LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

DISMEMBERMENT RIDER CLAIM FORM

To be completed by the Policyholder
Group Policy Number: Member ID:
Name of Group Policyholder:
Full Name of Member :
Date of Accident: D D M M Y Y Y Y Place of Accident:
Nature of Accident : Road Rail Other Other
Type of Dismemberment :
Declaration
We hereby certify that the particulars given above are correct and above Member is covered under the Policy and all the premiums due in respect of him/her have been paid to Aditya Birla Sun Life Insurance Company Limited (ABSLI) For and on behalf of the Policyholder
(Signature of Authorized Person along with Group Policyholder's Seal) Date: DDMMYYYYY Place:

Documents to be submitted:

(Xerox copies of these documents duly attested by Group Policyholder will be required)

- 1. Life Insured's Questionnaire
- 2. Doctor's Questionnaire
- 3. First Information Report
- 4. Final Police Investigation Report
- 5. Copies of all Medical / Treatment Reports

Contact Us: