



JIBAN BIMA CORPORATION

HEAD OFFICE, 24 MOTIJHEEL C/A, DHAKA

CLAIMANT'S STATEMENT

(Answers must be given in words, strokes of the pen or dots or dashes cannot be accepted as replies)

Policy No..... Sum Assured.....

Other Policy No and Sum Assured.....

Full name of the deceasedAge of the life assured at death.....

Sl. No	Question	Answer
1.0	Name of the claimant's, address & Contact Number.	
1.1	Full name of deceased's Father/Mother/Husband.	
1.2	Age of claimant's	
1.3	Occupation of claimant's	
1.4	Relationship to the deceased life assured with claimant's.	
2.0	Last occupation and address of the life assured.	
2.1	Cause of Death.	
2.2	When did the deceased first complain of being not in usual good health Nature of illness then complained.	
2.3	Duration of last illness	
2.4	Place of death time and date of death of the life assured.	
3.0	Names and address of the Doctor's consulted during the last illness.	
4.0	Was the deceased person treated abroad? if yes then give the name of country, Hospital/Clinic and address.	
5.0	Place, Date and time of buried or cremated of the Deceased.	

6.0 I..... do hereby declare that the statement made here in above is true in each and every respect.

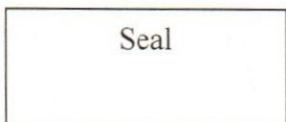
Place of signature Date.....

Signature of the claimant.....

Full name, address & Contact Number.....

7.0 Certified that the contents of this form were explain to the declarant in vernacular and he/she has affixed is her signature/Thumb impression here to after fully understanding the same

Place of signature..... Date.....



signature.....

Name.....

Designation.....

Address & Contact Number.....

Note : This statement must be countersigned by A Gazetted officer or, Local Union Parishad Chairman or Mayor/Counciler of Pourashava or Upazaila Chairman or A Head master/Principal of a local High School/College or an Asistant Manager or officer of above Degination of Jiban Bima Corporation.



JIBAN BIMA CORPORATION

HEAD OFFICE, 24 MOTIJHEEL C/A, DHAKA

Last Medical Attendant's Report

N.B : Doctor who treated the deceased at the last days can fill up the form. All answer to be filled up. In case of death in a hospital question no. 7 and 8 and in case of accident or homicide question no. 9 and 10 must be answered. Code no should be used if the Doctor is an Enlisted to Jiban Bima Corporation A well known person should be witness in the Form if the doctor is not enlisted to Jiban Bima Corporation.

Policy No.	Name of the Deceased Person: Father's name : Mother's name : Personal Address :	
SL No	Question	Answer
1	What, as nearly as you could judge was the age of deceased at Death.	Apparent Age Years.
2	Date & Time of Death	Date : Time :
3	Place of Death (Address)	
4	Have you any relation with the patient. If yes, please give details.	
5	(a) What was the exact cause of Death? (Besides defining the disease or other cause of death in such terms as you consider appropriate kindly add the distinctive technical name)	a) Primary Cause b) Secondary cause
	(b) Was it ascertained by examination after death or inferred from symptoms and appearance during life?	
	(c) How long had he/she been suffering from this disease before his death.	
	(d) What were the symptoms of the illness? When were they first observed by the deceased?	
	(e) What was the date on which you were first consulted during the illness?	
	(f) Did you attend him during the whole of its course? if not, state during what period.	
	(g) 1) Was the deceased treated during his last illness by any other medical practitioner or in any hospital before you were consulted? if so, please state their names and address. 2) Did any other Medical practitioner attend on him/her in consultation with yourself? if So, Please state their names and addresses.	
	(h) What other disease or illness? (i) Preceded (ii) or Co-existed with that which immediately caused his/her death	
6	a) Were you deceased's usual medical attendant? was he/she related to you? b) If so, when and for what ailments did you treat the deceased during the three years preceding his last illness? c)	a) Yes/ No b) c)

7	a) Name and address of Hospital/Clinic b) Date of admission in Hospital/Clinic c) Registration No. d) Word and bed No. e) At the time of admission what were the symptoms of the illness?	a) b) c) d) e)
8	Was he operated? Why and when the operation done?	Detailies of operation :
9	Was any Enquiry or judicial enquiry held regarding the death or was a post. Mortem examination of the body made? If so, what was the result finding.	
10	If the death is ocured due to accident or Homicide. Please give details.	

I Dr.do hereby solemnly declare that the foregoing statements are true and correct to the best of my knowledge. I give my consent to Jiban Bima Corporation if want to do further investigation. I Co-operate Them.

Signature of the Doctor

Witness.....

Full Name.....

Signature

Professional Degree.....

Full Name.

Registration No.....

Designation.....

Professional address & Contact Number.....

Address & Contact Number.....

.....

.....

.....

.....

.....

Come of Jiban Bima Corporation (If any).....

.....

Address & Contact Number.....

.....

.....

Doctor Seal



JIBAN BIMA CORPORATION

HEAD OFFICE, 24 MOTIJHEEL C/A, DHAKA

Certificate By Employer

N.B : This form should be filled in and signed by the head of the department of organisation in which the deceased served. If it is a non - Government organisation or sole Enterprise this statement should be counter signed by a gazetted officer.

Particulars of the deceased		1. Policy No : 2. Name : 3. Father's name : 4. Mother's name : 5. Permanent Address :
SL No	Question	Answer
1	Was the deceased person your employee?	Yes / No
2	Date of entry in service at your office	
3	Residential address.	
4	Date of Birth as per service record.	
5	Designation	a) At the time of entry : b) At the time of Death :
6	Cause of Death, Date & Place	a) Cause of Death : b) Date of Death : c) Place of Death :
7	How are you informed the news of the deceased Death ?	a) Source of information : b) Date receiving the information of Death :
8	Have the due benefits of the deceased given to his/her nominess.	Yes / No Remarks (if any)
9	Please give details about leave availed during the last two years.	E.L or P.L : Sick leave :
10	Date of last attended duty	

Declaration of Employer/Head of the Department

We do hereby solemnly declare that the foregoing statements are true and correct as per our records.

Place of signature Date

Prepared by

Examined by.....

Full name and designation

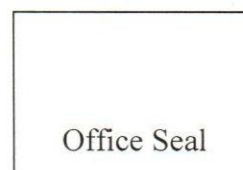
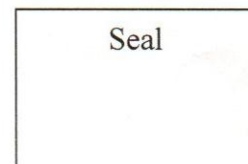
Signature of employer/Head of the Department

Full name of Employer/Head of the department

Designation

Address

Contact Number





JIBAN BIMA CORPORATION

HEAD OFFICE, 24 MOTIJHEEL C/A, DHAKA

Certificate of Identify

N.B : To be completed by a person of known character and responsibility acquainted with and not related to either. Two responsible person will be witness.

Policy No:		Address :
Name of the deceased :		
SL No	Question	Answer
1	Name of the deceased's father /mother. Occupation.	a) Father's name : b) Mother's Name: c) Occupation : d) Address :
2	Where the deceased lived Immediately prior to death?	
3	What was his/her occupation immediately prior to death? What was his /her yearly income?	a) Occupation : b) Yearly Income :
4	Please, give details about death ?	a) Cause of death : b) Date of death: c) Place of death :
5	What was deceased's age at the time of death?	
6	Was the deceased suffering from any critical disease? If yes, please state how long had the deceased been suffering from this disease before his/her death.	
7	How long was the deceased known to you?	
8	How was the body disposed of? Please state place, Date and time.	Yes /No a) Place : b) Date : c) Time :
9	Were you present at the disposal of the body? If Yes. Please state name and address of another two person who has been present at the disposal.	Yes /No a) Name : Address : b) Name : Address :
10	Are you know the medical practitioner(s) who treated the deceased before death.	

11	Are you know the claimant's of this policy ? if Yes, please state their name and address.	a) Name and Address : b) Name and Address : c) Name and Address :
12	What was the relation between deceased and the claimant's	Father/ Mother/ Brother/ Sister/ Son/ Daughter / Wife/ Husband .

I do hereby solemnly declare that the statement made here in above is true in each and every respect. I further declare that the deceased have not committed to suicide.

Place of signature Date

Witness.....

Signature of declarant.....

Signature

Full Name.....

1. Name.

Occupation

Address & Contact Number.....

Address & Contact Number.....

2. Signature :

Name :

Address & Contact Number.....

.....

.....