CLAIMANT'S STATEMENT
IGI Life Insurance Limited

IGI Life Vitality

PROOFS OF DEATH
Submitted to
IGI Life Insurance Limited

Number of Polices in this Company	Amounts

Deceased's name in full ..... **If a married woman State maiden name also** ..... **Age** .....

1. **Occupation at date of death ?**

2. **a. Date and place of deceased's birth ?** — **a. Date** ..... **Place** .....
   b. Source from which date of birth obtained ? (Family record or any other record or certifiacte of birth should be referred to). — **b.** .....

3. **a. Date and place of death** — **a. Date** ..... **Place** .....
   b. Cause of death ? — **b.** .....

4. **a. When did deceased first complain of, or give other indications of his last illness ? Date** .....
   4. b. When did deceased first consult a physician for his last illness? Date .....

5. **On what date did deceased last attend to his usual work ?** — **Date** .....

6. **a. Names and addresses of all physicians who attended to deceased during his last illness and during five years prior thereto:**

Name	Address	Date of Attendance	Disease or Condition

   b. Had the deceased within the last five years been an inmate of, or under treatment at a hospital, sanitarium, aslum or other institution ?
   (If so, state when, where, and for what cause ?)

7. **In what other companies, and for what amounts, was the life of decaesed insured ?**

Company	Policy Number	Policy Date	Amount of Insurance

8. **In what capacity, or by what title, do you claim this insurance ?** .....

9. **Did you elect one of the optional modes of settlement in leiu of an immediate cash payment ?** .....
   If so, which mode of settlement ? .....

10. **What is your date of birth ?** .....

The undersigened, hereby makes claim to said insurance, and agrees that the written statements and affidavits of all the physicians who attended to or treated the insured shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms Supplemental thereto, by said Company shall not constitute nor be considered by it that there was any insurance in force of the life in question, nor a weiver of any of its rights or defences.

Dated at ..... **(City)** **(Country)** **Signature** .....
Name .....
This ..... **day of** ..... **20** ..... **Address** ..... **(P.O. Box)**

WITNESS:
On this ..... **day of** ..... **20** ..... **personally appeared before me the above named** ..... **who is known to me and subscribed the foregoing statement before me.**

AUTHORIZATION

"The undersigned hereby authorizes, all physicians, hospitals, clinics, Pharmacists, Laboratories, Employers, Insurance Companies, other Companies, Institutions or any other persons who have any records or information of late ..... **to provide IGI Life Insurance Limited any and all information with respect to this health and medical history, constitutions, medical prescription, treatments or complete copy of his hospital medical record. A photographic copy of this authorization shall be as valid as the original"**

Name: ..... **Signature** ..... **Date:** .....

Witness Name: ..... **Signature** ..... **Date:** .....

Claim: 04 (11-2019)

CLAIM: 01 (11/2019)