



**AUTHORISATION**  
(To Be Filled And Signed By The Claimant)

**CLAIMANT'S DECLARATION**

**Life Insurance Policy No. (S):** \_\_\_\_\_

I Mr / Mrs / Ms \_\_\_\_\_ (name of the claimant) ,  
\_\_\_\_\_ (relation with Life Insured) that I am the rightful Claimant of the  
deceased person, late Mr / Mrs / Ms \_\_\_\_\_.

I hereby authorize any medical practitioner or hospital or nursing home or medical clinic who or which has attended upon or examined or treated Life Insured for any ailment or illness to divulge any knowledge or information and provide attested photocopies regarding Life Insured's state of health which he / they may have acquired before or after the issuance of the policy, to Kotak Life Insurance Ltd, any of its offices, or Authorized Representatives, Court of law, or any grievance Redressal forum. I hereby confirm that this authorization is irrevocable and is valid notwithstanding any law, custom or usage for the time being in force prohibiting any physician or hospital from divulging any knowledge or information, acquired by him/ them in attending upon or examining a person on the ground of secrecy.

I authorize Kotak Life Insurance Ltd. and / or its representatives to obtain all other relevant records like employment records , police records, existing insurance policies and other records which are critical for the assessment of the claim.

I hereby declare that I am entitled to make the above authorizations. I also agree to render help to Kotak Life Insurance Ltd. or its duly authorized representatives to gather the said information or any information that may help the company to assess this claim and to use the information in whatever manner as may be deemed to be fit to assess this claim further

Signature/ Thumb Impression of the Claimant \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Name of the Witness \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Contact No \_\_\_\_\_

**VERNACULAR DECLARATION** (to be given if claim form is signed in vernacular or if the claimant has used thumb impression instead of signature)

I have explained the contents of this claim form to the claimant in \_\_\_\_\_

\_\_\_\_\_ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the claimant's responses to the information sought in the claim form. I have read out the responses to the claimant and he/she has confirmed that they are correct and signed / affixed his/her thumb impression after fully understanding the same.

Name of the Declarant \_\_\_\_\_

Signature of the Declarant \_\_\_\_\_ Date and Place \_\_\_\_\_