

Death Claim Application Form

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need.

This Death Claim Application form is designed to help you file your claim quickly and easily. Please return the duly filled and signed form (pages 3 to 5 only) with the appropriate documents as mentioned below for processing of your claim.

Max Life Insurance is the only Life Insurance Company in India to offer Claims Guarantee to all our policyholders. Key features of our Claims Guarantee are mentioned below:

CLAIMS GUARANTEE

1. Fast Settlement

We offer a Claims Guarantee to all its policyholders under which the Company commits to pay claims within 10 working days of the receipt of all the death claim documents/clarifications, else the Company will pay interest at the rate of 6% per annum

2. Claims Assurance

We ensure payment of all death claims for policies having completed 3 continuous years except in case of fraud, mis-statement or non-disclosure.

3. Advance Account Value Payout

We will pay fund value of all Unit Linked policies within two working days of claim intimation.

4. Personalized assistance

We assign a dedicated Claims Relationship Officer for all death claims

To enable us to provide you a hassle free experience during this stressful time, please find below the list of documents to be submitted for processing of your claim.

CLAIMS DOCUMENTS TO BE SUBMITTED

Mandatory documents required	Additional documents (as per the cause of death)
<ol style="list-style-type: none"> Original Policy Document (s). Original / Attested copy of Death Certificate Issued by local municipal authority. Death Claim Application Form (enclosed). NEFT Mandate form attested by bank authorities/ cancelled cheque or bank account passbook. Nominee's photo identity proof like copy of passport, PAN card, Voter identity card, Aadhar (UID) card etc (any one). 	Medical / Natural Death: <ol style="list-style-type: none"> Attending Physician's Statement (Form 'C'). Medical records (Admission notes, Discharge/ Death Summary Test reports etc.)
	Accidental/ Unnatural Death: <ol style="list-style-type: none"> Certified copy of the First Information report (FIR) and/ or Panchanama/Police Complaint. Certified copy of the Post Mortem Report (PMR)/ Autopsy and Viscera report. Certified copy of the Final Police Investigation Report (FPIR)/Charge sheet.

IMPORTANT INFORMATION

- The claim is payable subject to policy being in force on the date of event and also subject to fulfillment of all terms and conditions of the policy.
- Submission of this form should not be construed as acceptance of the claim.
- Submission of all claim documents collectively at one go along with this form would enable us to process the claim faster.
- On assessment of documents submitted, Max Life reserves the right to call for additional documents.

HOW TO COMPLETE YOUR CLAIM FORM

- Please read this page carefully before you fill the claim form
- Please submit complete and duly signed form
- This form is to be filled by the nominee or any person entitled to receive the claim
- Complete separate forms for each person if there is more than one claimant.

SECTION A

Information about the claimant is necessary for evaluation of the claims. Please make sure that your current address and mobile number is mentioned, as we would do all the claims communication on this address and mobile number only. In case you have an e-mail ID, request you to mention the same as well.

SECTION B

Under this section please mention your complete bank account details. Do remember to attach a copy of cancelled cheque or bank account passbook. This will enable us to transfer the claim proceeds directly in your account as per the terms and conditions of the policy.

SECTION C

In this section, please mention the immediate cause of death of the Life Insured. Details about the death of the Life Insured are important for us to calculate the total claim benefits.

SECTION D

In this section, please mention the names, addresses and telephone numbers of all doctors, hospitals or other medical sources who treated Life Insured during the last illness/accident and over the last three (3) years. If necessary, please attach additional sheets.

SECTION E

To be completed ONLY if the death occurred due to reasons other than medical reasons

In case post mortem/autopsy has been conducted, please attach a copy of the same with this form. Please do mention the contact number of police station/ police officer where the report of the incident was registered.

SECTION F

In this section please mention details of all the Life Insurance policies of the Life Insured with other Insurance Companies (other than Max Life Insurance).

SECTION G

Please read the declaration carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify requests you give us in the future.

This form can be witnessed by any of the following: (1) An Agent (2) Sales Manager / Branch Manager of the company (3) Block Development officer, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) An officer of the Max Life Insurance Company not below the rank of Manager, (6) A Gazetted Officer, (7) A Head Master / Principal of a Govt. School, (8) A Magistrate.



Helpline Numbers

0124-4219090 Extn- 9699
Toll-free 18002005577



Address

90 A, Sector-18, Udyog Vihar,
Gurgaon-122015, Haryana



E-mail

claims.support
@maxlifeinsurance.com

DEATH CLAIM APPLICATION FORM

I, the below-named claimant, do solemnly declare that the below answers and statements are true in all respects, and further agree that the furnishing of this form, or any other form supplemental thereto, to the Company, shall not constitute an admission by the Company that there was any insurance in force on the life in question or a waiver of any rights or defense.

Policy Number (s):

(Please mention all policy numbers with Max Life Insurance Co. Ltd.)

Name of Life Insured: _____

Through whom are you submitting the claim documents (Tick any one):

Agent Advisor Max Life Office Any other Please specify _____

SECTION A- Please tell us about yourself.

Your Name: _____	Your current age: _____
Your Contact Details: Mobile Number: <input type="text"/>	Alternate Number: <input type="text"/>
E- mail ID: _____	
Your Aadhar Card Number: <input type="text"/>	
Your relationship with the Life Insured: _____	
Your complete current address: _____	
State: _____	Pin code: <input type="text"/>

SECTION B- Please mention your bank account details here (Kindly attach a copy of cancelled cheque bearing account number and claimant name or Copy of Bank Passbook)

Your Bank Account Number: <input type="text"/>	
Type of Account: Savings <input type="checkbox"/>	Current <input type="checkbox"/> Other <input type="checkbox"/>
IFS Code: <input type="text"/>	Bank Name: _____
Branch Address: _____	

SECTION C- Please tell us the following details about the deceased Life Insured.

Cause of death: _____		
Date of death: <input type="text"/>	Time of death: <input type="text"/>	Place of death: _____
For how long was deceased suffering from the last illness: _____		

SECTION D- Please tell us details of the doctors who treated Life Insured during his/ her lifetime.

Name of Doctor and Hospital Address	Contact Number	Date of First Consultation	Treatment taken

Name of your Family doctor: _____

Doctor's Mobile Number: Alternate Number:

SECTION E- In case the cause of death was accidental/ unnatural, please fill the following details.

Date Of Accident	<input type="text"/>	Time of Accident:	<input type="text"/>	Place of accident:	<input type="text"/>
Type of Accident: Animal or Insect Bite	<input type="checkbox"/>	Murder	<input type="checkbox"/>	Natural Calamity	<input type="checkbox"/>
Other Accidents	<input type="checkbox"/>	Road Traffic Accident	<input type="checkbox"/>	Suicide	<input type="checkbox"/>
FIR Number:	<input type="text"/>	Police Station:	<input type="text"/>	FIR Registered under Section:	<input type="text"/>
Police Station Contact Number:	<input type="text"/>				
Was Post Mortem/ Autopsy Done: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If yes, please submit a copy)	

SECTION F- In case deceased life insured was insured with other life insurance companies, please mention the details below.

Name of Life Insurer	Policy Number	Policy Amount	Policy Issue Date	Claim Status

SECTION G- Declaration and Authorization

Notwithstanding, any law, custom or usage, prohibiting the furnishing of secret information obtained during the medical treatment / investigation of Life Insured, I hereby authorize any doctor or other person, or any hospital, sanatorium, medical professional, hospital or other medical care institution, insurance support organization, pharmacy, governmental agency, insurance company, employer, benefit plan administrator, accountant, or financial adviser or other institute to provide to Max Life Insurance Co. Ltd., any of its offices, or Court of Law, or any investigative agency or independent administrator acting on its behalf, information concerning employment, finances or insurance, advice, care or treatment provided to deceased, or any information that may be required concerning the health of the deceased (Life Insured) including information relating to mental illness, use of drugs, use of alcohol, HIV(AIDS Virus) and /or sexually transmitted diseases. A Photostat copy of this authorization shall be considered as effective and valid as the original. I also authorize insurer for direct / electronic transfer of money in my above mentioned bank account. Max Life Insurance Co. Ltd. shall not be held responsible in case of non credit of your bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information. Further, Max Life Insurance Co. Ltd. reserves the right to use any alternative payout option including demand draft/ payable at par cheque if direct credit cannot be executed. Credit will be effected based solely on the claimant account number information provided by the claimant and the claimant name particulars will not be used thereof.

Your Signature / Thumb Impression: _____ Signed at (Place): _____ Date: <input type="text"/>	Signature of Witness: Name: _____ Relationship with Life Insured: _____ Contact Number: <input type="text"/> Address: _____ Signature: _____ Signed at (Place) _____ Date <input type="text"/>
---	---

Declaration in case of illiterate Claimant:

"I hereby certify that I have explained the contents of the above form in the vernacular Language understood by the Claimant and that he/she has affixed his/her thumb impression to this form after fully understanding the contents from me thereof. I further declare that I am not related with the Company in any manner, whatsoever "

 Full Signature of the Declarant)

NOTICE: Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of felony or subject to other criminal and/or civil penalties as the case may be under the applicable law(s). The company reserves the right to take appropriate action against the said person.

Authorization

(To be signed by the claimant)

In order to process your claim, additional documents may be required from different authorities. By signing this authorization, you give Max Life Insurance Co. Ltd. and/ or its representatives the right to obtain the documents required on your behalf.

To,

Life Insurance Policy Number (s):

I, Mr./ Ms. _____ (name), _____ (relation) of Mr./ Ms. _____
(name of the Life Insured) hereby give my consent to Max Life Insurance Co. Ltd., and/or its representative to obtain all employment/
medical/ govt./ pvt. Hospital records/other records (including photocopies)/ information necessary to process the claim..

Yours Faithfully,

Signature of Witness: _____ Name of Witness: _____ Address of Witness: _____ _____ Designation: _____ Date of signing: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Claimant Signature: _____ Name of Claimant: _____ Date of signing: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	--

NEFT- Mandate Form

(To be filled in by the Applicant in BLOCK LETTERS)

I..... Nominee/ Policyholder of Policy Number.....
 in the name of.....
 here by request Max Life Insurance Co. Ltd. to make Claim payments directly to my bank account as per detail given below.

Particulars of Bank Account:

A/C Holder's Name: _____

Type of Bank Account: (Choose (√) any one) Savings A/C Current A/C

Bank Name _____

Bank Account No: -

IFS Code (11--digit unique alphanumeric code

as mentioned on your bank cheque book)

Bank Branch Address: _____

Mobile Number

Email id:

Declaration: I agree to save and hold Max Life Insurance Company Limited harmless and indemnified against any and/ or all losses, claims, liabilities, legal proceedings (including attorney fees'), expenses, or damages suffered by or taken against Max Life Insurance Company Limited arising on account of any error or misrepresentation in the information furnished in this EFT mandate by me.

.....
Nominee/ Policyholder's Signature:

Date:

Bank Verification:

I, the undersigned authorized person, on behalf of the above mentioned bank, confirm that the bank account details of the individual as mentioned in this NEFT Mandate form are correct and are hereby verified.

Name of the Signing authority.....

Name of Bank:

Bank verification Stamp with branch address

.....
Signature of Authorized Signatory

Note: Please attach a copy of cancelled cheque bearing the above mentioned account number along with this form.