

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office :

Branch Office:

CONFIDENTIAL REPORT BY THE AGENT

(The Corporation having received notice of death of the below named life assured, the Agent is requested to make careful inquiries into the matter at once and to report fully on the form given below. This report should be returned immediately to facilitate expeditious settlement of claim. All answers to be filled in legibly in words. Strokes of the pen or dots or dashes cannot be accepted as replies.)

In connection with Claim under Policy No.....

on the life of.....

(Mention full name of the deceased)

1. Is it within your personal knowledge that the above named
life assured is dead?

2. What information have you been able to obtain regarding the date, place, cause and
Circumstances of the death? Date of death :
Place of death :
Cause of death :
Circumstances :

3. From what sources have you obtained this
information and are you satisfied that it is
reliable?

4. Can you personally certify that the deceased
is the person whose life was assured by the
abovementioned Policy?
Have you any reason to think otherwise?

5. Have you any suspicion of fraud or personation,
or any reason to think that the claim is not
bonafide in every respect?

6. Have you any other information to give or
remarks to make in connection with the claim?

Dated at..... this..... day of..... 20.....

Signature of Agent :..... Code No.....

Address :
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