CLAIM FORM "E" FORM NO 3787



## भारतीय जीवन बीमा निगम Life Insurance Corporation of India

Divisional Office	Branc	h Office

## **CERTIFICATE BY EMPLOYER**

In connection with claim under Policy No. on the life of full name of the deceased) I hereby, make the following statement :

(insert

1.		
a. Name in full.		
b. Address of the deceased.		
c. Nature of Employment		
c. Ivatare of Employment		
d. Date of Joining Service		
2. (a) Date on which the deceased last		
attended duties.		
(b) (i) On what date did deceased first		
complain of illness which caused		
his immediate absence before		
death and (ii) Symptoms complained of		
(c) Date of death		
(d) Who informed you of the death of the		
deceased?		
(e) Approximate age of deceased at		
death.		

3. Record of absence from duty during the \*period From To

Date of Leave From To	Nature of Leave Availed Casual or Privilege or Sick	Ground on which Leave Sought for	In the Case of Sick Leave whether Medical certificate Produced.

(N.B): Please state nature of leave availed of Casual, privilege, Sick etc.. If on grounds of health, please state whether medical certificate was produced and if so, send copies of leave applications and certificates.

4. Is there any Medical Benefit Scheme for the employees in Your Office.

If so, kindly give the particulars of the illness and treatment for which disbursements were made under the Scheme to the deceased. Period From

To

**Particulars** 

Signature of Witness Designation

Signature of Employer Designation Address

Date

Address

NOTE: The witness must not be a relative of the deceased nor a claimant under the policy. If the Certificate is signed in Vernacular by the Declarant the Witness is required to state below that the contents of the Certificate were explained to the Declarant in Vernacular and the gaps filled in at his dictation.

<sup>\*</sup>This period should commence from three years prior to the date of commencement of risk/date of revival and end with the date of death. D.O's should indicate the period with reference to the particular policy before issuing the form.