

Aditya Birla Sun Life Insurance Company Limited

(A part of Aditya Birla Capital Ltd.)



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

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-attested photocopy of all the documents:	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 (along with stamp and signature of the authorized signatory)/Online bank statement with transactions for last 3 months	✓	✓
Original Policy Document or Indemnity Bond in case Policy document is Lost	✓	✓
KYC Document of Claimant/Beneficiary/Nominee (ID Proof, Address Proof, Photograph and Relationship Proof).	✓	✓
Medical Attendant's Certificate, if any	X	✓
Employer's Certificate (if employed)	X	✓
Medical records (admission notes, discharge/ death summary, treatment records etc.	X	✓

Additional Requirements for Accidental/Unnatural Death	Non-Early Claim	** Early Claim
FIR & Final Police Closure Report	✓	✓
Post Mortem Report	✓	✓
Policy Inquest Report/Inquest Panchnama	✓	✓
Newspaper Cutting (if any)	✓	✓

KYC Documents to be submitted: ☐ Driving License, ☐ Voter ID, ☐ Passport, ☐ Pan Card

Photo ID Proof Number: _____

Additional Requirements for below stated scenario	* Legally entitled beneficiaries for below stated scenario
Application to dispense for legal evidence to title (if the nominee has also expired)	Assignee, if the policy is assigned (to the extent of outstanding loan as on date of event)
Deed of Relinquishment (if Waiver of Premium applicable)	Class 1 legal heir of the life insured, if nominee has pre-deceased the life insured
Copy of NRO/Indian Bank Account (if claimant is NRI/FNIO)	Class 1 legal heir of the nominee, if life insured has pre-deceased the nominee
Banker's Certificate with details of new Karta (if HUF policy claim)	Guardian/appointee, if the nominee is minor
Outstanding loan account statement (if policy is assigned in favour of a financial institution, other than ABSLI)	Class 1 legal heir of nominee/entitled beneficiary as per WILL after the death of nominee, if it is a staggered payout claim

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

Kindly state all Policy numbers of the Life Insured/Policy Owner as below

Policy Number:

Policy Number:

Policy Number:

Policy Number:

B. Details of Deceased Life Insured/ Policy Owner at the time of death

i) Personal Details

Name of Life Insured/Policy Owner:

Name of Life Insured's Father : Name of Life Insured's Spouse:

Date of Birth: Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

ii) Occupation Details:

Last Employer's/Business Name: Designation:

Annual Income: Last Working Date: Office Contact No.:

iii) Death Information regarding the Life Insured Cause of Death: Non-Accidental ☐ Accidental ☐

In case of Non-Accidental Death, please tick the cause of Death/Nature of illness/habit (Please tick)

Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease ☐ Kidney disease ☐ Cancer ☐ Smoking ☐

Alcohol ☐ Tobacco ☐ Others ☐ (if others please specify)

Duration of above illness: Years ☐ Months ☐

In case of Accidental Death, please tick the cause of Death

Accident ☐ Murder ☐ Suicide ☐ Natural Calamity ☐ Bomb Blast ☐ Others ☐ (if others please specify)

Place of death: ☐ Hospital/Clinic: ☐ Residence ☐ Office ☐ Others (please specify)

Date of Death:

Time of Death: AM/PM

Name of Hospital/Clinic:

Name of the Doctor who declared death/Registration Number:

Contact no:

Email ID:

Name of family doctor:

Registration Number:

Contact no:

Email ID:

iv) Past Medical History

If the life insured was ill prior to his death, state the nature and the duration of illness with date of diagnosis and names of doctors consulted in last 3 years. (Please provide self-attested copies of all the medical reports)

Date of Consultation	Name of treating Doctor/ Hospital, Registration Number, Contact Number & Address	Nature of Diagnosis & Treatment given	Date of Diagnosis

v) Other Insurance Details:				
Was the insured covered under any other Life insurance, Health Insurance (medi-claim), Personal Accident & Group insurance with any other company? If yes, give following details.				
Name of Insurance company	Policy No.	Policy issue date	Total Cover	Has the Claim been lodged (Yes/No)

Was the insured covered under any other Life insurance, Health Insurance (medi-claim), Personal Accident & Group insurance with any other company?
If yes, give following details.

Name of Insurance company	Policy No.	Policy issue date	Total Cover	Has the Claim been lodged (Yes/No)

C. DETAILS OF CLAIMANT

i) Personal Details																			
Name of Claimant: _____																			
Name of Father: _____					Name of Spouse: _____														
Date of Birth: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y	Marital Status: Single <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>	
D	D	M	M	Y	Y	Y	Y												
Relationship with Deceased Life Insured Spouse <input type="checkbox"/>				Son/Daughter <input type="checkbox"/>		Father/Mother <input type="checkbox"/>		Others <input type="checkbox"/>		(pls specify)									
Residential Status: Indian <input type="checkbox"/> Non Resident Indian (NRI*) <input type="checkbox"/> Foreign National of Indian Origin (FNIO*) <input type="checkbox"/>																			
(*If NRI or Foreign National, please provide)																			
*Country of Residence: _____																			
*Nationality : _____																			
Correspondence Address (India) : _____																			

City (Taluka): _____				State: _____				Pin Code: _____											
Contact No.: _____				E-mail ID: _____															

Recent
Photograph of
Claimant

Name of Claimant: _____

Name of Father: _____ Name of Spouse: _____

Date of Birth: Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Relationship with Deceased Life Insured Spouse ☐ Son/Daughter ☐ Father/Mother ☐ Others ☐ (pls specify)

Residential Status: Indian ☐ Non Resident Indian (NRI*) ☐ Foreign National of Indian Origin (FNIO*) ☐

(*If NRI or Foreign National, please provide)

*Country of Residence:

*Nationality :

Correspondence Address (India) : _____

City (Taluka): _____ State: _____ Pin Code: _____

Contact No.: E-mail ID:

Politically Exposed Person (PEP)
 State whether the Beneficiary/Beneficiaries is/are Politically Exposed Yes ☐ No ☐
 (PEP: "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials OR Family members/close associates who are related or have business relationships with PEP's".

State whether the Beneficiary/Beneficiaries is/are Politically Exposed Yes ☐ No ☐

(PEP. "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials OR Family members/close associates who are related or have business relationships with PEP's "-

D. Payment Option Details – To be filled if the policy has staggered payout features in claim benefits

For Single Life Policies

ABSLI Guaranteed Milestone Plan:	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
ABSLI Monthly Income Plan:	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
ABSLI Protector Plus Plan Version II (SEPT 2014):	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Term (if staggered payment opted)	10 years <input type="checkbox"/>	15 years <input type="checkbox"/> 20 years <input type="checkbox"/>
ABSLI Protect @ Ease (ONLINE TERM PLAN - VERSION I):	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Term (if staggered payment opted)	10 years <input type="checkbox"/>	15 years <input type="checkbox"/> 20 years <input type="checkbox"/>
ABSLI Protect @ Ease (ONLINE TERM PLAN - VERSION II)	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Term (if staggered payment opted)	10 years <input type="checkbox"/>	15 years <input type="checkbox"/> 20 years <input type="checkbox"/>
Payment Method (if staggered payment opted)	Fixed Annual Income <input type="checkbox"/>	Increasing Annual Income <input type="checkbox"/>
ABSLI DigiShield Plan/ABSLI Life Shield Plan/ ABSLI – Ultima Term – Traditional Plan:	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Term (if staggered payment opted)	10 years <input type="checkbox"/>	15 years <input type="checkbox"/>
Payment Method	Fixed Annual Income <input type="checkbox"/>	Increasing Annual Income <input type="checkbox"/>
ABSLI Assured Income Plan/ ABSLI Assured FlexiSavings Plan/ ABSLI Assured Income Plan/ ABSLI Assured Savings Plan & ABSLI Secure Plus Plan Ver 05 onwards	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Mode (if staggered payment opted)	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
ABSLI Child's Future Assured Plan		
i. Assured Benefit Coverage (Education & Marriage)	As per Assured Benefit Payment Schedule <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
ii. Enhanced Sum Insured Coverage	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>
Payment Mode (if staggered payment opted)	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
Payment Term (if staggered payment opted)	5 years <input type="checkbox"/>	10 years <input type="checkbox"/> 15 years <input type="checkbox"/>

For Joint Life Policies:	
ABSLI Guaranteed Milestone Plan/ABSLI DigiShield Plan/ ABSLI Life Shield Plan/ ABSLI Assured Savings Plan	Staggered Payment <input type="checkbox"/> Lump Sum Payment <input type="checkbox"/>

☐ Receive the entire death benefit as a lump sum or

☐ Receive 1/3rd of the death benefit in a lump sum and utilise the balance to purchase an Annuity or

☐ Utilise the entire death benefit to purchase an Annuity or

☐ Buy Annuity from other Annuity provider other than ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSL).

Specify the name of Annuity provider,

F. Proposed policy owner details – To be filled, if WOP rider benefit is applicable on the policy

- (Please furnish the documenta evidence duly attested by Aditya Birla Sun Life Insurance Branch Head/Customer Service Executive establishing your relationship with the deceased policy owner)

G. Bank Details:

_____ 20 _____

PAY TO THE ORDER OF _____ Rs.

_____ DOLLARS

HDFC BANK
Shantimukh Street
Vivek Nagar, Kandivali (E) - 401223

IFSC: XX00975766737

↑

↑

4234567890*

47890=56734

Note: In case of NEFT failure or any further requirement pending on the mandate, payout will be kept on hold till the fresh NEFT mandate is received. An intimation will be sent to you.

H. Information regarding the person intimating the claim (Mandatory to be filled, if other than Nominee)

PN: ABSLI claims team representative will connect with you (if required) through audio/video calling for verification purpose

I/We hereby notify Aditya Birla Sun Life Insurance Company Limited (ABSLI) that Mr./Ms./Master _____ whose life was insured by the said company, under policy no./nos. _____ is dead and I hereby declare that the said person is the Life Insured described 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 by Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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 authorise any physician, hospital, clinic, insurance company or other organisation, institution or person, that has any record of the deceased or his health, to give to Aditya Birla Sun Life Insurance Company Limited (ABSLI), any and all information about the deceased with reference to his health and medical history and any hospitalisation, advice, diagnosis, treatment, disease or ailment. I further authorise the Employers (past and present) of the Life Insured to furnish to Aditya Birla Sun Life Insurance Company Limited (ABSLI), 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 hereby provide my consent to receive a call from ABSLI or authorised service provider in connection with any matter related to the above policy.

I/We _____ the nominee (s)/ Assignee (s)/ Legal Representatives of the above named Life Insured, do hereby acknowledge receipt from the Aditya Birla Sun Life Insurance Company of the sum of Rupees (in words) _____ towards the full and final settlement and discharge of all my/ our claims and demands under the abovementioned Policy.

I/We hereby voluntarily provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our own Aadhaar number(s) in accordance with the Aadhaar Act, 2016 as amended from time to time (and regulations made thereunder) and PMLA and disclosure of the Aadhaar number for the purpose of updating the same in my/our policies with my/our PAN.

I/We hereby give my consent & authorise ABSLI to communicate with me/us through digital platforms.

(SMS, Email, WhatsApp Audio/Video verification).

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____

Revenue
Stamp

Name of Claimant: _____ Signature of Claimant: _____

Vernacular Declaration:

Declaration to be made by Third Person where the claimant signs in vernacular or affix a thumb impression or has not filled the form:

I hereby certify that the contents of this form were explained to the claimant in _____ language and have truthfully recorded the answers provided to me. The claimant has affixed 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: _____

Witness:

(Witness, if not related to the claimant, should be an ☐ Advocate ☐ Bank Manager ☐ Doctor ☐ Gazetted Officer
Principal/Headmaster of a high school ☐ Head 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 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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**Aditya Birla Sun Life
Insurance Company Limited**
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Aditya Birla Sun Life Insurance Company Limited

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PROTECTING INVESTING FINANCING ADVISING

No Objection Certificate

(To be signed by the Claimant)

Date:

To,
Manager Claims,
Aditya Birla Sun Life Insurance Company Limited
Thane (W) - 400601

SUB: NO OBJECTION CERTIFICATE FOR OBTAINING ALL DOCUMENTS PERTAINING TO DEATH

Claim of Mr./Ms. _____ under policy no/nos. _____

I, Mr./Ms. _____ (name of Claimant) (relation) of

Mr./Ms. _____ (name of Life Insured), hereby authorise any physician, hospital, clinic, insurance company or other organisation, institution or person, that has any record of the deceased or his health, to give to Aditya Birla Sun Life Insurance Company Limited or any of its authorised representative, any and all information about the deceased with reference to his existing insurance details, health and medical history and any hospitalisation, advice, diagnosis, treatment, disease or ailment. I further authorise 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 hereby also give consent to M/s. Aditya Birla Sun Life Insurance Company Limited. and or its representative to obtain all existing insurance details/medical/ hospital/other records (including attested photocopies)/information pertaining to the Medical treatment/other information of the deceased with any Hospital/Clinic/Physician etc. without requiring my presence in person by these authorities.

I, hereby also authorise ABSLI to conduct independent inquiry or investigation (if any) for evaluating the decision on the claim.

Yours faithfully,

Name of Claimant

Signature of Claimant

Date:

Vernacular Declaration:

Declaration to be made by Third Person where the claimant signs in vernacular or affix a thumb impression or has not filled the form:

I hereby certify that the contents of this form were explained to the claimant in _____ language and have truthfully recorded the answers provided to me. The claimant has affixed his/her impression (as above) in my presence.

Mobile number: Email ID: _____

Date: Place: _____ Declarant Name & Signature: _____

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