Max New York Life Insurance Company Ltd.
11th & 12th Floor, DLF Square Building, Jacaranda Marg, DLF Phase II, Gurgaon 122 002
Phone 2561717 (From Delhi +95124, other cities +0124)

DEATH CLAIM APPLICATION FORM –FORM A

- This form is to be filled in by the person legally entitled for the policy benefits. Complete separate forms for each claimant if there are more than one claimants.
- The benefit is payable subject to policy being in force on the date of event and also subject to fulfillment of all conditions/definitions as stated in the policy.
- Submission of this form should not be construed as acceptance of claim.
- Submission of documents with this form would enable the company to expedite the claim processing
- Write in Capital Letters.

Policy No(s): …….
……..

Contact No of Claimant: (Residence)……
Mobile ……..

IA. Personal Information about the Claimant

a) Name of Claimant ……Relationship with Life Assured……....
b) Complete Address……
…… ……
. ……Pin Code……..

IB. Bank Details of the Claimant

a) Bank Account No…….…… b) Type of Account ☐ Saving ☐ Current ☐ Other
c) IFS Code…….. .....d) Bank Name and Address… ……....
…… ……

Note- Kindly attach a copy of **cancelled cheque** bearing account number and claimant name or Copy of **Bank Passbook**.

II. Information about the Life Assured

a) Cause of Death: ……
b) Duration of last Illness……
c) Date and Time of Death: ……
d) Place of Death……

III. Medical Information

Please provide the names, addresses and telephone numbers of all physicians, hospitals or other medical sources who treated Life Insured during the last illness/accident and within the last five (5) years. If necessary use separate sheets of paper.

Name of Doctor and Hospital	Contact Number	Date of First Consultation	Treatment Taken

1) Name of Family Doctor ……..……..
a) Contact No.: Clinic …… ……b) Mobile …….. c) Residence……

IV. If Accidental Death please provide following details

a) Date and Time of Accident: ……
b) Place of Accident: ……
c) Details of Accident (Type of Accident/Police Station & FIR No.): ……
d) Post Mortem / Autopsy been done? Yes ☐ No ☐ (If yes, please submit a copy)

V. Details of other Life Insurance Policies on the Life Assured:-

Policy No	Policy Amount	Name of Insurer	Policy Issue Date	Claim Status

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VI. Declaration and Authorization

I, the above-named claimant, do solemnly declare that the above 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.
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 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. I also authorize insurer for direct / electronic transfer of money in my above mentioned bank account. MNYL 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, MNYL reserves the right to use any alternative payout option including demand draft/ payable at par cheque if direct credit can not 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.

Signature / Thumb Impression of Claimant …….
Signed at ……(Place) Date……...

Signature of Witness- Mandatory

Signature……..……Date……Place……..……
Name…….Relationship to Claimant……..……
Address.. ……..
……..
Phone No (With STD Code) or Mobile No…… ……

Declaration in case of an 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).

VII. Documents to be submitted along with this form

- ☐ Original Policy Document (s).
- ☐ Original Death Certificate or attested copy thereof issued by Municipal Authorities.
- ☐ Photo ID proof of claimant bearing photograph and signature e.g. PAN Card, Driving License, Passport etc.
- ☐ Attending Physician's Statement- Form C to be completed by all Doctor(s) and Hospital Authorities who attended to the life assured during the last illness or accident.
- ☐ Employer certificate- 'Form E' to be completed by the life assured's employer.
- ☐ Patient admission sheet, history sheet, investigations, treatment records and death summary sheet from Hospital(s) where Life Assured was admitted prior to his/her death.

Submit the following (if applicable):

- ☐ First Information Report (FIR) and Panchanama
- ☐ Final Police Investigation Report.
- ☐ Post mortem report / Autopsy report, Viscera and Histopathological report (if conducted).

☐ Cancelled cheque bearing account number and claimant name or Copy of Bank Passbook.