

WITHOUT PREJUDICE



**SBI LIFE INSURANCE COMPANY LIMITED**

Claimant's photo  
(Signed Across)

**CLAIMANT'S STATEMENT**  
**DEATH CLAIM**

**PARTICULARS OF INSURED:**

Policy No (s):	
Age at death / Sex :	
Deceased Name in Full:	
Occupation / Main Duties :	
Time of Death :	
Marital Status at time of death	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Residential Address :	
Telephone No:	

**DETAILS OF DEATH:**

Date of death :	
Place of death (State location of death e.g. hospital/institute/home – State name of location & address) :	
Cause of death :	
Date and Time of Cremation/ burial :	
If post mortem examination has been done, please give,	
1. Date on which post mortem was carried out :	
2. Name and address of the hospital where post mortem was carried out	
3. Name, address and telephone no. of the Doctor who declared the death	

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**IF THE DEATH WAS DUE TO ACCIDENT:**

Date of accident :	
Time of accident :	
People involved in the accident	
Events that led to the accident	
Injuries sustained by the Life Assured	
Name ,address and telephone no. of the Police station where F.I.R. has been lodged	
Name, address and telephone no. of hospital where post mortem examination has been performed	
Date of post mortem examination	

**IF THE DEATH WAS DUE TO CAUSES OTHER THAN ACCIDENT**

Nature of illness/ailment	
Duration of illness/ailment	From :                      To :
Immediate cause of death of the life assured	
Name and address of the Doctor/hospital who diagnosed and treated the Life Assured	
Name, address and telephone no. of the Life Assured's usual/family consultant.	
How Long has deceased been under treatment?	

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**Employment Details**

Last employers name, address and telephone no.	
Designation at work place/business	
Nature of job/ business	
P.F.No.	

**Details of Other Policies held by the deceased:**

Name of Company	Policy No.	Commencement date	Sum Assured

**CLAIMANT(S) Details**

Claimant Name in Full	
Date of Birth	
Address of the Claimant	
Telephone No.	
Mobile No.	
Relationship with the Life Assured	
Nature of title to the policy monies	Proposer/ Nominee/ Assignee/ Others

**BANK DETAILS OF THE CLAIMANTS**

Name of Bank	
Branch Code Number	
IFSC Code No	
Account Number	
Address of bank	

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**DECLARATION**

I / We \_\_\_\_\_ hereby make a claim to the said assurance with SBI LIFE INSURANCE COMPANY LIMITED and agree that the written statement of all the physicians who attended to or treated the deceased, and all papers furnished in support of this claim shall constitute and they are hereby made a part of the proofs of death and further agreed that the furnishing of this form or any other forms supplemental thereto or any acts of enquiry or investigation by the said Company shall not constitute or be considered an admission by the company that there was an assurance in force on the life in question nor a waiver of any of its rights or defences.

I/We affirm that we are aware that notwithstanding any provision of law/usage/custom or convention for the time being in force prohibiting any physician or hospital from developing any knowledge or information regarding the deceased assured on grounds of secrecy the company is authorized to seek such information and as the same had been consented by the deceased in his contract of insurance with the Company.

**Signature of Claimant**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Counter Signed By:**

**Signature**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Any one of the following must countersign this statement.**

- |   |   |                                    |
|---|---|------------------------------------|
| 1. An agent of SBI Life Insurance Co.Ltd. | 2 Unit Manager of SBI Life Insurance Co LTD |                                    |
| 3. An Advocate                            | 4. A Bank Manager                           | 5. A Block Development Officer     |
| 6. A Commissioner of Oaths                | 7. A Gazetted officer                       | 8. President of Village Panchayat  |
| 9. A Magistrate                           | 10. A Head postmaster                       | 11. A Head master of a high School |

This printed form is issued on receipt of notice of death claim and liability.  
To be completed by the nominee(s) or trustee(s) or assignee(s).  
Acceptance of forms does not amount to admission of claim.

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**Authorisation**

(To be signed by the claimant)

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, Mr/Ms. \_\_\_\_\_ (name), \_\_\_\_\_

(relation) of Mr./Ms. \_\_\_\_\_ (name of the Life

Assured) hereby give my consent to SBI Life Insurance Co.Ltd., and/or its representative

to obtain (including photocopies) all the employment/medical/hospital records/other

records/information pertaining to the treatment of Late Mr/Ms \_\_\_\_\_

Yours faithfully,

Signature of the claimant

Name of the claimant : \_\_\_\_\_

Policy No. \_\_\_\_\_

Date : \_\_\_\_\_

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**Note of Authority**

I \_\_\_\_\_ (Nominee's Name) hereby request/authorize M/S SBI Life Insurance Company Limited to credit the claim proceeds to my SB A/c No. \_\_\_\_\_ of \_\_\_\_\_ Bank at \_\_\_\_\_ Branch \_\_\_\_\_ (Branch Code).

Revenue  
Stamp

Signature of the claimant

Name of the claimant : \_\_\_\_\_

**Witness:**

(To be witness by the Bank officer where the claimant holds his/her account)

**Note:**

1. This note of authority is purely optional
2. This form is sent only for the convenience of the claimant
3. This note of authority will be considered by SBI Life Insurance Company Limited if and only if the claim has been admitted by SBI Life Insurance Company Limited.
4. A mere receipt of this blank form shall not give any right to the claimant to deem that the claim has been/will be admitted by the SBI Life Insurance Company Limited.
5. Attach cancelled cheque or a copy of cheque