



SHRIRAM LIFE INSURANCE COMPANY LIMITED

CLAIM FORM 'C'

Divisional Office

Branch Office

CERTIFICATE OF IDENTITY AND BURIAL OR CREMATION

(To be completed and signed by a person of known character and respectability acquainted with but not related to the deceased nor to the claimant, and who saw the dead body or who was present at the burial or cremation of the body of the deceased.)

(In connection with claim under policy No on the life of I hereby make the following statement.

(Insert full name of the deceased)

1. Name of deceased in full

2. Name of the deceased's father in full

3. (A) How long was the deceased known to you?

(B) Was he related to you? If so, How?

4. (A) Date and time of Death?

(B) Cause of Death

(C) Place of Death

(D) Duration of illness

5. (A) Describe any distinctive mark or physical Peculiarity of deceased.

(B) Was he tall, short or medium in height?

(C) Was he stout, thin or medium in build?

(D) Approximate age at death

6. Deceased's occupation immediately prior to death with address of the employer, if any

7. Deceased's previous occupation with address of the employer, if any
8. (A) When did you last see him alive?
- (B) Did you see the body after death?
- (C) Was the body buried or cremated?
- (D) Time and date of burial or cremation?
- (E) Name and address of place of burial or cremation?
- (F) Where you present at the disposal of the body?
9. Are you aware that the deceased's life was insured with the Shriram Life Insurance company Ltd.

I certify that the body which was buried or cremated was that of the person named above and do hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Declarant _____

Occupation _____

Name _____

Address _____

Completed and declared before me this _____ day of _____ 200.....

Counter Signature Address

Name

Designation

(Please see Note below)

NOTE:

This statement must be countersigned by (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.

CERTIFIED THAT the contents of this Certificate of this Certificate were explained to the declarant in the Regional Language and gaps filled on his dictation.

Signature of witness _____

Name _____

Address _____