

Death Claim Handout

We deeply regret the sad demise of your loved one and assure you of our support throughout the claims process. We require the following documents in order to settle your claim at the earliest. Please go through the list of documents mentioned below carefully, along with the specific instructions, as this will help you in the claim submission.

1. **Death Claim Form**

The Death Claim Form must be duly filled and signed by the nominee/claimant. In case there is more than one nominee, each nominee must fill and sign a separate Death Claim Form.

2. **Death Certificate**

Proof of death should be in the form of the Original Certified Extract from the Government Office wherever records of births and deaths are maintained with authority to issue a Death Certificate. This can include Municipality, District Board, Block Development Office or Village Panchayat. In case a copy of the Death Certificate is submitted, it should be attested by a Gazetted Officer.

3. **Original Policy Document(s) and Schedule**

Please submit the Original Policy Documents and schedule which were provided at the time of commencement of the policy. In case the policy documents & Schedule is lost, please intimate us stating the reason and explaining the circumstances in which it was lost. An indemnity on Rs.100/- stamp paper duly executed, signed, witnessed and notarized needs to be submitted along with attested Identity proof and address proof of the deceased Life Insured.

4. **Photo Identity proof of the Claimant**

Photo Identity proof establishing the relationship of the Claimant with the Life Insured, can be documents such as Passport, Aadhar Card, PAN Card, Voter ID, Driving License, etc.

5. **Address Proof of the Claimant**

Address Proof can include documents such as Passport, Aadhar Card, Voter Identity, Ration Card, Driving License etc.

6. **Banking Details**

To make a direct transfer of the claim payment to the Claimant's account, please provide a copy of a cancelled cheque (Mandatory) bearing IFSC code, Bank Account Number and name of the claimant. If the cancelled cheque copy does not contain the information asked for, please provide the passbook copy along with cancelled cheque copy or submit a duly endorsed NEFT Mandate form available on the Aviva Website or at any Aviva Branch.

7. **Last Medical Attendant's Report**

To be filled and attested by the Doctor / Hospital who has treated the Life Insured last or has provided the treatment prior to death of Life Insured in case any treatment has been taken.

8. **Discharge/Death Summary**

Issued by the concerned hospital where Life Insured had taken treatment

9. **Other Hospital papers**

Treatment Records of Life Insured for any illness in the past / during current admission

10. **First Information Report (FIR) & Final Police Investigation Report**

To be obtained from Police Authorities, in case an FIR has been lodged and a Police Inquest has been done or in case of accident only.

11. **Post Mortem Report**

To be obtained from Police Authorities, in case a Post Mortem has been conducted.

12. **CRS form to be filled only if payee's tax citizenship is outside India**

This form is available on the Aviva website or at any Aviva Branch



Aviva Life Insurance Company India Limited
Aviva Tower, Sector Road, Opposite Golf Course
DLF Phase-V, Sector 43, Gurugram-122003
www.avivaindia.com



Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046



Email
claims@avivaindia.com

Death Claim Form

1. The form must be filled by the Claimant/Beneficiary under the policy or legally entitled person
2. Kindly submit all the required documents at any Aviva Branch or courier it to Aviva's Head Office (Address mentioned on the acknowledgement slip)
3. Please refer to the Death Claims Handout for the list of documents required to submit the Death Claim Form.

Mandatory Documents to be Submitted	Additional Documents to be Submitted
<ol style="list-style-type: none"> 1. Death Claim Form duly filled and signed by the Claimant 2. Original Death Certificate or attested copy issued by Competent Authorities 3. Original Policy Document(s) and schedule 4. Photo Identity and Address Proof of the Claimant 5. Copy of signed cancelled cheque for electronic transfer of funds into the Bank Account 	<p>Natural Death/Death due to illness</p> <ol style="list-style-type: none"> 1. Last Medical Attendant's Report 2. Discharge/ Death summary & other hospital papers like Diagnostic Test Reports and all past Medical Records <p>Accidental Death</p> <ol style="list-style-type: none"> 1. Copy of First Information Report (FIR) 2. Final Police Investigation Report 3. Copy of Post Mortem Report 4. Newspaper cutting (If available)

CLAIMANT DETAILS

Policy Number(s) (Please mention all policy No.s with Aviva)

Name of Claimant

Relationship with Life Insured

Current Address

City State Pin Code

Mobile Number Alternate Number

Email ID PAN Number

Residence for Tax Purposes in Jurisdiction(s) outside India: Yes* No

* If "Yes", kindly fill the CRS form available on the Aviva website or at any Aviva Branch

BANK ACCOUNT DETAILS*

Complete Name of the Bank Account Holder (as appearing in the Account)

Bank Name

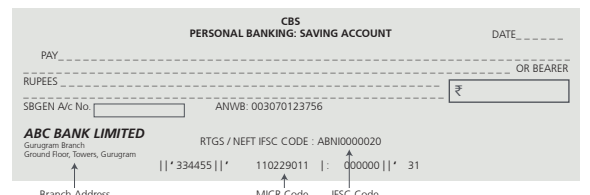
Branch Address

Account Number

IFSC Code

MICR Code (9 digit)

Account Type Savings Account Current Account NRE NRO



CBS
PERSONAL BANKING: SAVING ACCOUNT
DATE: ____

PAY: _____
RUPEES: _____ OR BEARER

SBGEN A/c No: _____ ANWB: 003070123756

ABC BANK LIMITED
Gunugram Branch
Ground Floor, Towers, Gunugram

RTGS / NEFT IFSC CODE: ABNI0000020
|| * 334455 || * 110229011 | : 000000 || * 31

Branch Address MICR Code IFSC Code

* It is mandatory to submit a signed Cancelled Cheque for Direct Transfer of funds. In case the payee's name is not pre-printed on the cheque leaf, kindly submit the NEFT mandate form available on the Aviva website or any Aviva Branch. For NRE Accounts, kindly submit Bank Statement/Passbook copy of NRE Account from which premiums are remitted.

LIFE INSURED DETAILS

Name of Life Insured

Date of Birth Cause of Death

Date of Death Time of Death Place of Death

For Death Due to Accident:

Date of Accident Time of Accident Place of Accident

Type of Accident

Was Post Mortem/Autopsy Done Yes* No *If "yes", please submit a copy of Post Mortem Report

For Natural Death or Due to Illness:

Date of First Complaint of Symptoms

Doctor Details	Name of the Doctor/ Hospital or Clinic consulted	Date of Consultation	Nature of Illness	Duration of Illness
Last treating Physician/ Physician declaring death				
Any other Physician consulted in last 3 years				

Employment Details of the Life Insured (Applicable only if Life Insured was a Salaried Employee)*

Last Employer's Name

Address

Telephone number with STD Code Designation at Work Place

* Please submit the Employer Questionnaire available on the Aviva website or at any Aviva Branch

Details of other Life Insurance / Mediclaim / Health Policies Held by Life Insured and his/her Spouse

Name of Company	Policy Number	Policy Issuance Date	Sum Insured and Premium	Claim Status (If any)

DECLARATION

In connection with claim under Policy No. on the life of (Life Insured), I (Claimant), do hereby declare that the statement made herein above is true to the best of my knowledge and belief.

Signature of Claimant Date Place

This 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 Declarant Contact Number Designation

Signature of Declarant Address

AUTHORISATION

Life Insurance Policy No.(s)

I Mr./Mrs/Ms. (name of the Claimant),
 (relation with Life Insured) 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 Insured which he/ they may have acquired whether before or
 after the issuance of 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 issuance of the policy contract.

Date

Yours faithfully

Place

Signature/Thumb Impression
of Claimant

Contact details of the Claimant

Complete Address

Mobile Number Landline with STD Code

Email Id



ACKNOWLEDGEMENT SLIP

Policy No.(s)

Name of Life Insured

Service Request Id

Processed by (Name & Signature)

Branch Stamp & Date

Note

1. Submission of this form should not be considered as acceptance of the Claim
2. On assessment of documents, Aviva reserves the rights to call for additional documents



Aviva Life Insurance Company India Limited
 Aviva Tower, Sector Road, Opposite Golf Course
 DLF Phase-V, Sector 43, Gurugram-122003
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Customer Service Helpline Number
 1800-103-77-66 (Toll Free)
 0124-270-9046



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