

DEATH CLAIM FORM (FORM- A)

For Branch Office use onl	у				•			100	
Date of claim receipt			Claim Submitted time		Before 3 pm	Λfi	ter 3 pm	П	
100 VANCES IN 1845		-	Claim Submitted time	-		AII	ter 3 pm		
Name & Contact details o	f GO person	2	92						
Claim Submitted by	Nominee		Family Member		Agent	Ot	hers		Branch Stamp
Please accept our condolences for your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim Application form is designed to help you file your claim quickly and easily. Please return this form duly filled and signed with appropriate documents and follow below instructions to help us settle your claim faster.									
 IMPORTANT INFORMATION Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers. Claim is payable subject to the policy being in force on the date of event and fulfillment of all terms and conditions of the policy. If there is more than one claimant, separate forms need to be filled for each of the claimant. This form needs to be witnessed by any of the following (1) Max Life Agent (2) Sales Manager/ ADM/Office Head of Max Life (3) Block Development Officer (4) A bank manager of a nationalized bank with rubber stamp (5) An officer of Max Life company not below the rank of a manager (6) A Gazetted Officer (7) A Head Master / Principal of Govt. School (8) A Magistrate. Please read the declarations carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify the requests you give us in the future. 									
HOW TO COMPLETE YOU All fields in the claim form s		by th	e claimant in BLOCK letter	s.					
 Section A - This section seeks information about the claimant: Please make sure that your current address and mobile number is mentioned, as we would do all the claims communication on this address and mobile number only, please provide your email-id in case you have one; Please mention your complete bank account details; and Please attach a NEFT Form attested by bank or a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy. 									
 Section B - This section seeks information about the Life Insured: Please mention the cause, date and time of death of the Life Insured; Please mention the names, addresses and telephone numbers of all doctors, hospitals or other medical sources who treated Life Insured during the last illness/accident and over the last three (3) years. If necessary, please attach additional sheets; and Please provide details of all life insurance policies of the Life Insurance, with insurance companies other than Max Life Insurance. Section C-This section needs to be filled only if different death benefit options are provided under the plans as mentioned in the form. Section D-This section can be used, if you want to provide any additional information that is not covered in the claim form. You need to submit the following documents along with this claim form (Please tick appropriate boxes to indicate documents 									
that have been subm						130	сіск аррі о	priace	e boxes to indicate documents
	100 (Exi			.53					
1) *Original / Attested Copy of Death Certificate issued by local authorities									
2) *Original Policy Docum	202	L	_		A170200 118 DE 1				
3) *Attested copy of your identity proof (any one of the below-specifying your complete date of birth)									
PANCard	PANCard VoterID Card								
Aadhaar Card	Aadhaar Card Valid DrivingLicense								
Valid Passport Others (please specify)									
4) *Bank details (any one of the below)									
Cancelled cheque with printed name and account details of Claimant									
Copy of bank passbook / bank statement									
NEFT form attested by bank									
Additional documents in case of Suicide / Accident - (FIR and Post Mortem Report is mandatory)									
*FIR			إ		Panchanama				
*Post Mortem R	eport				News paper cutting (i	f any	')		
Inquest report Final Police Investigation report									
In case of Medical cause of death (Hospitalisation / Non-Hospitalisation) below documents are required									
Medical cause of death certificate									
Attendant Physician Statement (FORM "C" to be filled by last attending doctor)									

All Medical records (diagnosis, treatment and discharge/death summary) - if applicable



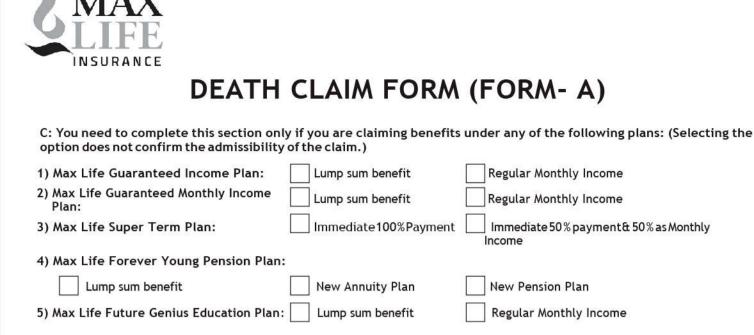
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Max Life Policy Number (s)					
Claim form is submitted through: Max Life Agent Max Life Office Bank Branch Others					
Declaration: I/We the claimant(s) do solemnly declare that the below answers and statements are true in all respects and further agree that the furnishing of this form, or any other form, or any other form supplemental thereto, to 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.					
Section A: Please tell us about yourself (claimant) - [Marked with * are mandatory fields]					
*Name:*Date of Birth: DDMMYYYYY *Gender M F					
*Relationship with deceased life insured: Spouse Children Parents Others, Please Specify					
*Current Correspondence Addres	ss:				
<u></u>	Sta	te:	Pin Code:		
*Contact No.:	Eı	mail ID:			
PAN No.: *Bank A/C No.:					
*Bank Branch Name & Address: _					
MICR Code: *IFSC Code:					
Section B: Please tell us abou	Section B: Please tell us about the deceased Life Insured - [Marked with * are mandatory fields]				
*Name:			_*Age on Death: years		
*Last Occupation:Last Employer details (If applicable)					
*Date of death: DDMMYYYY *Time of death: HHMM					
*Cause of Death: Medical Accident Suicide Murder					
*Nature of illness/accident: DDMMYYYYY					
*Place of death: Hospital / Clinic Residence Office Others (please specify)					
*Please tell us details of the doctors who treated Life Insured during his/ her last illness/accident and/or during last 3 years:					
Name of Doctor / Hospital	Contact details	Date of first consultation	Treatment taken		
In case deceased life assured was insured with other life insurance companies, please provide details*:					

Name of Company	Policy Number	Policy Amount	Policy Issue Date	Claim Status



Vernacular Declaration (If the claimant signs in vernacular or affixes thumb impression): Declaration from the Witness / Declarant to certify that the contents of the form were explained to the claimant in vernacular and that he/she has affixed his/her signature / thumb impression hereto after fully understanding the same.

NEFT Declaration: I authorize insurer for direct / electronic transfer of money in my above mentioned bank account. Max Life Insurance Co. Ltd. shall not be held responsible in case of non credit of your bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information. Further, Max Life Insurance Co. Ltd. reserves the right to use any alternative payout option including demand draft/ payable at par cheque, if direct credit cannot be executed. Credit will be effected based solely on the claimant account number information provided by the claimant and the claimant name particulars will not be used thereof.

I/We authorize Max Life to send all communications by E-mail/SMS or any other mode. I/We agree to receive regular reminders/ alerts from Max Life.

I understand that I have disclosed my personal information including Aadhaar number, voluntarily, with Max Life and I hereby provide consent to Max Life to share my information with its authorized service providers/ other insurers/ reinsurer for the purpose of claims assessment/ investigation with respect to this policy(s) mentioned in this form, as per the applicable regulatory framework.

Signature / Left thumb impression of Claimant

Name of Claimant:

Place:

Date: D D M M Y Y Y Y Y P Place:

DISCLAIMER

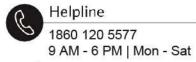
Submission of claim form with documents does not assure admission of the liability.

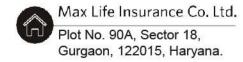
D: Notes - Any additional information you would like to mention:

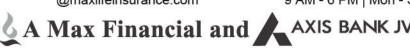
- . On assessment of documents submitted, Max Life reserves the right to call for additional documents.
- Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead
 the Company or other person, may be guilty of felony or subject to other criminal and/or civil penalties as the case may be under the applicable
 law(s). The company reserves the right to take appropriate action against the said person.

Date:











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Authorization (To be signed by the claimant)

In order to process your claim, additional documents may be required from different authorities. By signing this authorization, you give Max Life Insurance Co. Ltd. and/or its representatives the right to obtain the documents required on your behalf.

To,

Max Life Policy Number(s):						
I, Mr./ Ms	(name),(relation					
of Mr. /Ms	(name of the Life Insured) hereby give my consent to Max Life					
Insurance Co. Ltd., and/or its representative to obtain Original	ginal or photocopies of employment / medical / govt. / pvt. hospital					
records / other records / information necessary to process th	e claim					
Yours faithfully,						
Signature / Left thumb impression of Claimant	Signature of Witness / Declarant					
Name of Claimant:	Name & address:					
Place:						
Date: D D M M Y Y Y Y	Place:					
	Date: D D M M Y Y Y Y					