

PLEASE ATTACH THE FOLLOWING TO THIS FORM

In case of death:

1. Municipal Death Certificate
2. Covering Letter from the Policyholder.
3. Last attending doctor's certificate stating the exact cause of death
4. Proof of membership of Scheme (e.g. Pay Slip)
5. Proof of Age (PAN Card, Passport, Driving License etc.)
6. Beneficiary nomination form (if claim payable to beneficiary)
7. Proof of identify of beneficiary (if claim payable to beneficiary)
8. Savings Bank account number of the Beneficiary (Only where the benefits are payable to the Nominee)

In case of Accidental Death:

1. First Information Report
2. Police Inquest Report with Final Findings
3. English Translation for Vernacular Documents (Mandatory)
4. Post Mortem report (if carried out)
5. Newspaper cuttings (if any)
6. Driving License (for Vehicle Loan based Policies)

(The above-mentioned documents are indicative and additional documents may be called for where necessary)

DECLARATION AND AUTHORITY TO PAY CLAIM

I/We the undersigned, in my / our capacity as (designation)of
_____ and duly authorized to make this declaration, hereby declare:

That the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the Scheme on the date of death.

That he/she joined employment on (date) and he/she was actively at work on the date of commencement of cover. *

That the information and submissions as furnished herein above are true and no portion thereof is false as on the date of this declaration. I/We have concealed nothing material or relevant to the matter, and further that **Aviva Life Insurance Company India Ltd. (Company)** shall not be held liable for any error or omission on our part in this regard.

That in event that any portion (s) of the information or submissions made herein are found to be incorrect misleading, the Company reserves the right to recover any benefits that may have been paid by the Company relying on the submissions herein made by me / us. I/we hereby assure the Company that in such an event, the Policyholder shall forthwith, on receipt of a written request from the Company, refund all such benefits.

That on admission of claim, payment of the benefit due thereupon in favor of the person as stated herein shall represent full and final discharge of Company's liability in respect of the member under the said Scheme.

Signed at:

Date:

Official Company Stamp

Designation

Name

Signature

**P.S: applicable for employee-employer based Policies.*

**A Joint Venture between Dabur and Aviva
Aviva Life Insurance Company India Ltd.**

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