

To be filled by Tata AIA Life Insurance Office:

Claim Number:

Group Policy Number:



Chief Minister Universal Life Insurance Scheme (CMLIS)- Nagaland. APPLICATION FORM FOR DEATH CLAIM (CLAIMANT'S STATEMENT)

(To be completed in BLOCK letters. Please answer all the questions, use "not applicable" (N/A) as appropriate instead of leaving it blank. Counter-sign where amendments/alterations are made in the form.)

Name of the Policyholder: _____

(I) INFORMATION OF THE DECEASED (INSURED) This is a New Claim Further Claim

1. Full name of the deceased: _____

2. Alias, if any: _____ 3. Date of birth: _____

4. Source from which the date of birth is obtained: _____ 5. Sex: Male Female

6. Deceased's address at the time of death: _____

7. Date and time of death: _____ Time: _____ a.m. _____ p.m. 8. Place of death: _____

9. Cause of death: a. _____ b. _____ c. _____

a) Did the Life Assured's death happen due to COVID-19?

Yes No

b) If answer to the above is 'NO', then did the death happen due to post COVID-19 complications?

Yes No

The information about COVID-19 is being captured only for records and will not have any bearing on the claim. All valid claims will be processed basis relevant policy terms & conditions.

10. Occupation at the time of death: _____ 11. Last date at work: _____

12. Name of the Employer: _____

13. Address of the Employer: _____

14. Deceased's Photo ID card type and Number (Submit a copy along with the Claim form): _____

Complete 15-17 only if the cause of death is due to an accident

15. Date & time of accident: _____ Time: _____ a.m. _____ p.m.

16. Place of accident: _____

17. Details of accident: _____

18. When did the deceased complain of or give indications of his last illness? _____

19. When did the deceased first seek medical treatment for his last illness? _____

20. Name and address of the doctor who diagnosed the illness: _____

21. Name and addresses of all physicians who attended the Deceased for his last illness and prior illnesses:

Name of Doctor/Hospital	Address and Telephone	Attendance Date	Disease or Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Whether a death inquest will be or has been held? Yes No Uncertain (see note *)

23. Whether a post-mortem will be or has been done? Yes No Uncertain (see note *)

*Note: If you are in possession of the verdicts or findings, please forward a copy to us for reference

24. Deceased's Life insurance amount covered by other Companies:

Name of Company	Policy No.	Effective Date or Coverage Commencement Date	Amount Insured (R)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(II) INFORMATION OF CLAIMANT

25. Name in full:

26. Sex: Male Female

27. Date of birth:

28. Claimant's Photo ID card type and Number (Submit a copy along with the Claim form):

29. Claimant's Address:

30. Telephone No.: 31. Relationship with the deceased:

32. By what title are you submitting this claim? Beneficiary Others
If Other, (Please Specify)

DECLARATION & AUTHORIZATION BY BENEFICIARY/CLAIMANT

The policyholder undertakes to pay the proceeds of this insurance claim to the designated beneficiary/ies nominated by the deceased Member. I (We) hereby request Tata AIA Life Insurance to release the benefit payment cheque to the Policyholder and a valid discharge from the Policyholder shall be taken as a valid discharge from me (us)."

Signature of Beneficiary/Claimant: Date:

DECLARATION & AUTHORIZATION

I hereby declare that the information given on this death application form is true and complete to the best of my knowledge and belief.

I hereby make claim on Tata AIA Life Insurance submitting this death claim application form and agree that the written statements of all the physicians who attended or treated the Deceased (Insured) and all other proofs and supporting documents associated with this death claim application form shall constitute and are hereby made part of this death claim application form. I further agree that the furnishing of this death claim application form, or of any other forms supplemental hereto to the Company, shall not be deemed an acceptance of an existence of any assurance in force on the file in question, nor a waiver of any of its rights of defenses.

I hereby irrevocably authorize any organization, Institution, or individual that has any record or knowledge of the Deceased's (Insured's) health and medical history or any treatment or advice and that has been or may hereafter be consulted, other personal information or details of related accident/injury to disclose to Tata AIA such information. This Authorization shall bind my successors and Assigns and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

I hereby declare and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals / organizations associated with the Company or any selected third party (within or outside of India, including reinsurance and claims investigation Companies and industry associations/federations) for the purposes of processing this application and providing subsequent Services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes.

Policyholders Authorized Signatory to Sign: Claimant's Signature:

Date: Date:

Name of the Signatory: Name of Claimant:

Designation of the Signatory:

Company Seal:

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110) CIN: U66010MH2000PLC128403. Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at: **www.tataaia.com**. • L&C/Misc/2021/Jun/0296.

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