

## Group Claim Intimation Form

<b>Documents to be Submitted</b>		
<b>Mandatory Documents</b>		
1) Copy of death certificate issued by appropriate authority (e.g: Municipal Corporation) 2) KYC documents of claimant (Mandatory) <ul style="list-style-type: none"> <li>i) PAN or Form No. 60</li> <li>ii) Copy of any one of the following (Identity &amp; address proof of claimant)               <ul style="list-style-type: none"> <li>a. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')</li> <li>b. Passport (unexpired)</li> <li>c. Driving License (unexpired)</li> <li>d. Voter's Identity Card</li> <li>e. Job card issued by NREGA duly signed by an officer of the State Government</li> </ul> </li> <li>iii) One recent photograph of the claimant</li> </ul>		
3) Copy of self attested cancelled cheque/bank passbook of the beneficiary For Death due to accident/suicide, other than above documents: <ul style="list-style-type: none"> <li>1) Copy of First Information Report (FIR)                      2) Copy of Post Mortem Report</li> </ul>		
<b>Supporting Documents</b>		
Death due to illness/sudden death:	Death due to accident/Suicide:	If Active at work clause applicable:
1) Copy of cause of death certificate issued by treating doctor	1) Inquest Report	1) Salary slip for last 6 months
2) Medical records (admission notes, discharge/death summary, test reports etc)	2) Panchnama 3) Newspaper cutting	2) Full & final settlement letter

- Form to be filled by the beneficiary in **BLOCK LETTERS**
- Policy benefit will be payable subject to policy being inforce, member being active as on the date of event & subject to fulfilment of all conditions as stated in the policy document.
- 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 policyholder/ nominee/ assignee by directly crediting the money into their bank account. Copy of self attested cancelled cheque/bank passbook of the beneficiary is mandatory to enable NEFT Payment.

**Group Policyholder's Details:**

1) Name of the Group Policy Holder: \_\_\_\_\_

2) Group Policy No: \_\_\_\_\_ 3) E-Mail ID: \_\_\_\_\_

4) Address: \_\_\_\_\_

5) Contact No: \_\_\_\_\_ 6) Name of Contact Person \_\_\_\_\_

**Information of the Member Insured:**

1) Name of the Deceased Member:           First name          Middle Name          Last Name          

2) Employee No/ID: \_\_\_\_\_ 3) Member ID: \_\_\_\_\_

4) Date of Birth: \_\_\_\_\_ 5) Date of Joining Service: \_\_\_\_\_

6) Last Date of Attending Duties: \_\_\_\_\_ 7) Date of Joining the Scheme: \_\_\_\_\_

8) Date of Death: \_\_\_\_\_ 9) Cause of Death: \_\_\_\_\_

10) Particulars of leave availed during the last 1 year prior to date of death, if required please attach separate sheet duly filed by the Group Policy holder:

From Date	To Date	Leave Type	Reason

**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**

**Signature of Authorized Signatory  
With Company Seal**

Name: \_\_\_\_\_ Name & Designation: \_\_\_\_\_  
\_\_\_\_\_

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