

Certificate of Identity & Cremation or Burial

from a person of repute & character (Should not be related to deceased) : Form C1

- 1) Name of declarant : _____
- 2) Address of declarant : _____
: _____
: _____
- 3) Contact no. : _____
- 4) Name of the Life Assured in full : _____
- 5) Address of the Life Assured : _____
: _____
: _____
- 6) Date of Birth of Life Assured : _____
- 7) Contact Details of Nominee : _____
- 8) When did you last see him / her alive : _____
- 9) Did you see the body after death : _____
- 10) Age of life assured at death : _____
- 11) Date of death : _____
- 12) Time of death : _____ am / pm
- 13) Date of cremation : _____
- 14) Place of cremation : _____
- 15) Time of cremation : _____
- 16) Occupation of the Life Assured : _____
- 17) How long do you knew the Life Assured : _____
- 18) LA was treated by (Physician Name) : _____
- 19) Relationship to the Life Assured : _____
- 20) Were you present while Burial or cremation : _____
- 21) Identification mark of Life Assured you knew : _____
- 22) Were you aware of the insurance cover taken : _____
- 23) Please describe the events / circumstances immediately preceding the death : _____
: _____
: _____

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎: 18002668833 (Toll free) / 022-39546300 (landline) - 8:00 am to 8:00 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDA Regn. No. 142 | C.I.No. U66010MH2007PLC174472

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I hereby certify that the body was buried / cremated in my presence was of the deceased named in this form above in question no 4. All the answers given in this form is correct to the best of my knowledge and belief.

Place : _____

Date : _____

Sign / Stamp / Seal of hospital

Certified that the contents in this form were explained in detail to the declarant in the language : _____ and this form is filled in as per dictation given by him / her.

Place : _____

Date : _____

Signature of witness

Name : _____

Address : _____

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