

North/South District Disaster Management Authority (DDMA)
Government of Goa
Claim Form

(For Ex-Gratia Assistance to next of kin of the Deceased by COVID-19)

1. Details of Deceased Person who died due to COVID-19.

- a) Full name (Ms./Mr.)
- b) Father's name
- c) Age at last birthday
- d) Sex
- e) Address
- f) Profession/occupation

2. Death Details:

- a) Date and Time of Death:
- b) Date of Laboratory diagnosis of COVID19

3. Details of COVID-19 infection:

4. Details of next kin of the deceased:

5. Bank details of next kin of the deceased person, who died due to Covid-19:

5.1	Name of the next kin of the deceased		
5.2	Relationship with the Deceased		
5.3	Bank Name		
5.4	Branch and address		
5.5	Bank Account No.		
5.6	Bank Account Type		
5.7	IFSC Code		
5.8	MICR Code		

Declaration:

I, _____, hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not attempted to conceal to the Government of Goa anything which it ought to be made acquainted. I, agree that in case the declaration made by me to the Government of Goa is false, fraudulent or any suppression, concealment or untrue averment, the claim shall be void and my right to compensation shall forfeited and if required ready to make a Statutory Declaration on Oath of the forgoing statement or any other statement in connection with this claim.

	Claimant	Witness
Name:		
Address:		
Contact number:		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

Terms & Condition:

Following documents along with Claim Form are required:-

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy)
- VI. Death Certificate (Certified Copy)

Guiding Principles for this assistance:-

- a) COVID-19 cases, for the purpose of this claim, are those which are diagnosed through a positive RT-PCR/Molecular Tests/RAT or clinically determined through investigations in a hospital/in-patient facility by a treating physician, while admitted in the hospital/in-patient facility.
- b) **For more details and guidelines for this ex-gratia, kindly visit Office of concerned Collectors on their website: northgoa.gov.in for North Goa Collector and southgoa.nic.in for South Goa Collector.**

OFFICIAL DOCUMENT FOR COVID-19 DEATH

(Issued in compliance to the Hon'ble Supreme Court Judgement dated 30th June 2021 in WP(Civil) No. 539 & WP(Civil) 554 of 2021

Shri/Smt/Kums/w/d of Shri R/O.
..... (address of the deceased at the time of death) expired on
..... (date of death) at (place of occurrence of death).
This death is registered vide registration number in the Office of
Registrar of Births and Deaths (Address of local registrar as per
death certificate).

The Covid-19 Death Ascertaining Committee (CDAC) hereby certifies that the said person
“Died due to Covid-19”.

	Name and signature of the Chairman of CDAC
Place of issue	Date of issue
Document No.	

To:

1. The family member of the deceased (Name & address), who applied to the CDAC.
2. Registrar of Birth & Death who issued the death certificate
3. Chief Registrar of Birth & Death of the concerned State/UT
4.
5.