

CLAIMANT INTIMATION FORM (Rural / Micro)



Policy No.:

LIFE ASSURED DETAILS	
Name of the Insured: _____	Age (DOB): _____

CLAIMANT DETAILS	
Name of the Claimant: _____	Tel. No.: _____
Relationship with deceased	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Appointee
Life Assured :	<input type="checkbox"/> Others, If others please specify: _____

CLAIM DETAILS	
Date of Death: _____	Place of Death : _____
Cause of Death : _____	
DEATH OF THE LIFE ASSURED DUE TO ILLNESS	
Nature of Illness :	
On the Life Assured being hospitalised please, provide details :	Name of the Hospital:
	Date of Admission:
	Date of Discharge / Death:
DEATH OF THE LIFE ASSURED DUE TO ACCIDENT	
Date & time of Accident :	
Is the Post-mortem conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the copy along with this form.

ELECTRONIC PAYOUT METHOD (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 Tokio 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: <input type="text"/>	Signature / Thumb impression of the claimant: _____

DOCUMENT ENCLOSED WITH THE SAID FORM	
(1) Original Policy document	(2) Death Certificate (3) Past Medical record/Hospital records
(4) Treating doctor / Hospital certificate	(5) In case of accidental death submit copy of Post Mortem Examination & Police Report
(6) Copy of KYC of Nominee under the policy	

I hereby declare that all the information given above are true and correct and I hereby agree to all the conditions and information given above.

Signature of the Claimant

ADVANCE DISCHARGE RECEIPT

We hereby also acknowledge receipt from Edelweiss Tokio Life Insurance Company Limited, an amount of Rs. _____/- (Rupees _____ only) in full satisfaction in full satisfaction of the death claim of _____ under the Policy Number _____ and we hereby discharge Edelweiss Tokio Life Insurance Company Limited from all liabilities under the captioned claim.

We hereby declare that, we have received the above said amount and the Company stands fully discharged of its liabilities under the said policy. We confirm that the company owes no further liability under the group policy for the above said member and my entitlements have been fulfilled by the company.

We shall indemnify Edelweiss Tokio Life Insurance Company Ltd from all claims, actions and proceedings to which it shall be subject to due to the disbursement of policy proceeds in the name of _____.



Nominee / Appointee Name

(Relationship of nominee / appointee with member)