



**SHRIRAM LIFE INSURANCE COMPANY LIMITED**

**CLAIM FORM 'E'**

DIVISION:

**CERTIFICATE BY EMPLOYER**

In connection with claim under Policy No ..... on the Life Of ..... I hereby make the following statement:  
(Insert full name of the deceased)

1. A.) Name in full :  
 B.) Address of deceased :  
 C.) Nature of Employment :  
 D.) Date of Joining service :
  
2. A.) Date of which the deceased last attended duties :  
 B.) On what date did the deceased first complain :  
 illness which caused his immediate absence before death  
 C.) Date of death :  
 D.) Who informed you of the death of the deceased :  
 E.) Approximate age of the deceased at death :

|  |                                 |   |  |   |
|--|---------------------------------|---|--|---|
| 3. Record of absence from duty during the period * | <u>Date of leave</u><br>From To | Nature of leave<br>availed<br>(casual or privilege) | Ground on which<br>leave sought for*** | In the case of sick leave<br>whether Medical<br>Certificate Produced ** |
|--|---------------------------------|---|--|---|

From .....

To .....

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**NOTE:** In case of leaves on Medical Ground, Please enclose copies of Leave applications and Medical Certificates.

\*\* This period should commence from three years prior to the date of commencement of risk/date of revival and end with the date to the particular policy before issuing the form.

\*\*Please state nature of leave availed of : Casual/ Earned/ Privilege/ Sick etc if on grounds of health, please state whether medical certificate was produced certificate was produced and if so, send copies of leave applications and certificates

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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 during the period from ..... to .....

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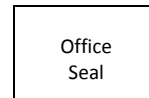
Yes / No (If yes, please give details)

Witness:

Signature .....  
Designation .....  
Address .....  
.....

Signature of the Employer .....  
Designation .....  
Address .....  
.....

Date .....



N.B: 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 contents of the certificate were explained to Declarant in Vernacular and the gaps are filled in at this dicatation.