

Life Insurance

Aditya Birla Sun Life Insurance Company Limited

(A subsidiary of Aditya Birla Capital Ltd.)



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Claimant's Statement Form (Death Claim)

Please accept our heartfelt condolences on the loss of the life insured. 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 claim amount.

We draw your attention to 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

Mandatory Requirements: <ol style="list-style-type: none">1) Claimant Statement Form2) Death Certificate issued by Municipal Authority/ Gram Panchayat.3) KYC Documents of Claimant/ Beneficiary/ Nominee (ID Proof, Address Proof, Photograph & Relationship Proof).4) Cancelled Cheque with pre-printed name or Bank Passbook (with photo, stamped & signed by the authorized signatory) or Online bank statement for last 3 months5) Original Policy Document or Indemnity Bond in case Policy document is Lost	Additional Requirements: (Claim within 3 years from date of issue/reinstatement) <ol style="list-style-type: none">1) Medical Attendant's Certificate, if any2) Certificate by the doctor who declared death (in case of sudden death)3) Employer's Certificate (if employed)4) Medical records (admission notes, discharge/ death summary, treatment records etc.)
Additional Requirements for Accidental/Unnatural Death: <ol style="list-style-type: none">1) FIR & Final Police Closure Report2) Driving License (if death while driving)3) Post Mortem Report	Continued <ol style="list-style-type: none">4) Valid insurance document of the vehicle (if the death is due to Road Traffic Accident while driving)5) Policy Inquest Report/Inquest Panchnama6) Newspaper Cutting (if any)
Additional Requirements for below stated scenario <ol style="list-style-type: none">1) Application to dispense for legal evidence to title (if the nominee has also expired)2) Deed of Relinquishment (if Waiver of Premium applicable)3) Copy of NRO/Indian Bank Account (if claimant is NRI/FNIO)4) Banker's Certificate with details of new Karta (if HUF policy claim)5) Outstanding loan account statement (if policy is assigned in favour of a financial institution, other than ABSLI)	* Legally entitled beneficiaries for below stated scenario <ol style="list-style-type: none">1) Assignee, if the policy is assigned (to the extent of outstanding loan as on date of event)2) Class I legal heir of the life insured, if nominee has pre-deceased the life insured3) Class I legal heir of the nominee, if life insured has pre-deceased the nominee4) Guardian/appointee, if the nominee is minor5) Class I legal heir of nominee/entitled beneficiary as per WILL after the death of nominee, if it is a staggered payout claim

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 (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 and Registration Number: _____

Contact no: Email ID: _____

Name of family doctor: _____ Registration Number: _____

Contact no: Email ID: _____

Details of Life Insured's Personal Habits:

Substance	Quantity
Alcohol (Whiskey/Vodka/Wine/Gin/Etc)	_____ ml/bottle per day
Tobacco (Cigarettes/Bidi/Gutka/Etc)	_____ No. of sticks/packets per day
Other Habits (please specify): _____	

i) 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

ii) 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)

C. DETAILS OF CLAIMANT

i) Personal Details

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 ☐ Brother/Sister ☐

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: _____

KYC Documets to be submitted ☐ Driving License ☐ Voter ID ☐ Passport ☐ Pan Card

☐ Others _____

Photo id proof number: _____

Recent
Photograph of
Claimant

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 county 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 politically 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"/>	
For Joint Life Policies:			
ABSLI Guaranteed Milestone Plan/ABSLI DigiShield Plan/ ABSLI Life Shield Plan:	If the beneficiary is Secondary Life Insured/Nominee		
	Staggered Payment <input type="checkbox"/>	Lump Sum Payment <input type="checkbox"/>	

E. Pension option details – To be filled, if the beneficiary has this option as per the policy contract

Please select one of the options below by ticking ☒ the appropriate box. The payment will be 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 utilize the balance to purchase an Annuity

☐ Utilize the entire death benefit to purchase an Annuity

☐ Buy Annuity from other Annuity provider other than ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI). Specify the name of Annuity provider,

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

1. Name of the Existing Policy Owner: _____
2. Name of the Proposed / New Policy Owner: _____
3. Date of Birth of Proposed / New Policy Owner: _____
(Copy of Age Proof duly attested by Branch Head/Customer Service Executive to be submitted along with)
4. Address of the Proposed / New Policy Owner: _____
(Copy of Address Proof duly attested by Branch Head/Customer Service Executive to be submitted along with)
5. Relationship of Proposed / New Policy Owner with Deceased: _____
6. Contact Number:
(Please furnish the documentary evidences self attested/ duly attested by Aditya Birla Sun Life Insurance Branch Head/Customer Service Executive establishing relationship with the deceased policy owner)

G. Bank Details:

MANDATORY as per IRDAI guidelines, Please provide bank details for direct transfer into your account

Bank Name:	
Account Number:	
Accountholder Name:	
Account type:	Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO* <input type="checkbox"/> HUF <input type="checkbox"/>
Bank Address (Refer cheque book or contact your bank)	
IFSC Code (Refer cheque book or contact your bank)	

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)

Name: (in full): _____ Relationship with the deceased: _____
 KYC Documents submitted: _____ KYC Document No.: _____ Contact No.: _____
 Address: _____ Email ID: _____
 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, kindly state reasons: _____

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

Declaration & Advance Discharge Receipt:

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, statements and documents submitted 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 Company Limited (ABSLI) that there was any assurance in force on the life in question or of its liability there under, 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 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 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 (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 if authorized 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 above mentioned Policy.

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

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

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

Date: Place: _____

Name of Claimant : _____ Signature of Claimant: _____

Revenue
Stamp

Vernacular Declaration:

Declaration to be made by Third Person (preferably family member/friend) 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 I have truthfully recorded the answers provided to me. The claimant has affixed his/her impression (as above) in my presence.

Date:

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

Mobile number:

--	--	--	--	--	--	--	--	--	--

 Email ID: _____

Place: _____ Declarant's Name & Signature: _____

Witness:

(Witness, if not related to the claimant, should be an ☐ Advocate ☐ Bank Manager ☐ Doctor ☐ Gazetted Officer
Principal/Head Master 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.)
G Corp Tech Park, 5th & 6th Floor, Kasar Wadavali, Ghodbunder Road,
Thane - 400 601 | +91 22 3996 1000
Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill
Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | Regn. No.: 109 | CIN: U99999MH2000PLC128110
FOR/6/20-21/486 | www.adityabirlasunlifeinsurance.com

Life Insurance

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ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

No Objection Certificate

(To be signed by the Claimant)

Date:

D	D	M	M	Y	Y	Y	Y
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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 authorize any physician, hospital, clinic, insurance company or other organization, 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 authorized representative, any and all information about the deceased with reference to his existing insurance details, 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 hereby also give consent to M/s. Aditya Birla Sun Life Insurance Co. Ltd. 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 authorize 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:

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

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Declaration to be made by Third Person (preferably family member/friend) 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.

Date:

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

Mobile number:

--	--	--	--	--	--	--	--	--	--

 Email ID: _____

Place: _____ Declarant Name & Signature: _____

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