

'CLAIM FORM – MI'

**DEATH CLAIM FORM TO BE FILLED IN BY THE CLAIMANT UNDER MICRO INSURANCE POLICY**

In connection with claim under Policy No.....for Rs.....on the life of .....I.....as the claimant under the policy make the following statements :

1) **Particulars regarding the claimant:**

Name of the claimant : Shri/Smt.....  
Age :.....years Telephone No.(If available).....  
Address : .....  
Relationship to the deceased life assured : .....  
Nature of title under which the claim for money is submitted viz:  
Nominee/Assignee/Executor/Administrator/Trustee/Beneficiary

2) **Particulars regarding the deceased life assured:**

Place of death of the life assured : .....  
Date of death..... Time of death.....A.M./P.M.  
Immediate cause of death.....  
Last occupation of the life assured.....

3) **Particulars regarding other policies on the life of the deceased:**

**Under Micro Insurance Policies:**

Policy Nos. ....

**Under other LIC policies (except Micro Insurance):**

Policy Nos. ....

4) Was the deceased admitted to any hospital prior to his death? **Yes / No**

**If the answer is 'YES',**  
Name and address of the hospital :  
Date of admission to the hospital :  
Date of Discharge from the hospital :  
**If the answer is 'NO' ,**  
Name of the Medical attendant who treated/attended him/her last :.....

I, ..... ,the claimant under the policy, do hereby declare that the statements made herein above are true in each and every respect.

Dated at ..... this.....day of.. .....

**Signature / thumb impression of the claimant**

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.

Signature : .....  
Full Name : .....  
Designation : .....  
Address : .....  
.....

**This question is to be answered by a person not related to the deceased or claimant and who has seen the dead body:**

How long was the deceased known to you? .....  
Date of burial/cremation : .....  
Name and address of the place of burial/cremation : .....

I,.....hereby declare that the statements made by me are true and correct to the best of my knowledge and belief.

Completed and declared before me  
on .....

Signature of the declarant

Name and signature

Name and address of declarant