



Form 25-A
(Regulation 95-E)
FUNERAL EXPENSES CLAIM FORM

Claim arising from the death on of (Insured Person) aged
..... years, s/d/w of having Insurance
No. and last employed as by
..... (Name of last employer).

* I (Name of Claimant) s/d/w of aged
..... years being the eldest surviving member of the family of the deceased insured person, whose
particulars are given above declare that I incurred an expenditure of Rs. necessary for the
funeral of the said deceased person and claim funeral expenses of the amount of Rs.

* I (Name of Claimant) s/d/w of aged
..... years declare that the deceased insured person whose particulars are given above did not have
a family/was not living with his family at the time of his/her death and that I actually incurred an expenditure of
Rs. on the funeral of the deceased insured person and claim funeral expenses of the
amount of Rs.

Signature or thumb impression of the Claimant

Dated : Address :

** Certified that the declaration made above are true to the best of my knowledge and belief.

Rubber Stamp or Seal of the
attesting authority

Signature :
Designation :

IMPORTANT :

Any person who makes a false statement or representation for the purpose of obtaining the expenses
whether for himself or for some other person renders himself liable to prosecution.

* Strike out what is not applicable.

** This certificate is to be given by (i) an Officer of Revenue, Judicial or Magisterial Departments of Government
or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the **Head of the**
Gram Panchayat under the official seal of the Panchayat; or (v) the Employer of the **deceased insured**
person ; or (vi) any other authority approved by the appropriate Regional Office.

Note : In case of minor, the guardian should sign the claim on behalf of the minor, and add the following
words below his signature.

(Name of the minor), through

(Name of the Guardian) his/her (Relationship).