

**NATIONAL INSURANCE & SOCIAL SECURITY ACT, 1969**

**CLAIM FOR DEATH BENEFIT**

**(Under the Industrial Benefit Regulations, 1969)**

**WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

**TO:** The General Manager, National Insurance **Date:** ..... 20.....

**I.** Name of deceased person .....

(Block Capitals)

Address .....

Date of Birth .....

Date of Death .....

( Attach Death Certificate)

National Insurance No.

--	--	--	--	--	--	--	--	--	--

Name of employer at time of death .....

Address of employer .....

State exactly where deceased was employed at the time of the relevant accident.....

Give the date the accident happened .....

Was the deceased person in receipt of injury benefit or disablement pension or any other benefit prior to death?  
.....

Is the claimant the widow/widower\* of the deceased person? .....

If neither, state relationship .....

Age of claimant .....

If the claimant is not the widow/widow\* of the deceased person has he/she\* the care of the children of the deceased person? Yes/No\*

If "Yes" attach marriage certificate and state date of marriage .....

Was the claimant wholly or partially dependent on the deceased person.....

If the claimant is the widow, was she residing with the deceased person at the time of death? Yes/No\*

If she was not residing with the deceased person was she receiving or entitled to receive from him periodical payments for maintenance of herself and children, or was she maintained by the deceased voluntarily or by Court Order? .....

If she is receiving any payment how much? .....

If a widower, have you any income, including pension, from any source?.....

If so, how much? .....

**Give the particulars of the children of the deceased person:-**

Name of Child (Children)	Father's Name	Mother's Name	Date of Birth	Place of Birth

(Attach the birth certificate of each child under 18 years of age)

If the claim is made by a person having the care of the child/children of the deceased person state:-

- (a) the name of the wife of the deceased person .....
- (b) maiden name of wife .....
- (c) address, if known .....
- (d) if she is dead give the date of death .....

Please provide the following Bank Information: (TO BE VERIFIED BY BANK)

Name of Bank..... Bank Account.....  
 Name(s) of person(s) on Bank Account .....

Signature of Bank Representative..... Date: .....



**DECLARATION:-**

I declare that the information given above is true and correct to the best of my knowledge and belief and I claim Death Benefit under the Industrial Benefit Regulations, 1969, in respect of the abovenamed deceased person who died as a result of an accident arising out of and in the course of his/her\* employment.

.....  
 Signature/Mark of claimant

Name (in block letters) .....

Address .....

Telephone No. ....

Witness to mark .....

Address .....

Occupation of witness .....

Date: .....

\*Delete where inapplicable