MAX LIFE INSURANCE

DEATH CLAIM FORM (FORM- A)

For Branch Office use only					
Date of claim receipt		Claim Submitted time	Before 3 pm ☐	After 3 pm ☐	
Name & Contact details of GO person					
Claim Submitted by	Nominee ☐	Family Member ☐	Agent ☐	Others ☐	Branch Stamp

Please accept our condolences for 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 this form duly filled and signed with appropriate documents and follow below instructions to help us settle your claim faster.

IMPORTANT INFORMATION

- Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
- Claim is payable subject to the policy being in force on the date of event and fulfillment of all terms and conditions of the policy.
- If there is more than one claimant, separate forms need to be filled for each of the claimant.
- This form needs to be witnessed by any of the following (1) Max Life Agent (2) Sales Manager/ ADM/Office Head of Max Life (3) Block Development Officer (4) A bank manager of a nationalized bank with rubber stamp (5) An officer of Max Life company not below the rank of a manager (6) A Gazetted Officer (7) A Head Master / Principal of Govt. School (8) A Magistrate.
- Please read the declarations carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify the requests you give us in the future.

HOW TO COMPLETE YOUR FORM

All fields in the claim form should be filled by the claimant in BLOCK letters.

Section A - This section seeks information about the claimant:

- 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, please provide your email-id in case you have one;
- Please mention your complete bank account details; and
- Please attach a NEFT Form attested by bank or a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.

Section B - This section seeks information about the Life Insured:

- Please mention the cause, date and time of death of the Life Insured;
- 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; and
- Please provide details of all life insurance policies of the Life Insured, with insurance companies other than Max Life Insurance. **Section C** - This section needs to be filled only if different death benefit options are provided under the plans as mentioned in the form. **Section D** - This section can be used, if you want to provide any additional information that is not covered in the claim form.

You need to submit the following documents along with this claim form (Please tick appropriate boxes to indicate documents that have been submitted) - [Marked with * are mandatory documents]

1) ***Original / Attested Copy of Death Certificate issued by local authorities** ☐

2) ***Original Policy Document(s)** ☐

3) ***Attested copy of your identity proof (any one of the below- specifying your complete date of birth)**

- ☐ PAN Card
- ☐ Aadhaar Card
- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Valid Driving License
- ☐ Others (please specify)

4) ***Bank details (any one of the below)**

- ☐ Cancelled cheque with printed name and account details of Claimant
- ☐ Copy of bank passbook / bank statement
- ☐ NEFT form attested by bank

Additional documents in case of Suicide / Accident - (FIR and Post Mortem Report is mandatory)

- ☐ *FIR
- ☐ *Post Mortem Report
- ☐ Inquest report
- ☐ Panchanama
- ☐ News paper cutting (if any)
- ☐ Final Police Investigation report

In case of Medical cause of death (Hospitalisation / Non-Hospitalisation) below documents are required

- ☐ Medical cause of death certificate
- ☐ Attendant Physician Statement (FORM "C" to be filled by last attending doctor)
- ☐ All Medical records (diagnosis, treatment and discharge/death summary) - if applicable

MAX LIFE INSURANCE

Page intentionally left blank

DEATH CLAIM FORM (FORM- A)

Max Life Policy Number (s) ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐

Claim form is submitted through: ☐ Max Life Agent ☐ Max Life Office ☐ Bank Branch ☐ Others

Declaration: I/We the claimant(s) 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, 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.

Section A: Please tell us about yourself (claimant) - [Marked with * are mandatory fields]

*Name:_____ *Date of Birth: D D M M Y Y Y Y *Gender ☐ M ☐ F

*Relationship with deceased life insured: ☐ Spouse ☐ Children ☐ Parents ☐ Others, Please Specify

*Current Correspondence Address: _____

_____ State:_____ Pin Code: ☐☐☐☐☐☐

*Contact No.: ☐☐☐☐☐☐☐☐☐☐ Email ID: _____

PAN No.: ☐☐☐☐☐☐☐☐☐☐ *Bank A/C No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Bank Branch Name & Address: _____

MICR Code: ☐☐☐☐☐☐☐☐☐ *IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐

Section B: Please tell us about the deceased Life Insured - [Marked with * are mandatory fields]

*Name:_____ *Age on Death: ☐☐ years

*Last Occupation:_____ Last Employer details (If applicable)_____

*Date of death: D D M M Y Y Y Y *Time of death: H H M M

*Cause of Death: ☐ Medical ☐ Accident ☐ Suicide ☐ Murder

*Nature of illness/accident:_____ *Date of diagnosis/accident: D D M M Y Y Y Y

*Place of death: ☐ Hospital / Clinic ☐ Residence ☐ Office ☐ Others (please specify) _____

*Please tell us details of the doctors who treated Life Insured during his/ her last illness/accident and/or during last 3 years:

Name of Doctor / Hospital	Contact details	Date of first consultation	Treatment taken

In case deceased life assured was insured with other life insurance companies, please provide details*:

Name of Company	Policy Number	Policy Amount	Policy Issue Date	Claim Status

DEATH CLAIM FORM (FORM- A)

C: You need to complete this section only if you are claiming benefits under any of the following plans: (Selecting the option does not confirm the admissibility of the claim.)

1) Max Life Guaranteed Income Plan:	☐ Lump sum benefit	☐ Regular Monthly Income
2) Max Life Guaranteed Monthly Income Plan:	☐ Lump sum benefit	☐ Regular Monthly Income
3) Max Life Super Term Plan:	☐ Immediate 100% Payment	☐ Immediate 50% payment & 50% as Monthly Income

4) Max Life Forever Young Pension Plan:

☐ Lump sum benefit ☐ New Annuity Plan ☐ New Pension Plan

5) Max Life Future Genius Education Plan: ☐ Lump sum benefit ☐ Regular Monthly Income

D: Notes - Any additional information you would like to mention:

_____

_____

_____

Vernacular Declaration (If the claimant signs in vernacular or affixes thumb impression) : Declaration from the Witness / Declarant to certify that the contents of the form were explained to the claimant in vernacular and that he/she has affixed his/her signature /thumb impression hereto after fully understanding the same.

NEFT Declaration: I 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.

I/We authorize Max Life to send all communications by E-mail/SMS or any other mode. I/We agree to receive regular reminders/ alerts from Max Life.

I understand that I have disclosed my personal information including Aadhaar number, voluntarily, with Max Life and I hereby provide consent to Max Life to share my information with its authorized service providers/ other insurers/ reinsurer for the purpose of claims assessment/ investigation with respect to this policy(s) mentioned in this form, as per the applicable regulatory framework.

_____ _____

Signature / Left thumb impression of Claimant

Name of Claimant: _____

Place: _____

Date: D D M M Y Y Y Y

Signature of Witness /Declarant

Name & address: _____

_____

Place: _____

Date: D D M M Y Y Y Y

DISCLAIMER

- Submission of claim form with documents does not assure admission of the liability.
- On assessment of documents submitted, Max Life reserves the right to call for additional documents.
- 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.

Email
claims.support
@maxlifeinsurance.com

Helpline
1860 120 5577
9 AM - 6 PM | Mon - Sat

Max Life Insurance Co. Ltd.
Plot No. 90A, Sector 18,
Gurgaon, 122015, Haryana.

MAX LIFE INSURANCE

DEATH CLAIM FORM (FORM- A)

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,

Max Life 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 Original or photocopies of employment / medical / govt. / pvt. hospital records / other records / information necessary to process the claim

Yours faithfully,

____

Signature / Left thumb impression of Claimant

Name of Claimant:______________________

Place:______________________

Date: D D M M Y Y Y Y

____

Signature of Witness /Declarant

Name & address: ______________________

____

Place: ______________________

Date: D D M M Y Y Y Y