## Life Insurance

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

## Claim Form for Death Benefit under Group Term Life Insurance Scheme

Master Policy No. <b>504080</b> PF Number	of employee:	
Master Policy Name: State Bank of India.		
DETAILS OF THE DECEASED EMPLOYEE (Please write in capital let	tters)	
Name of deceased employee:		
	Y Y Y Y Age as on Date of Death: Years Month(s)	
Sum Assured payable: (Outstanding plus Intere	st upto Date of Death or sum assured whichever is lower)	
Cause of Death:		
Housing Loan Account Number: Outs (Please enclose	tanding Loan amount as on Date of Death (as per CAS): supporting documents for the same)	
Had the member foreclosed the loan on or before Date of Death? Yes	No 🗌	
If Yes, then confirm the date of Loan Foreclosure: $\hfill \square$ $\hfill \square$ $\hfill \square$ $\hfill$	Y	
Upon admissibility of Claim, the Payment is to be made in favour of -		
(Tick whichever is applicable and fill in the bank details) $\hfill\Box$ Group Policyh	nolder Beneficiary	
(Please note that any claim amount in excess of the outstanding loan as al Terms & Conditions of Policy Contract)	pove will be settled in the favour of the beneficiary in accordance with the	
If Payment to be made in favor of <b>Beneficiary</b> then please provide the below details:	If Payment to be made in favor of <u>Housing Loan</u> Account then please provide the below details	
Beneficiary's Name:	Housing Loan Account Number:	
Bank Name:	Bank Name:	
Relationship to the deceased:	Account Type:	
Account Type:	Account No.:	
Account No.:	IFSC Code:	
IFSC Code:	Contact No.:	
Contact No.:	Email Id:	
Email Id:	-	
liabilities, legal proceedings (including attorney fees'), expenses, or dam misrepresentation in the information furnished for Electronic Fund Transuccessors or assigns by any person or persons making a claim to the said correct. We undertake to indemnify Aditya Birla Sun Life Insurance Companyiven in connection with this claim. We agree that submission of this form right to call upon additional documents We agree that from this statement.	nited (ABSLI) harmless and indemnified against any and/or all losses, claims, nages suffered by or taken against ABSLI arising on account of any error or sfer which may be instituted, preferred, claimed or made against ABSLI, its Policy benefits. We hereby declare that the particulars given above are true and y Limited (ABSLI) the loss suffered, if any, due to wrong statement or information in will not be construed as acceptance of the claim by ABSLI. ABSLI reserves the ent and all other papers and declarations in connection with this claim called by Proof of death and may be used in any court of law. We agree that payment of	
Name and Designation of the Authorized Person:		
Signature of Authorized Person (BM/HOD) with Stamp:		
Date: D D M M Y Y Y Y P		
(Please affix office seal of the branch/office where the deceased employed	e was last working)	
Contact details of Lodging branch:		
Name:	Phone No.:	
	D 11D	

Declaration by Claimant			
I hereby notify the Aditya Birla Sun Life Insurance Com	pany 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 are true and correct. I agree that furnishing of by Aditya Birla Sun Life Insurance Company Lira waiver of any of its rights or defense. I hereby at has any record of the deceased or his health, and all information about the deceased with railment. I further authorize the Employers (past Is of the leave availed of by the Life Insured during the same true and the sa	said person is the Life Insured described above and this form, or any forms supplemental thereto, shall mited (ABSLI) that there was any assurance in force y authorize any physician, hospital, clinic, insurance, to give to Aditya reference to his health and medical history and any and present) of the Life Insured to furnish to Aditya ring the last three years of his service together with	
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: D D M M Y Y Y Y	gned at:	Signature of Claimant:	

Encl:-Copy of Death Certificate duly attested by BM/HOD

P.S.:- The form to be completed and signed by BM/HOD of SBI housing loan home branch..

Contact Us: