Life Insurance

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

Death Claim Form

(To be completed by the Group Policyholder)	
Group Policy No.: Member Id:	
Name of Group Policyholder:	
Full Name of deceased Member:	
Date of Birth: D D M M Y Y Y Date of Joining Policy: D D	M Y Y Y Y Date of last attended duties: D D M M Y Y Y
Date of Death: D D M M Y Y Y Y Time of Death: H H M M A.	M / P.M.
Cause of Death: Age as on	Date of DeathYearsMonth(s)
In case of accidental death: Date of Accident D D M M Y Y Y Y	Nature of Accident: (Road/Rail/Air/Other (specify)
Outstanding Loan amount as on Date of Death (as per CAS):	(Please enclose supporting documents for the same)
Upon admissibility of Claim, the Payment is to be made in favour of -	
(Tick whichever is applicable and fill in the bank details) 🗌 Group Policyhol	der Beneficiary
(Please note that any claim amount in excess of the outstanding loan as above Terms & Conditions of Policy Contract)	ve will be settled in the favour of the beneficiary in accordance with the
If Payment to be made in favor of $\underline{\textbf{Beneficiary}}$ then please provide the below details:	If Payment to be made in favor of $\underline{\textbf{Group Policyholder}}$ (GPH) then please provide the below details
Beneficiary's Name:	GPH Name:
Bank Name:	Park Nama
Relationship to the deceased:	Bank Name:
Account Type:	
Account No.:	Account No.:
IFSC Code:	IFSC Code:
Contact No.:	Contact No.:
Email Id:	Email Id:
(Including attorney fees'), expenses, or damages suffered by or taken against ABSLI arisin Fund Transfer which may be instituted, preferred, claimed or made against ABSLI, its sur We hereby declare that the particulars given above are true and correct. We undertake to any, due to wrong statement or information given in connection with this claim.) indemnify Aditya Birla Sun Life Insurance Company Limited (ABSLI) the loss suffered, if with this claim called by Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall
Signature of Authorized Person:	Seal /Stamp of Group Policyholder:
Orginature of Authonzed Feison:	

Date: D D M M Y Y Y Y

Place:

Declaration by Claimant

I hereby notify the Aditya Birla Sun Life Insurance Company Limited (ABSLI) that Mr./Ms./Master_______ whose life was insured by the said company, under group policy no._______ is no more 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 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 thereunder, nor a waiver of any of its rights or defence. 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 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

Signed at: _____

Signature of Claimant: _____

Mandatory Documents required to be submitted along with claim intimation

- a) Copy of Death Certificate issued by Municipal Authority / Gram Panchyat duly attested by the Group Policyholder.
- b) Death Claim Form.
- c) Bank statement/Printed Cancel Cheque Copy.
- d) KYC of Beneficiary.
- e) Credit Account Statement.

In case of Unnatural death

- a) Copies of FIR
- b) Post Mortem Report
- c) Police Inquest Report attested by the Group policy holder would be required to be submitted.

ABSLI reserves the right to call for any addition requirements/Information to process the Claim.

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Medical Attendant's Certificate (Group Death Claim)

Group Policy No.: Member Id:		
Name of Group Policyholder:		
Full Name of deceased Member:		
Date of Death: D M M Y Y Y Time of Death: H H M A.M / P.M. Place of Death:		
Caus	e of Death: (a) ImmediateYears (b) Primary Age as on date of deathYears Month(s)	
1.	Are you the patient's regular attending physician? Yes 📃 No 📃	
	If Yes, since how long had you been acquainted with the deceased?	
2.	When and for what illness did you treat the patient in the past?	
3.	Date on which you first attended the patient for the present illness	
4.	State exact duration of last illness prior to death	
5.	a) Was the deceased hospitalized during his illness? Yes No	
	b) If yes, kindly fill in the details of the patient as per hospital records?	
	Name of the Hospital:	
	Address of the Hospital:	
	Admission Date: D M M Y Y Y IP NO.	
6.		
	Name of the Doctor:	
	Address:	
	Contact Details: Mobile No.: Mobile No.:	
	Registration No.: E-mail Id:	
	Seal of the Doctor: 20 Signed at On day of 20	
	Declaration	

I/We hereby certify that the above information is true and correct as per the records maintained by me/hospitals.

I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Any confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned address

Contact Us: 1-800-270-7000

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