

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, PAN Card, Voter ID, Driving License, etc.

5. Address Proof of the Claimant

Address Proof can include documents such as Passport, 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
401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20,
NH-8, Gurugram, Haryana-122 016
www.avivaindia.com



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



Email
customerservices@avivaindia.com

INDIVIDUAL DEATH CLAIM FORM



For Official Use Only

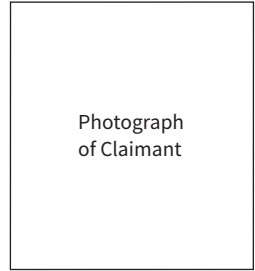
Branch Name: _____ Branch Code: _____

Interaction ID: _____

Employee Name: _____

Employee Code: _____ Sign: _____

Date: Time: On or Before 3PM After 3PM



SECTION A*

POLICY DETAILS

Policy Number(s): _____

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: Mr. Ms.

Father's/Husband's Name:

Date of Death

Place of Death Hospital Clinic Residence Office Other (Please specify) _____

Family Doctor: Name _____ Registration No _____ Contact No _____

Last treated/attended Doctor: Name _____ Registration No _____ Contact No _____

Last Employer details (If applicable):

Name of the Company _____ Name of contact person _____ Contact No _____

Nature of Death Medical Natural Accident Murder Suicide

Cause of Death _____

Nature of Illness and Habit of the insured

<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Kidney disease <input type="checkbox"/> Cancer <input type="checkbox"/> Other _____ <input type="checkbox"/> Smoking <input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs If yes, Duration of Consumption _____ & Quantity Consumed	Date of diagnosis of illness <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Other Insurance details: (Life/Mediclaim/Health)

Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

DETAILS OF CLAIMANT

Claimant Name: Mr. Ms.

Date of Birth:

Address:

Pincode: _____

Contact No.: _____

Office & / or Personal Email ID: _____

Relation with the Life Assured: Spouse Children Parents Others _____

Claimant's Title: Nominee Executor Trustee Appointee Employer Assignee Beneficiary

Claimant's PAN details: Or Form 60

Politically exposed person: Yes No

US Person: Yes No (If Yes, please fill FATCA / CRS certification)



CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

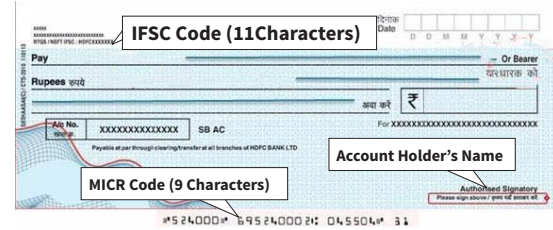
Bank Account No. : _____

Account Holder Name: _____

Bank Name & Branch: _____

Account Type Savings Current NRO NRE

IFSC: _____ MICR: _____



Mandatory for Pension Plans, Please indicate how you would like to receive the benefits

Entire amount as lumpsum Entire amount as Annuity Part as annuity Part as Lumpsum

Death Benefit Option, Please indicate how you would like to receive the benefits

Plan Name: **Aviva New Family Income Builder** (122N103V01)

Lumpsum Installments

SECTION C*

DECLARATION AND AUTHORISATION

- I here declare all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to Aviva Life Insurance Company India Limited, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Aviva Life Insurance Company India Limited to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.

Date: D D M M Y Y Y Y

Place _____

SIGN HERE

Signature of Claimant

DECLARATION TO BE MADE BY A THIRD PERSON

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Date: D D M M Y Y Y Y

Place _____

Signature of Third Person

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: claims@avivaindia.com



INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

- (1) Original policy document (Not necessary in case of dematerialised policy document) (2) Death certificate issued by local authority
(3) Claimant's PAN CARD (4) Claimant's passport size photograph (5) Cancelled cheque

ADDITIONAL DOCUMENTS

HOSPITALISATION/ DEATH DUE TO ILLNESS (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.) (3) Claimant's passport size photograph (5) Cancelled cheque

ACCIDENTAL DEATH (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

- Disclaimers:** 1. Copies to be submitted and originals to be presented at the time claim submission,
2. Aviva Life Insurance Company India Limited reserves the right to ask for more information/ documents, if required

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

PHOTO IDENTIFY PROOF (ANY ONE)

- Claimant's PAN CARD Valid Passport Voter ID Card
 Aadhar Card* Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)
 ID Card Issued by Central/State Govt. to employees
 Any other Central/State Govt. issued ID

ADDRESS PROOF (ANY ONE)

- Valid Passport
 Voter ID Card
 Aadhar Card*
 Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by Aviva Life Insurance Company India Limited.

D. NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Aviva Life Insurance Company India Limited.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

**In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy No. _____ Claimant Name _____
Branch Name / Interaction ID _____ Claimant Client ID _____
Employee Name _____ Date _____
Employee Sign _____ Employee Code _____
Branch Stamp _____

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