

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

CRITICAL ILLNESS RIDER CLAIMANT STATEMENT FORM

(To be completed by the Life Insured)

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 Critical illness 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.

A. Documents to be submitted:

Mandatory Requirements:

- 1) Completely filled Critical illness claimant form, Family physician statement, Questionnaire 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.
KYC Document of life Assured.

B. Additional Requirements in following scenarios:

Heart Attack - All ECG & TMT reports, Cardiac Enzyme report

Cancer - Histopathology report, PET CT scan

Stroke - CT, MRI scans report, Certificate from Attending physician

Name of Group Policyholder:

Group Policy Number: Member id:

Name of Life Insured:

Address of Life Insured:

Age of Life Insured: Date of Birth:

Nature of Critical Illness:

Date of 1st diagnosis and investigations undergone:

Have you previously suffered from or received treatment for a similar or related condition? If yes, give details.

Give particulars of Doctors consulted:

Name & Address

Date/s of consultation

Family Physician _____

Specialist _____

Operating Surgeon _____

Particulars of Hospital/Medical Centre where admitted:

i. Name: _____

ii. Address: _____

iii. Tel. No.: iv. Date of Admission:

Operation: _____ Discharge: _____

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: _____ Branch Name: _____

Type of Bank Account: _____ Bank Account Number:

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Branch Address: _____

MICR Code:

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 (9 digit code as appearing on the cheque copy issued by bank)

IFSC code (Indian Financial Security Code):

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Note: Please attach Pre Printed Cancelled Cheque bearing the above mentioned Account Number and IFSC Code along with this form. In case of non-availability of Pre Printed Cheque, BSLI requires a bank statement or a Printed Bankers Authorization in original containing aforesaid details duly seal and signed by Bank Branch Manager.

In case of submission of incomplete / incorrect form Company will not transfer the Claim Proceeds Electronically and provide an account payee cheque mentioning 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.

Declaration:

I / We hereby

- Declare that the details provided as above are correct and complete.
- Authorize BSLI to process the proceeds under the death claim of the aforesaid policy/s through EFT to the above mentioned account details
- Agree to not hold Birla Sun Life Insurance Company Limited or its associate / agent responsible in case of any non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of error/ misrepresentation/incomplete/incorrect information furnished by me in this EFT mandate

Date

D	D	M	M	Y	Y	Y	Y
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Life Assured's Signature

Declaration by Life Insured:

I hereby notify the Aditya Birla Sun Life Insurance Co. Ltd. that Mr./Ms./Master _____ whose life is insured with ABSLI is suffering from _____. I hereby declare that the 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 Co. Ltd. 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 defense. I hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of the my health, to give to Aditya Birla Sun Life Insurance Company Limited, any and all information about my 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, 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:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Life Insured

Signature of Policy Owner

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,

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