

Death Claim Document Submission Form (Group Insurance)

The Insured's Name-Surname..... Sex ☐ Male ☐ Female Identification No.: Telephone
 E-mail.....Current Address
 Policy No.....Employer's Name (Company, Organization).....
 Agent/Brokerage Company's Name.....Agent Code.....Telephone.....E-mail

☐ Submit for the first claim ☐ Submit the additional documents notified by the Company ☐ Submit the additional documents for reconsideration

Please mark in the column ☒ in front of the list of submitted documents only.
Documents required for submission to support each type of claim consist of the following.

| In Case of Death Claim | | | Quantity/Issue | Remark |
|------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|
| <input type="checkbox"/> | 1 | Claim of Right Form A. for every beneficiary to fill in statements and sign, with certification of 2 witnesses | | |
| <input type="checkbox"/> | 2 | Claim of Right Form B. for the last treating physician to fill in statements and sign, with certification of 2 witnesses | | |
| | | or Certificate of Death, certified for true copy by the beneficiary | | |
| | | or Death Notification Receipt Note from the competent authority of the Department of Provincial Administration (Subdistrict Headman or Village Headman), certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 3 | Medical Report and History of all treatments in every medical facility | | |
| <input type="checkbox"/> | 4 | Original Life Insurance Application Form, specifying the beneficiary | | |
| <input type="checkbox"/> | 5 | Copy of Certificate of Death, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 6 | Copy of House Registration with disposal of the deceased's death, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 7 | Copy of House Registration of Every Beneficiary, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 8 | Copy of Identification Card of the Deceased and Every Beneficiary, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 9 | Copy of Birth Certificate (in the case where the beneficiary is a minor and has not yet had an Identification Card, certified for true copy by the beneficiary) | | |
| <input type="checkbox"/> | 10 | Copy of Marriage Certificate (if any), certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 11 | Copy of Change in Name-Surname (if any), certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 12 | Certificate of Salary of the Deceased (in the Case of Purchase of Sum Assured equaling to salary) | | |
| | | where the authorized signatory of the employer company issues the Certificate and affixes the Company's seal. | | |
| <input type="checkbox"/> | 13 | Certificate of Total Debt Amount and Debt Balance in the Case of Savings Cooperative | | |
| <input type="checkbox"/> | 14 | Court Order for Appointing the Administrator (in the case where the insured has not specified the beneficiary), certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 15 | Court Order for Appointing the Guardian of the Minor (in the case where the beneficiary is minor, and his/her father and mother die), certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 16 | Copy of the Beneficiary's Certificate of Death in the Case of Death before/after the Insured, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 17 | Photograph of the Beneficiary along with Identification Card *One photograph per one beneficiary* | | |
| | | In the case where the minor has none of the Identification Card, he/she shall take a photograph with his/her father or mother or lawful guardian of the minor, while holding the Identification Card. | | |
| <input type="checkbox"/> | 18 | Certified True Copy of the Beneficiary's Bankbook | | |
| <input type="checkbox"/> | 19 | Letter of Consent and Authorization for Request of Medical Report, signed for consent by the legal heir, for 3 Sets | | |
| <input type="checkbox"/> | 20 | Copy of Identification Card certified for true copy by the heir who gives consent, for 3 Sets | | |
| Additional Documents in the Case of Accidental Death | | | Quantity/Issue | Remark |
| <input type="checkbox"/> | 1 | Copy of Analytical Autopsy Report, certified for true copy by the issuing place or certified by the beneficiary | | |
| <input type="checkbox"/> | 2 | Copy of Daily Report from the Police, specifying the accident date and time, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 3 | Summary Report of Daily Report and Summary Report of File of the Case, certified for true copy by the beneficiary | | |
| <input type="checkbox"/> | 4 | History of all treatments relating to this time of accident in every medical facility | | |

Document Submitter's Signature..... Document Submission Date.....

For the Company's Officer

Verified the document by.....Date..... ☐ Complete ☐ Incomplete
 Remark.....

The Company will proceed with the consideration of indemnity compensation within 15 days from the date on which the Company has completely received supporting documents for indemnity consideration. In the case where there is a doubtful cause that the claim for the Company's reimbursement of indemnity is not in line with coverage conditions, the Company may extend the specified period as required and the insured, his/her heir or beneficiary shall provide facts to the Company. The Company will take time and notify the result within the schedule of 90 days from the date on which the Company has completely received supporting documents.

