



Claim Application for the Insured Deceased due to an Accident or a Natural Cause - Agrahara National Insurance Trust Fund



Form No. - 04 (E)

(Before filling out the application, Please carefully read the instructions attached to the Application. It is mandatory to provide all required information on this application)

Date :-
Claim No. NITF/D

01. Details of the Deceased Insurer

1.1 Name in Full : Rev./Mr./Mrs./Miss. :-

.....

Name with Initials : Rev./ Mr./ Mrs./ Miss. :-

.....

1.2 National Identity Card Number :-

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(A photocopy of the National Identity Card, Certified by the head of the institution, should be attached)

1.3 Private Address :-

1.4 Applicant's Phone Number : Fixed :- Mobile :-

1.5 District :- Divisional Secretariat :-

Grama Niladhari Division :-

02. Details of the Employment of the Deceased Insured

2.1 Designation :-

2.2 Name and Address of the place of employment :-

2.4 Telephone Number of the place of employment :-

03. Declaration of the Applicant

3.1 I (Name in Full) the undersigned, resided at
..... (Private Address) and holder of National
Identity Card No. solemnly declare and certify the following details
as true and correct.

3.2 Details of the deceased insured Mr./ Mrs.
(Name of the Insured) deceased on (Date of Death)

(Cross out the unnecessary words)

3.2.1 I am the legal wife/ husband

3.2.2 I am the father/ mother. (if the insured is unmarried)

3.2.3 I am the child appearing as the applicant mentioned in 3.1 above the details of all the
deceased children have been given on the following page. (In case the wife/ husband of
the deceased is also deceased or divorced)

3.3 Telephone Number (Mobile) :-

04. Details of heirs legally entitled to receive benefits (Should be filled compulsory)

4.1 Number of heirs legally entitled to receive benefits

4.2 Details of the legal heirs for the benefits entitled by the insured at the time of his/ her death are given below.
(Since a last will or a Probate has not been prepared by the insured before his/ her death, you are kindly requested to pay the accident/ natural death compensation provided by the National Insurance Trust Fund to the following heirs)

Serial No.	Name	Relationship to the deceased insured	National Identity Card Number	Date of Birth	Marital Status	Employment

4.3 Details of how to credit money to the legal heirs entitled to the benefits
(If the insured is married :- Details of Children and Spouse
If unmarried :- Details of the Parents)

Serial No.	Name	Name of the Bank	Account Number	Bank Branch	Name appeared in the Bank Account

I hereby certify that the above details are true and correct.

.....
Date

.....
Signature of the Declarant

05. Confirming the Declaration (Cross out the unnecessary words / Applicable for all deceased who are married and unmarried)

I certify that the above details are correct according to my observation. I hereby certify that the above details are true and correct and the children of the above spouse or father/ mother are dependents of him since the insured died unmarried/ married.

Special remarks if any

.....
 Date Signature of the Grama Niladhari Official Seal of the Grama Niladhari

I hereby certify that the above details are true and correct.

.....
 Date Signature of the Divisional Secretary Official Seal of the Divisional Secretary

06. Should be filled by the Head of the Institute (Cross out unnecessary words)

(File Number)

The file Number assigned to your institute by National Insurance Trust Fund :-

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I hereby certify that the aforementioned insured Mr./ Mrs. (deceased) in Section (1) was/ was not retired/ dismissed at the time of his/her death. I hereby recommend and submit the statement confirming the right to receive the insured amount of Mr./ Mrs. I hereby certify that the monthly Agrahara Insurance premium of Rs related to the month of of the year 20... , the month preceding the month to which the insured died, has been credited to the Account No. **033-2001-2246-7951 / 033-1007-8246-7951** of Queen's Branch of the People's Bank of the National Insurance Trust Fund by cheques (cheque No:/ SLIPS and included it to the total amount of Rs.

Details of the spouse/ children are correct according to his/ her personnel file. As he/ she died unmarried, the information given about mother/ father is correct.

Special remarks if any

.....
 Date Signature :-
 Name :-
 Designation :-
 (Official Seal is Compulsory)

Instructions to Fill the Application

1. **The completed application form with available documents only should be received to the National Insurance Trust Fund within 06 months from the date of death.**
 2. **Photocopies of documents should be certified by the Head of Department whenever submitted.**
 3. **Claims are paid only among the heirs those may be considered as dependents of the deceased insured (as per Public Administration Circular 12/2005)**
 4. **If there are dependents above 60 years old, the certificate of the Grama Niladhari to the effect that the said person lives in the concerned Grama Niladhari Division.**
 5. **In case a last will has not been prepared**
 - 5.1 **If married ,**
 - 5.1.1 To the Husband/ Wife and unmarried unemployed children under 21 years of age
 - 5.1.2 If the spouse of the deceased insured is also deceased or divorced, unmarried unemployed children of deceased insured under 21 years of age
 - 5.1.3 The above age limit is not applicable for totally disabled children
 - 5.2 **If unmarried ,**
 - 5.2.1 Mother/ Father of the insured(depended on the insured)
 6. **In case a last will has been prepared**
 - 6.1 **Claims are distributed only among the heirs those could be considered as dependents of the deceased insured (In terms of Public Administration Circular No. 12/2005) from among the heirs.**
 7. **Documents to be submitted together with the application**
 - (a) **Deceased insured's ,**
 - 7.1 Certified photocopy of the Birth Certificate.
 - 7.2 Certified photocopy of the National Identity Card.
 - 7.3 Certified photocopy of the Certificate of Death Registration
 - 7.4 Three month's Salary details prior to death (Certified by the Accountant)
 - 7.5 Certificate of the Accountant that the relevant monthly insurance premiums of the Agraphara member have been remitted continuously from one year before the month of death up to the month of death. (together with the details of cheques)
 - 7.6 A signed affidavit on a stamp of Rs.50/= in the case of change in the names mentioned in the files of the deceased insured/applicant/dependents.
 - 7.7 Service certificate of the institution where the member was employed before his death
 8. **In case the insured has died married, the following documents should also be submitted in addition to the documents specified in part "a" above.**
 - 8.1 Certified photocopy of the Marriage Certificate
 - 8.2 Certified copy of the Birth Certificate of the Applicant (Wife/ Husband)
 - 8.3 Certified copy of the Birth Certificates of the children (Photocopies of Birth Certificates of all the children should be submitted)
 - 8.4 A Photocopy of the Bank Account of the Applicant (The Bank Account should not be a Joint Account)
 - 8.5 If there are minors below 18 years, photocopies of Bank Accounts opened in National Savings Bank (NSB) for them (The Accounts should not have been opened in Postal Bank Branches).
 - 8.6 Photocopies of Bank Accounts of the children between 18-21 years of age. (Should not be joint accounts)
 - 8.7 Certified photocopy of the National Identity Card of the applicant and certified copies of identity cards of the children between 16-21.
 - 8.8 For the year 16, the document given until the identity cards are issued is also sufficient.
 - 8.9 Attested photocopy of the certificate of death registration of deceased insured's husband/ wife if deceased
 - 8.10 Certified photocopy of the verdict if the spouse of the deceased insured was legally divorced at the time of death of the insured (Final judgment is required)
 - 8.11 If the insured had not children the certificate issued by the Grama Niladhari in that regard
 9. **When the insured has died unmarried, the following documents should also be submitted in addition to the documents in part "a" above.**
 - 9.1 Certificate issued by the Head of the Institute to the effect that the deceased insured is unmarried.
 - 9.2 Certified copy of the National Identity Cards of the deceased insured's mother and father
 - 9.3 Certified photocopy of the Birth Certificates of Insured's mother and father/ a copy of search document of the original copy
 - 9.4 If either of the parents of the deceased insured is not living a certified photocopy of mother/father death certificate.
 - 9.5 Photocopies of the deceased's mother's and father's bank accounts (The accounts should not be joint accounts)
 10. **If the death of the insured was occurred due to an accident, the following reports should also be submitted in addition to the above-mentioned documents.**
 - 10.1 Certified photocopy of the Information Report provided by the police to the Magistrate (Police Investigation Report – It should not be an oral statement obtained from the police)
 - 10.2 Certified photocopy of the Coroner's descriptive report with evidence.
 - 10.3 Certified photocopy of postmortem report (in Health General Form 42)
 - 10.4 Certified photocopy of his/her driving license if the insured died in a car accident only if the insured was driving at the time of the accident
 - 10.5 Train driver statement if the insured died in a train accident
- Obtain from the Registrar of the concerned Magistrate Court.**