LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



Accelerated Terminal Illness Premier Rider Claimant Statement

(To be completed by the Life Insured)

A. Documents to be submitted:

We draw your attention to below points which will help us in faster claim settlement:

- · This form is to be filled completely and answers must be clear & unambiguous. Incomplete form(s) will not be accepted.
- All answers should be responded in bold capital letters. Please avoid overwriting and any change in statement/ ink must be countersigned by the Life Assured.
- · Claim processing will be initiated only post receipt of all mandatory documents along with completely Terminal Illness Rider claimant form.
- Submission of this form will not be construed as acceptance of claim by the company. The Company reserves the right to call for additional document/ requirements.

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	Mandatory Requirements: 1) Completely filled Torminal illness claimant form. Family physician statement. Attending Physician form. Cortificate by Employer.			
	1) Completely filled Terminal illness claimant form, Family physician statement, Attending Physician form, Certificate by Employer.			
	2) Medical Records (admission notes, discharge Summary, all Investigation reports supporting to diagnosis.)			
	3) Cancelled cheque of policy owner/ copy of passbook detailing account information for Electronic payment.			
	4) Original policy document or Indemnity Bond in case policy document is lost.			
	5) KYC Document of life Assured.			
	Name of Policyholder (Group):			
	Group Policy No.: Member id:			
1	Name and address of Life insured:			
	Name and address of Life insured:			
	Age of life insured: DOB: DDMMMYYYY			
2.	Nature of Accelerated Terminal Illness			
3.	Date of 1st diagnosis and investigations undergone:			
4.	Have you previously suffered from or received treatment for a similar or related cond If yes, give details.			
	ii yes, give details			
5.	Give particulars of Doctors consulted:			
	Name Address & Contact no	Date/s of consultation		
	i) Family Physician			
	i) Family Physician	D D M M Y Y Y Y		
		_		
	ii) Specialist			
	ii) Opecialist			

	iii) Operating Surgeon	D M M Y Y Y Y	
S.	5. Particulars of Hospital/Medical Centre where admitted:		
	(i) Name:		
	(ii) Address:		
	(iii) Tel.No.		
	(iv) Date of Admission:		
	Operation		
	Discharge		
,.	7. Please submit the relevant reports		
	Electronic Funds Transfer (EFT) Mandate Form (Direct Transfer of funds to your bank account)		
	Account Holder Name:		
	(as mentioned in Bank Account)		
	Bank name:	_	
	Type of Bank Account:	<u> </u>	
	Bank Account Number:		
	Branch Address:		
	MICR code:		
	(9 digit code as appearing on the cheque copy issued by bank)		
	IFSC code (Indian Financial Security code):		
lote	lote:		
f P	Please attach Pre Printed Cancelled Cheque bearing the above mentioned Account Number and IFS of Pre Printed Cheque, ABSLI requires a bank statement or a Printed Bankers Authorization in origin Bank Branch Manager		
n case of submission of incomplete / incorrect form Company will not transfer the Claim Proceeds Electronically and provide an account payee cheque nentioning account number and bank name if provided in the mandate or else company will draw an account payee cheque in case of admissibility of claim.			
)ecl	Declaration:		
/ V	/ We hereby		
[Declare that the details provided as above are correct and complete.		
1	Authorize ABSLI to process the proceeds under the claim of the aforesaid policy/s through EFT	to the above mentioned account details	
	Agree to not hold Aditya Birla Sun Life Insurance Company Limited or its associate / agent response or if the transaction is delayed or not effected at all for reasons of error/ misrepresentation/incept mandate	· · · · · · · · · · · · · · · · · · ·	

Signature and stamp

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 Terminal Illness of the Member 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: _			
Declara	ation by Life Insured:		
said co that th furnish Co. Ltd any phy to give history furnish together reimbu	e said person is the Life Insured described above ing of this form, or any forms supplemental thereto. It that there was any assurance in force on the life in visician, hospital, clinic, insurance company or other to Aditya Birla Sun Life Insurance Company Limit and any hospitalization, advice, diagnosis, treatment to Aditya Birla Sun Life Insurance Company Limit and Sun Life Insurance Company Limit and Sun Life Insurance Company Limit and Sun Life Insurance Company Limit said Sun Life Insurance Company Life Sun Life Insurance Company Life Sun Life Insurance Company Life Sun Life	is/was suffering from the above mentioned disease/condition and hereby declare and that the aforesaid answers and statements made by me are true and correct. I agree that any shall not constitute nor be considered an admission of claim by Aditya Birla. Sun Life Insurance question or of its liability thereunder, nor a waiver of any of its rights or defense. I hereby authorize organization, institution or person, that has any record of the Member/ Life Insured or his health, ted, any and all information about the Member/ Life Insured reference to his health and medical ant, disease or ailment. I further authorize the Employers (past and present) of the Life Insured to ted, details of the leave availed of by the Life Insured during the last three years of his service all certificates, if any, submitted by the Life Insured in support of such applications and details of ersonal investigation.	
	Signature of Life Insured (Member)		
Date:	D D M M Y Y Y Y	Place:	

Contact Us: 1-800-270-7000