



Your Partner for Life®

Application Form For Death Claim – Claimants Statement (Form-A)

(To be filled in by the person legally entitled to the policy money. All the answers must be clear & unambiguous.)

Policy No: Claimant Contact No:

I. Information about the Claimant
1 a) Name of the Claimant.
1).....
2).....
1.b) Complete Address.....
1 c) Age of Claimant 1).....2).....
1d) Bank Details (Mandatory) Bank Name :.....Bank Account No:

II. Information about the Life Assured
2 a) Name
Age
2 b) Place of Death.....
Date and Time of Death
3 a) Cause of Death: [] Medical [] Accident [] Suicide
3 b) Duration of last Illness
3 c) If Medical, please specify the cause of death.....
4) When did the deceased first complain or give other indication of falling health.....
5) When did the deceased first take treatment for the illness, which eventually caused his death?
a) Date and type of illness.....b) Kind of treatment given.....
6) Name and address of the Doctor(s) consulted during the last illness:
1.a) Contact No.: Clinic b) Cell c) Resi.....
2.a) Contact No.: Clinic b) Cell c) Resi.....
7) Name & Addresses of the Doctors who treated him / her during the last three years & the ailments treated by them: -

Please complete the following, if applicable:
8) Name of Police Station (where death was recorded).. ..FIR No.....
9) Name of Hospital (where Post Mortem was conducted).....
Post Mortem No..... Date of Post Mortem

III. Declaration And Authorization
I/We, the above-named claimant(s), do solemnly declare that the foregoing 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 defence.
Notwithstanding, any law, custom or usage, prohibiting the furnishing of secret information obtained during the medical treatment / investigation of Life Insured, I/We 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 NEW YORK LIFE INSURANCE COMPANY 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 authorisation shall be considered as effective and valid as the original.
Signature of Claimant (No.1) (No.2).....
Signed at(Place) Date.....

Signature of Witness- Mandatory
Signature:
Name:
Address :.....
Phone No (With Std Code)

The form must be witnessed by any one 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 Company not below the rank of Manager, (6) A Gazetted Officer, (7) A Head Master / Principal of a Govt. School, (8) A Magistrate.

Declaration in case of an illiterate Claimant where his/her left thumbs impression should be made by a person of standing unconnected with the company and whose identity can be easily established.
"I hereby certify that the contents of above form are explained by me in the Language understood by the Claimant and that he/she has affixed his/her thumb impression to this form after fully understanding the contents thereof."

(Full Signature of the Witness)

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) of the State.