

## 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 in force 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	Details of Claimant
<b>A: Personal Details</b> Name: _____ Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last Occupation: _____ Employer's Name: _____ <b>B: Details of Claim</b> Date of Death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cause of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide Place of death: <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Others <b>C: Any history of hospitalisation / Illness in the last 5 years? If yes, please provide details</b> Nature of illness / ailment: _____ Date of diagnosis: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of admission: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of discharge: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> History of diagnosis of Covid-19 in past: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of diagnosis: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name & address of doctor last visited: _____ _____ _____	<b>A: Personal Details</b> Name: _____ Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship with Deceased Life Assured: <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Others _____ Current Correspondence Address: _____ _____ Contact No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email ID: _____ Bank Name : _____ Bank A/c No.: _____ Account Type : _____ IFSC Code : _____

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 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: \_\_\_\_\_

\_\_\_\_\_

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.

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

\_\_\_\_\_  
 (Signature of the Witness)

Witness declaration to be signed by any of these: person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazetted Officer

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. 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 / Passbook copy of the claimant 
  1. Copy of First Information Report (FIR)
  2. Copy of Post Mortem Report

**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.

**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.

**Aegon Life Insurance Company Limited**

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