

Life Insurance

Aditya Birla Sun Life Insurance Company Limited



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Group Death Claim Form

(To be completed by the Group Policyholder)

Group Policy No.: 5 0 3 6 9 0

Member Id:

Name of Group Policyholder: I N D U S I N D B A N K

Full Name of deceased Member:

Date of Birth:

Date of Joining Policy:

Date of last attended duties:

Date of Death:

Time of Death: A.M / P.M.

Cause of Death: _____ Age as on Date of Death _____ Years _____ Month(s)

In case of accidental death: Date of Accident Nature of Accident: (Road/Rail/Air/Other (specify) _____

Outstanding Loan amount as on Date of Death: _____ Vehicle Loan Account Number: _____

Upon admissibility of Claim, the Payment is to be made in favour of - Group Policyholder Beneficiary

(Tick whichever is applicable and fill in the bank details)

(Please note that any claim amount in excess of the outstanding loan as above will be settled in the favour of the beneficiary in accordance with the Terms & Conditions of Policy Contract)

If Payment to be made in favor of Beneficiary then please provide the below details:	If Payment to be made in favor of Group Policyholder (GPH) then please provide the below details:
Beneficiary's Name: _____	Account Holder's Name: _____
Relationship to the deceased: _____	Bank Name: _____
Bank Name: _____	Account Type: _____
Account Type: _____	Account No.: _____
Account No.: _____	IFSC Code: _____
IFSC Code: _____	Contact No.: _____
Contact No.: _____	Email Id: _____
Email Id: _____	

Declaration by Group Policyholder

We agree to save and hold Aditya Birla Sun Life Insurance Company Limited (ABSLI) harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees), expenses, or damages suffered by or taken against ABSLI arising on account of any error or misrepresentation in the information furnished for Electronic Fund Transfer which may be instituted, preferred, claimed or made against ABSLI, its successors or assigns by any person or persons making a claim to the said Policy benefits. We hereby declare that the particulars given above are true and correct. We undertake to indemnify Aditya Birla Sun Life Insurance Company Limited (ABSLI) the loss suffered, if any, due to wrong statement or information given in connection with this claim.

We agree that submission of this form will not be construed as acceptance of the claim by ABSLI. ABSLI reserves the right to call upon additional documents.. We agree that from this statement and all other papers and declarations in connection with this claim called by Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall constitute Proof of death and may be used in any court of law.

We agree that payment of claim amount shall constitute discharge of liability of ABSLI.

Name and Designation of the Authorized Person: _____

Signature of Authorized Person: _____

Seal /Stamp of Group Policyholder: _____

Date:

Place: _____

Declaration by Claimant

I hereby notify the Aditya Birla Sun Life Insurance Company Limited (ABSLI) that Mr./Ms./Master _____ whose life was insured by the said company, under group policy no. _____ is no more and I hereby declare that the said person is the Life Insured described above and that the aforesaid answers and statements made by me are true and correct. I agree that furnishing of this form, or any forms supplemental thereto, shall not constitute nor be considered an admission of claim by Aditya Birla Sun Life Insurance Company Limited (ABSLI) that there was any assurance in force on the life in question or of its liability thereunder, nor a waiver of any of its rights or defence. I hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of the deceased or his health, to give to Aditya Birla Sun Life Insurance Company Limited (ABSLI), any and all information about the deceased with reference to his health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. I further authorize the Employers (past and present) of the Life Insured to furnish to Aditya Birla Sun Life Insurance Company Limited (ABSLI), details of the leave availed of by the Life Insured during the last three years of his service together with copies of the leave applications and medical certificates, if any, submitted by the Life Insured in support of such applications and details of reimbursement of medical expenses. I also consent to a personal investigation. I agree that payment of claim amount shall constitute discharge of liability of ABSLI.

Date:

Signed at: _____

Signature of Claimant: _____

Mandatory Documents required to be submitted along with claim intimation

- a) Copy of Death Certificate issued by Municipal Authority / Gram Panchyat
- b) Death Claim Form.
- c) Bank statement/Pre-Printed Cancel Cheque Copy.
- d) KYC of Beneficiary.
- e) Credit Account Statement.
- f) Loan Account Statement.
- g) Madical Attendant's Certificate.

In case of Unnatural death

- a) Copies of FIR
- b) Post Mortem Report
- c) Police Inquest Report attested by Group Policy Holder would be required to be submitted
- d) News Paper Cutting, if any

Copies of all documents need to be duly attested by the Group Policyholder.

ABSLI reserves the right to call for any addition requirements/Information to process the Claim.

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

IRDAI Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013. | +91 22 6723 9100
claimsnotification.lifeinsurance@adityabirlacapital.com | www.adityabirlasunlifeinsurance.com | CIN: U99999MH2000PLC128110
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Contact Us:
1-800-270-7000

adityabirlacapital.com



Medical Attendant's Certificate (Group Death Claim)

Group Policy No.: Member Id:

Name of Group Policyholder:

Full Name of deceased Member:

Date of Death: Time of Death: A.M / P.M. Place of Death: _____

Cause of Death: (a) Immediate _____ (b) Primary _____ Age as on date of death _____ Years _____ Month(s)

- Are you the patient’s regular attending physician? Yes No
If Yes, since how long had you been acquainted with the deceased? _____
- When and for what illness did you treat the patient in the past? _____
- Date on which you first attended the patient for the present illness. _____
- State exact duration of last illness prior to death _____
- a) Was the deceased hospitalized during his illness? Yes No
b) If yes, kindly fill in the details of the patient as per hospital records?
Name of the Hospital: _____
Address of the Hospital: _____

Admission Date: Discharge date: IP NO. _____

- Was a Post Mortem examination conducted? Yes No , if yes, please provide details. _____

Name of the Doctor: _____
Address: _____

Contact Details: Mobile No.:
Registration No.: E-mail Id: _____

Declaration

I/We hereby certify that the above information is true and correct as per the records maintained by me/hospitals. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy. Any confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned address

Seal of the Doctor: _____ Signed at _____ On _____ day of _____ 20 _____.