Pramerica | LIFE INSURANCE

DEATH INTIMATION FORM

The Claims Department,
Pramerica Life Insurance Limited

Policy number: | | | | | | | | | |

Date: D D M M Y Y Y Y

Details: (To be completed by the Claimant or a relative of the Life Insured)

1) Name of the Life Insured:

2) Name of the Claimant:

3) Complete Mailing Address of the Claimant:

4) Contact Numbers: (with STD Code where applicable)
   Residence:
   Office:
   Mobile:

5) Relationship with the Life Insured: _____

6) Date and Time of death: _____

7) Place of death: _____

8) Cause of death: ☐ Medical ☐ Accident

If medical, please specify the ailment that caused death:

_____

_____

_____

_____

9) Policy number(s) under which the death claim is made: _____

(If more than one policy held with Pramerica Life Insurance Limited) _____

_____

10) Claimant Code:

Signature: _____ Place: _____ Date: D D M M Y Y Y Y

DI/F-ENG/DEC/19/V5

Pramerica Life Insurance Limited

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Website: www.pramericalife.in I Customer Service Helpline: 1860 500 7070 (Local charges apply) or 011-48187070 I IRDAI Registration Number: 140