Aditya Birla Sun Life Insurance Company Limited

(A part of Aditya Birla Capital Ltd.)



Class 1 legal heir of the nominee, if life insured has pre-deceased

Class 1 legal heir of nominee/entitled beneficiary as per WILL

after the death of nominee, if it is a staggered payout claim

Guardian/appointee, if the nominee is minor

Claimant's Statement Form (Death Claim)

Please accept our heartfelt condolences on for your loss. Aditya Birla Sun Life Insurance Company Limited (ABSLI) is committed to serve you in these difficult times and thus, we seek your co-operation to understand and follow the claim process for quick settlement of the claim amount.

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

- · Incomplete form(s) will not be accepted. All answers should be responded in bold capital letters
- This form has to be filled (as per applicable scenario) in by the beneficiary under the policy or by the person legally entitled (Refer * below)
- · This form is to be witnessed with name & signature by competent authority as stated in the appropriate column
- For claims with multiple beneficiaries, separate claim form should be filled for each beneficiary
- · Please avoid overwriting, and any change in statement/ ink must be countersigned by the claimant.
- · Claim processing can be initiated ONLY post receipt of all mandatory documents along with completely filled 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.
- For ULIP Plans, if death intimation is received up to 3 pm(IST) on a weekday (Monday-Friday), the same day NAV will be applicable.
- For ULIP Plans, if death intimation is received after 3 pm(IST) on a weekday (Monday-Friday), or on a Saturday, then the NAV for the next working day will be applicable.
- Company does not charge any fees for claims process neither authorizes any person to charge. The Company cautions against payment of any charges/monies as claim processing fees by any authorized/unauthorized agency/person claiming the same.
- · You can track your claim status Online & through WhatsApp after 2 working days from intimation.
- For any further details please visit https://lifeinsurance.adityabirlacapital.com

A. Documents to be submitted - Please carry - originals & self-attests	Non-Early Claim	** Early Claim	
Claimant Statement Form	/	/	
Death Certificate issued by Municipal Authority/ Gram Panchayat	/	/	
Cancelled Cheque with pre-printed name/Bank Passbook with photograph (all signature of the authorized signatory)/Online bank statement with transaction	/	/	
Original Policy Document or Indemnity Bond in case Policy document is Lost	/	/	
KYC Document of Claimant/Beneficiary/Nominee (ID Proof, Address Proof, Ph	/	✓	
Medical Attendant's Certificate, if any		X	/
Employer's Certificate (if employed)		X	/
Medical records (admission notes, discharge/ death summary, treatment reco	ords etc.	X	✓
Additional Requirements for Accidental/Unnatural Death	Non-Early Claim	** Early Claim	
		Claim	
FIR & Final Police Closure Report		Claim	✓
FIR & Final Police Closure Report Post Mortem Report		Ctaim	/
·		Claim	<i>I I</i>
Post Mortem Report		- Ctaim	/ / /
Post Mortem Report Policy Inquest Report/Inquest Panchnama	Passport, Pan Card	- Ctalm	<i>J J J</i>
Post Mortem Report Policy Inquest Report/Inquest Panchnama Newspaper Cutting (if any)	Passport, Pan Card	Ctalm	<i>J J J J</i>
Post Mortem Report Policy Inquest Report/Inquest Panchnama Newspaper Cutting (if any) KYC Documents to be submitted: Driving License, Voter ID,	Passport, Pan Card * Legally entitled beneficiaries for	/ / /	scenario
Post Mortem Report Policy Inquest Report/Inquest Panchnama Newspaper Cutting (if any) KYC Documents to be submitted: Driving License, Voter ID, Photo ID Proof Number:		below stated	

favour of a financial institution, other than ABSLI)

Copy of NRO/Indian Bank Account (if claimant is NRI/FNIO)

Banker's Certificate with details of new Karta (if HUF policy claim)

Outstanding loan account statement (if policy is assigned in

^{**} Early Claim: Claim within 3 years from date of issue/reinstatement

					Policy Number:									
Policy Number:									\pm	<u> </u>	<u> </u>			
Policy Number:					Policy Number:									
. Details of Deceased Life Insu	ıred/ P	olicy Ow	ner at	the time of dea	ath									
) Personal Details Name of Life Insured/Policy O	wpor.													
Name of Life Insured's Father					Name of Life Ir	nsure	ea's Sp	oouse	· :					
Date of Birth:	YYY	Ма	rital St	tatus: Single	Marr	ied		Di	vorce	d			Wid	owed
ii) Occupation Details:														
Last Employer's/Business Nam	e:					_ D	esigna	tion <u>:</u>						
Annual Income:		Last V	Vorking	g Date:	M M Y Y Y	Υ	Office	Cont	act N	o.: _				
ii) Death Information regarding	the Li	e Insure	d Caus	se of Death: No	n-Accidental		Accider	ntal						
In case of Non-Accidental Deat									ick)					
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Alcohol Tobacco	+	ners			ease specify)									<u>' </u>
Accorded Tobacco	011			(ii otilolo pit	case specify/									
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Duration of above illness:	Ye	ars		Months										
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If yes, give following details.				Total Cause	Has the Claim beer		
Name of Insurance company	ne of Insurance company Policy No.			Total Cover	lodged (Yes/No)		
			+				
. DETAILS OF CLAIMANT							
) Personal Details Name of Claimant:							
Name of Father:							
Date of Birth:	Marital Status: S	Single Married	Divorced	Widowed			
Relationship with Deceased Life Inst	ured Spouse Son/D	Paughter Father/Mo	her	Others (pls specify)			
	_				Recent		
Residential Status: Indian Nor	n Resident Indian (NRI)	Foreign National of In	dian Origii	n (FNIO)	Photograph of		
					Claimant		
Country of Residence:					_		
Nationality :					_		
Correspondence Address (India) :							
City (Taluka):							
Contact No.:	E-r	nail ID:					
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For Joint Life Policies:		
ABSLI Guaranteed Milestone Plan/ABSLI DigiShield Plan/ ABSLI Life Shield Plan/ ABSLI Assured Savings Plan	Staggered Payment	Lump Sum Payment
E. Pension option details – To be filled, if the beneficiar	y has this option as per the po	licy contract
Please select one of the options below by ticking $\[\]$ the $\[\]$	appropriate box. The payment will b	pe subject to tax liability, if any.
Receive the entire death benefit as a lump sum or		
Receive 1/3rd of the death benefit in a lump sum and utili	se the balance to purchase an Annu	uity or
Utilise the entire death benefit to purchase an Annuity or		
Buy Annuity from other Annuity provider other than ADITYA Specify the name of Annuity provider,	A BIRLA SUN LIFE INSURANCE CON	IPANY LIMITED (ABSLI).
F. Proposed policy owner details – To be filled, if WOP	rider benefit is applicable on th	e policy
Name of the Existing Policy Owner:		
2. Name of the Proposed Policy Owner:		
3. Date of Birth of Proposed Policy Owner:		
(Copy of Age Proof duly attested by Branch Head/Custom	er Service Executive to be submitte	ed)
4. Address of the Proposed Policy Owner:		
(Copy of Address Proof duly attested by Branch Head/Cus	tomer Service Executive to be sub	mitted)
5. Relationship of Proposed Policy Owner with Deceased:		
6. Contact Number:		
(Please furnish the documenta evidence duly attested establishing your relationship with the deceased policy		ce Branch Head/Customer Service Executive
G. Bank Details:		
MANDATORY as per IRDAI guidelines, Please provide bank detail	a for direct transfer into your accou	unt (
		20
		PAY TO THE
Account Number: Accountholder Name:		ORDER OFRs
Account type: Savings Current NRO* HUF		— DOLLARS DI HOFG BANK Mentious kenn street.
,,		Vision republic distribution (i.g441223
Bank Address:		_ #234567690# 47890=56734
IFSC Code:		Bank Address IFSC Code
Note: In case of NEFT failure or any further requirement pending An intimation will be sent to you.	g on the mandate, payout will be ke	pt on hold till the fresh NEFT mandate is recei ve d.
H. Information regarding the person Intimating the claim	(Mandator y to be filled, if oth	ner than Nominee)
Name: (in full):	Palations	hin with the deceased:
KYC Documents submitted: KYC		
Address:		
Sourcing Branch:	Intimating Branch:	
If claim intimation is at Head office or other than sourcing branch	, kindly state reasons:	
If the claim is intimated beyond 6 months from date of event, kin	dly state reasons:	
PN: ABSLI claims team representative will connect with you (if rec	quired) through audio/video calling	for verification purpose
Declaration & Advance Discharge Receipt: I/We hereby notify Aditya Birla Sun Life Insurance Company Limit whose life was insured by the said company, under policy no./nos the said person is the Life Insured described above and that the a furnishing of this form, or any forms supplemental thereto, shall r Company Limited (ABSLI) that there was any assurance in force of defense. I hereby authorise any physician, hospital, clinic, insurance deceased orhis health, to give to Aditya Birla Sun Life Insurance Company Limited to furnish to furnish to Aditya Birla Sun Life Insurance Company Limited to furnish to fur	foresaid answers and statements rand constitute nor be considered and the life in question or of its liabilities company or other organisation, is company Limited (ABSLI), any and a gnosos, treatment, disease or ailmompany Limited (ABSLI), details of ations and medical certificates, if a	is dead and I hereby declare that made by me are true and correct. I agree that admission by Aditya Birla Sun Life Insurance ity thereunder, nor a waiver of any of its rights or institution or person, that has any record of the all information about the deceased with reference to ent. I further authorise the Employers (past and present) the leave availed of by the Life Insured during the last ny, submitted by the Life Insured in support of such
applications and details of reimbursement of medical expenses. I from ABSLI or authorised service provider in connection with any		

I/We	the nominee (s)/ Assignee (s)/ Legal Representatives of the above named Life Insured
do hereby acknowledge receipt from the Aditya E	Birla Sun Life Insurance Company of the sum of Rupees (in words)
towards the full and final settlement and dischar	rge of all my/ our claims and demands under the abovementioned Policy.
I/We hereby voluntarily provide my/our conser	nt for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our own
Aadhaar number(s) in accordance with the Aad	lhaar Act, 2016 as amended from time to time (and regulations made thereunder) and PMLA and
disclosure of the Aadhaar number for the purpos	se of updating the same in my/our policies with my/our PAN.
I/We hereby give my consent & authorise ABSLI	I to communicate with me/us through digital platforms.
(SMS, Email, WhatsApp Audio/Video verification	1).
Deta O O V V V V Diago	Revenue Stamp
Date: D D M M Y Y Y Y Place:	Stamp
Name of Claimant:	Signature of Claimant:
Vernacular Declaration:	
	he claimant signs in vernacular or affix a thumb impression or has not filled the form:
	re explained to the claimant in language and have truthfully recorded
	ffixed his/her impression (as above) in my presence.
Mobile number:	Email ID:
Date: D D M M Y Y Y Y Place:	Declarant Name & Signature:
Date. Date. Place.	
Witness:	
(Witness, if not related to the claimant, should b	
Principal/Headmaster of a high school Head	d Postmaster Village Sarpanch/Pradhan) (tick whichever applicable)
Witness Name:	
Relationship with the claimant	Signature:
'	
Mobile number:	Email ID:





Aditya Birla Sun Life **Insurance Company Limited**

(A part of Aditya Birla Capital Ltd.)



No Objection Certificate

(To be signed by the Claimant)		
Date:		
То,		
Manager Claims,		
Aditya Birla Sun Life Insurance Com	pany Limited	
Thane (W) - 400601		
SUB: NO OBJECTION CERTIFICA	ATE FOR OBTAINING ALL DOCUMENTS PERTA	TAINING TO DEATH
Claim of Mr./Ms	under policy no	o/nos
I, Mr./Ms		(name of Claimant) (relation) of
of its authorised representative, any and any hospitalisation, advice, diag furnish to Aditya Birla Sun Life Insur	and all information about the deceased with references, treatment, disease or ailment. I further autence Company Limited, details of the leave availed plications and medical certificates, if any, submitted	to give to Aditya Birla Sun Life Insurance Company Limited or any erence to his existing insurance details, health and medical history authorise the Employers (past and present) of the Life Insured to ed of by the Life Insured during the last three years of his service sted by the Life Insured in support of such applications and details
details/medical/ hospital/other rec deceased with any Hospital/Clinic/F		·
Yours faithfully,		
Name of Claimant	Signature of Claimant	Date: D D M M Y Y Y Y
Vernacular Declaration: Declaration to be made by Third Per	rson where the claimant signs in vernacular or affix	fix a thumb impression or has not filled the form:
	this form were explained to the claimant in aimant has affixed his/her impression (as above) ir	
Mobile number:	Email ID:	
Date:	Place:	Declarant Name & Signature:

Aditya Birla Sun Life Insurance Company Limited
(A subsidiary of Aditya Birla Capital Ltd.)
IRDAI Regn. No.: 109. Regd Office: One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
+91 22 6723 9100 | care.lifeinsurance@adityabirlacapital.com | www.adityabirlasunlifeinsurance.com | CIN: U99999MH2000PLC128110

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