

# Group Death Claim Intimation Form

## Affinity Group



Group Policy Number: \_\_\_\_\_

Certificate of Insurance No.: \_\_\_\_\_

### Details of the Deceased

1) Name of the Deceased: _____	
2) Date of Birth: DD MM YYYY	
3) Place of Death: _____	4) Date of Death: DD MM YYYY
5) Cause of Death: _____	
6) Name, Address & Tel. No. of doctor/ hospital certifying death:	Name: _____ Address: _____ Tel. No.: _____

### Details of the Affinity

Name of the Affinity Group:	_____
Address:	_____ _____
Tel. no.:	_____

### Details of the Nominee

Name of the Nominee:	_____
Address:	_____ _____
Tel. no.:	_____
Whether nominee is a	<input type="checkbox"/> Minor <input type="checkbox"/> Major
If Minor,	
Name of the Appointee:	_____
Address:	_____ _____
Tel. no.:	_____
Relationship with nominee:	_____
Date of Birth Nominee: DD MM YYYY	
Date of Birth Appointee: DD MM YYYY	
Please note: Copy of Photo ID and Address Proof of the appointee is to be attached with the said documents.	

### In case of Accidental death please provide the details for the following

a) Name & address of the police station where FIR was lodged:	_____ _____
b) Date & Time of accident: DD MM YYYY	Time: _____
c) Place of Accident:	_____
d) Date of Post mortem examination: DD MM YYYY	
e) Was the Member driving at the time of accident:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**In case of Non Accidental death please provide the details for the following**

a) Nature of Illness: _____																	
b) Date of Diagnosis: <table border="1"><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y								
D	D																
M	M																
Y	Y	Y	Y														
c) If Hospitalized then: Name of the Hospital: _____ Date of Admission: <table border="1"><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Date of Discharge/Death: <table border="1"><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D																
M	M																
Y	Y	Y	Y														
D	D																
M	M																
Y	Y	Y	Y														
d) Name & Address of the Physician who attended the deceased at the time of death: Name : _____ Address: _____ _____																	

**Electronic Payout option (Direct transfer of funds in your bank A/c)**

1. Name of the Bank A/c holder: _____									
2. Bank Name: _____	Branch Name: _____								
3. A/c No.: _____									
4. A/c Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRI <input type="checkbox"/> NRO									
5. IFSC code: _____	MICR Code: _____								
<input type="checkbox"/> Personalised cancelled cheque required along with this form									
Payouts would be in accordance and subject to the terms and conditions of the policy. Further, the company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Electronic payout method. I will not hold Edelweiss Life Insurance Company Ltd. responsible in case of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information.									
Date: <table border="1"><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature / Thumb impression of the claimant: _____
D	D								
M	M								
Y	Y	Y	Y						

**Declaration**

I/We _____ do hereby declare that this statement made herein above are true in each and every respect.	
I/We agree to provide and furnish details and reports as and when required by Edelweiss Life Insurance Co. Ltd. for processing this claim.	
Declared at: _____	
Signature: _____	
Name in Block Letters: _____	
Address: _____	
_____	
Telephone number: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p><b>Stamp / Seal of the Master Policy holder</b></p>
Date: _____	