

# LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## **DEATH ABROAD QUESTIONNAIRE**

Name of Life Insured:

Policy Number:

### **PARTICULARS OF DECEASED:**

Full Name: \_\_\_\_\_

Other names by which deceased was known \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Passport number \_\_\_\_\_

Date and place of issued (Passport) \_\_\_\_\_

Occupation \_\_\_\_\_

Name & address of last employer (or name of firm if self-employed) \_\_\_\_\_

Last address in India \_\_\_\_\_

Date deceased left India \_\_\_\_\_

Intended duration of visit \_\_\_\_\_

Purpose of visit \_\_\_\_\_

Full name of wife \_\_\_\_\_

Full name of father \_\_\_\_\_

Names/ages of children \_\_\_\_\_

**DETAILS OF DEATH:**

Address abroad at time of death \_\_\_\_\_

Exact place of death \_\_\_\_\_

Date and time of death \_\_\_\_\_

Exact cause of death \_\_\_\_\_

**A. ACCIDENT:**

How did the accident occur? \_\_\_\_\_

Who witnessed the accident? (Please give names and addresses).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Was a police investigation carried out? YES \_\_\_\_\_ NO \_\_\_\_\_

(Please give the name of the officer of station involved)

\_\_\_\_\_

What was the result of the investigation? \_\_\_\_\_

Was anyone else injured? If so, give names and address \_\_\_\_\_

\_\_\_\_\_

To which hospital was the deceased taken? \_\_\_\_\_

Name and Address of doctor certifying death.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Was there a post-mortem? YES \_\_\_\_\_ NO \_\_\_\_\_

What were the findings? \_\_\_\_\_

Was there an inquest? YES \_\_\_\_\_ NO \_\_\_\_\_

What were the findings? \_\_\_\_\_

## B. ILLNESS:

When was the deceased first taken ill? \_\_\_\_\_

Nature of illness: \_\_\_\_\_

Name and address of medical attendant during last illness:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of doctor certifying death: \_\_\_\_\_

Name of Hospital (If applicable) \_\_\_\_\_

Was there a post-mortem? YES \_\_\_\_\_ NO \_\_\_\_\_

What were the findings? \_\_\_\_\_

## BURIAL/ CREMATION:

Was the deceased buried \_\_\_\_\_ cremated \_\_\_\_\_ ?

Where documentation was obtained to allow the burial or cremation to take place?

\_\_\_\_\_

Where did the burial or cremation take place? \_\_\_\_\_

\_\_\_\_\_

Name and address of two people, not related to the deceased, who were present at the burial or cremation:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

## PARTICULARS OF CLAIMANT:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to life assured: \_\_\_\_\_

Date: \_\_\_\_\_ Signed at \_\_\_\_\_ Signature of the claimant: \_\_\_\_\_

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

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