



IME Life Insurance Company Limited

Hathway Complex, Lainchour-26, Kathmandu, Nepal

Phone No:4024071,Fax No:4024075

CERTIFICATE OF EMPLOYER

In connection with Death Claim under Policy No.....on the life of

(Insert of full name of deceased)

I hereby make the following statement

1. a. Name of deceased in full b. Address of deceased c. Nature of Employment d. Date of joining service
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2. e. Date on which the deceased last attended duties f. i) On what date did deceased first complain of illness which caused his immediate absence before death and ii) Symptoms complained of g. Dare of death h. Who informed you of death of the deceased? i. Approximate age of deceased at death.
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3	Record of absence from duly during the period from to	Date of leave From..... To.....	Nature of Leave availed (Casual or Privilege or Sick)	Ground on which leave sought for	In the case of sick leave whether Medical Certificate was produced
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4. *i.e. 2 YEARS PRIOR TO FPR/Revivals end date of death
 N.B.: Please state nature of leave availed of Casual, Privilege, Sick etc. If on grounds of health, please state whether medical certificate was produced and if so, send copies of leave applications and Certificates.

Is there any Medical Benefit Scheme for the employees in your office?
 If so, kindly give the particulars of the illness and treatment for which disbursements were made Under the scheme to the deceased during the *period from.....

Signature of Witness Designation: Address: Date:	Signature of Employer Designation Address: Date:
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NOTE: The witness must not be a relative of the deceased nor a claimant under the policy. If the DECLARANT SIGNS THE Certificate in Vernacular in vernacular and the gaps filled in at his diction.

