

Contact No.: ☐☐☐☐☐☐☐☐☐☐

Email ID:____________________

Bank Name : ____________________

Bank A/c No.:____________________

Account Type :____________________

IFSC Code : ____________________

Aadhaar No.: ____________________

PAN : ____________________

Name & address of doctor last visited: ____________________

D: Particulars of Life Insurance/ Mediclaim Policies held by the life assured with other Life Insurance companies:

Policy No.	Name of the Ins. Company	Commencement Date (DD/MM/YY)	Sum Assured	Claim Status

Declaration & Authorisation

I/We, the claimant(s), do declare that the foregoing answers and statements are true in all respects, and further agree that the furnishing of this form, or any other form supplemental thereto, to the Aegon Life Insurance Company Ltd. (the "Company") and acceptance of the same by the Company shall not constitute an admission by the Company that there was any insurance in force on the life in question or a waiver of any rights or defense. I/We, the claimant(s) of this policy hereby give my/our consent to Aegon Life Insurance Co. Ltd. And/or its representative to obtain all past & present employment/ birth & death register/ life & non-life insurance company/medical/Govt. or Pvt. Hospital 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 / Left Thumb Impression of Claimant: ____________________

Signature of Witness:____________________

Name of the Witness:____________________

Address of the Witness:____________________

AEGON Life

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. Copy of claimants identity and address proof (PAN & Aadhar copy) ☐
3. Copy of self attested cancelled cheque / Passbook copy of the claimant ☐

Death due to Accident / Suicide

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

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 Identity Proof (Any one)

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

B) Supporting documents for death due to illness / sudden death

1. Copy of cause of death certificate issued by treating doctor ☐
2. Medical records (Admission notes, discharge/death summary, test reports etc.) ☐
3. Attending Physician Statement /Hospital certificate ☐

Death due to Accident / Suicide

1. Panchanama ☐ 2. Inquest Report ☐ 3. 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.

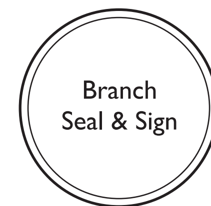
FOR BRANCH USE ONLY:-

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.