



DEATH CLAIM FORM (DCF)

CLAIMS DOCUMENT CHECKLIST (CDCL)

Life Assured Name:

Policy No.:

- Please submit this form along with the requirements mentioned below at the nearest branch or address mentioned overleaf for faster processing of claim
- Documents from 6 to 12 not required in Pension Policies (**other than Pension Elite**)
- Please note that all documents need to be self attested.

Claim Document	Please tick the documents submitted
1. Original Death Certificate or attested copy thereof issued by Municipal Authorities.	
2. Original Policy Document (s).	
3. Claim Form duly filled, signed by claimant and duly attested by an authorized person as mentioned in claim form	
4. Copy of Claimant's current address proof	
5. Authorization Form duly filled, signed by claimant	
6. Copy of Claimant's Photo Id proof which establishes relationship with life assured	
7. Copy of signed cancelled cheque (Mandatory) with NEFT Mandate Form	
8. Last Medical Attendant's Report	
9. Copies of all past Medical Records, Diagnostic Test Reports, Discharge/ Death summary	
10. Employer's questionnaire	
In case of accidental/ unnatural death, in addition to the above, the following documents are required	
11. Copy of First Information Report (FIR)	
12. Copy of Post Mortem Report, Viscera Report	
13. Inquest Panchanama	
14. Policy Final Investigation Report	
15. Newspaper cutting (If any)	



Date of Death

Time of Death a.m./p.m.

Place of Death _____

Cause of Death _____

If Place of Death is outside India: Yes No

Was the deceased buried or cremated abroad? If yes, enclose a copy of the burial/ cremation permit.

Employment Details: Name of the Employer's /Business Name

<input type="text"/>

Address :

City & Pin Code : _____ Mobile or Phone no. _____

Exact nature of Job/ Business _____

Death due to Accident: Date of Accident Time of Accident _____ a.m./ p.m.

Place of Accident _____

Please provide duly attested copy of documents mentioned in the checklist for accidental death (From 8 to 12)(Mandatory)

Death due to Illness: Date of First Complaint of Symptoms

Name of the Doctor/ Hospital or Clinic who declared death	Name of the Doctor/ Hospital or Clinic consulted during last illness	Address, Contact No	Date of Consultation	Nature of Illness
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the Doctor/Hospital who was consulted for present illness or any other illness during the last three years.

Name of the Doctor/ Hospital or Clinic	Address, Contact No	Date of Consultation	Nature of Illness
<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"/>	<input type="text"/>	<input type="text"/>



Policy no.	Sum Assured	Name of Insurance Company	Date of Commencement	Claim Status	Rider Coverage (if any)

Declaration:

In connection with claim under policy no. for Rs. _____
 on the life of _____ Life Insured , I _____ Claimant, do
 hereby declare that the statement made herein above I true in each and every respect.

*Countersigned By: _____

Signature of the Claimant: _____

Date _____

Date _____

Designation _____

Address

Address

Certified that the contents of this form were explained to the declarant in vernacular and he/she has affixed is/ her signature/ thumb impression hereto after fully understanding the same.

Signature _____

Name of the Witness: _____

Designation: _____

Address:

* This statement must be countersigned by any of the following: (1) an Advocate (2) A Bank Manager (3) A Medical Practitioner (4) A Gazette Officer (5) A Head Master/ Principal of a local Govt. High School (6) A magistrate (7) President Of A Village Panchayat or Local Board (8) Sales Manager of Aviva Life Insurance Company India Limited



AUTHORISATION

(To be filled & signed by the Claimant)

Life Insurance Policy No.(s) _____

I, Mr. / Mrs / Ms. _____ (name of the claimant),

_____ (relation with Life Assured) hereby give my consent to

M/s Aviva Life Insurance Company India Limited, and / or its representative to obtain all employment / medical / hospital records / police records / other records (including photocopies) / information pertaining to the treatment / occupation of the deceased Life Assured which he/ they may have acquired whether before or after the policy as well as details from other Life Insurance Companies regarding any existing policies which he / they may have sourced before or after the initiation of this contract.

Date:

Yours faithfully

Place:

(Signature of Claimant)

Contact details of the claimant:

Address:

Pin: _____

Landline: STD Code _____ No. _____

Mobile: _____

Email id:



ACKNOWLEDGEMENT SLIP

Policy No.:

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Name of Life Assured

Service Request ID:.....

Documents Submitted: Please Tick

- Attested Death Claim Form and Signed by the Claimant
- Original Death Certificate or attested copy thereof issued by Municipal Authorities
- Original Policy Document (s)
- Copy of Claimant's current address proof
- Copy of Claimant's Photo Id proof which establishes relationship with life assured
- Copy of signed cancelled cheque (**Mandatory**) with NEFT Mandate Form
- Last Medical Attendant Report
- Medical Records
- Employer's Questionnaire
- Copy of First Information Report (FIR)
- Copy of Post Mortem Report, Viscera Report
- Inquest Panchanama
- Policy Final Investigation Report
- Newspaper Cutting

BRANCH STAMP WITH
RECEIPT DATE:

Processed by (Name & Signature):

Claim Contact Points

<p>Mailing Address:</p> <p>Aviva Life Insurance Company India Ltd. 3rd Floor. Aviva Towers, Sector-43, Opposite DLF Golf Course, Gurgaon-122003</p>	<p>For any urgent queries contact:</p> <p>Customer service Helpline Number 1800-180-22-66 (Toll Free) 0124-2709046</p>	<p>For any Claim related queries please write to:</p> <p>claims@avivaindia.com</p>
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