



SHRIRAM LIFE INSURANCE COMPANY LIMITED

CLAIM FORM "A"

Divisional Office:

Branch Office :

CLAIMANT'S STATEMENT

(To be filled in by the person legally entitled to the policy moneys)

In connection with claim under Policy No for Rs

On the life of

(Insert full name of the deceased)

all answers to be filled in legibly. Answers must be given in words. Strokes of the pen or dots or dashes cannot be accepted as replies)

QUESTIONS	ANSWERS
1.State(in full) the name, profession or occupation, age and address of the person claiming the policy moneys, together with his/her relationship to the deceased Life Assured	Name Occupation Address Relationship
2. What is the nature of Title under which you claim the amount, e.g., as executor, or administrator or assignee or nominee? If you are claiming on behalf of a minor, state the exact nature of his/her title and how you are preferring a claim on his/her behalf.	
3.(a) state the name ,father's name, last occupation and last address of the deceased	(a)Full name of the deceased..... Full name of the deceased's father..... Last Occupation of the deceased Last Address

(b) Place and date of death, duration of last illness, immediate cause of death and age at death of the Life Assured.	(b)Place of death Date of Death Duration of Last illness Immediate cause of death..... Age at death
4. Had the deceased any other assurance on his life? If so, state name of issuing office, year of issue and policy numbers.	Name of Office Year of issue Policy No
5. (a) when did the deceased first complain of being not in usual good health? (b) Nature of illness then complained of	(a) (b)
6.The names of the medical attendants during the last illness	

7. Name and address of doctors consulted during the last three years, stating against each name of the doctor, complaint for which he has consulted.

DOCTOR'S NAME AND ADDRESS	NATURE OF COMPLAINTS
1	1
2	2
3	3
4	4

I do hereby declare that, the answers to each and all the above questions are full and true in each and every respect.

Signature

Designation.....

Address

Declared at..... this day of 20 before me

WITNESS

Signature

Designation.....

Address

NOTE:

This statement must be witnessed by one of the following (1) An Advocate,(2) Any authorized Official of Shriram Life Insurance Company ltd, (3) A Bank Manager, (4) A Block Development Officer, (5) A Commissioner of Oaths, (6) A doctor, (7) A Gazetted Officer, (8) A Head master of a High School, (9) A Head Post Master of or Departmental Sub --- post Master (but not a Branch Post Master), (10) President of village panchayat of Local Body.