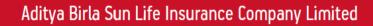
LIFE INSURANCE





DEATH ABROAD QUESTIONNAIRE

Name of Life Ins	sured:	
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
Α.	ACCIDENT:
	How did the accident occur?
	Who witnessed the accident? (Please give names and addresses).
	Name:
	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?
BURI	AL/ 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:

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