

LIFE INSURANCE CORPORATION OF INDIA

Dhanbad Branch Office No.2

Format for death claim intimation

1. Pol. No. _____
2. Name of the deceased _____
3. Claimant's name _____
4. Relation with policyholder _____
5. Date and time of death _____
6. Cause of death _____
7. Place of death _____
8. Last treatment particulars _____
Name of doctor/hospital _____
Date of first complaint _____
9. Other policy particulars _____
10. Reference for contact, name and add.
(Friends, relative, neighbors) _____
11. Local address and telephone no. _____
12. Permanent future address _____
Telephone no. _____
13. Claimant's bank A/c no. _____ Name of bank _____
Name of branch _____
14. Last premium paid particulars _____
15. Details of accidental case _____
16. New and old p.a. code, EB No CC No. _____
17. Agency code _____
18. Date of intimation _____

Signature of claimant