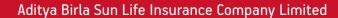
LIFE INSURANCE

Date: D D M M Y Y Y Y





PROTECTING INVESTING FINANCING ADVISING

GROUP DEATH CLAIM FORM - AFFINITY

(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 Y Date of Joining Policy: D D	M M Y Y Y Y Date of last attended duties:
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 Date of Accident 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 Policyholder Beneficiary	
(Please note that any claim amount in excess of the outstanding loan as above will be settled in the favour of the beneficiary in accordance with the Terms & Conditions of Policy Contract)	
If Payment to be made in favor of Beneficiary then please provide the below details:	If Payment to be made in favor of <u>Group Policyholder</u> (GPH) then please provide the below details
Beneficiary's Name:	GPH Name:
Bank Name:	Dark Name
Relationship to the deceased:	Bank Name:
Account Type:	Account Type:
Account No.:	Account No.:
IFSC Code:	IFSC Code:
Contact No.:	Contact No.:
Email Id:	Email Id:
Declaration by Group Policyholder We agree to save and hold Aditya Birla Sun Life Insurance Company Limited (ABSLI) harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (Including attorney fees'), expenses, or damages suffered by or taken against ABSLI arising on account of any error or misrepresentation in the information furnished for Electronic Fund Transfer which may be instituted, preferred, claimed or made against ABSLI, its successors or assigns by any person or persons making a claim to the said Policy benefits. We hereby declare that the particulars given above are true and correct. We undertake to indemnify Aditya Birla Sun Life Insurance Company Limited (ABSLI) the loss suffered, if any, due to wrong statement or information given in connection with this claim. We agree that from this statement and all other papers and declarations in connection with this claim called by Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall constitute Proof of death and may be used in any court of law. We agree that payment of claim amount shall constitute discharge of liability of ABSLI. We agree that submission of this form will not be construed as acceptance of the claim by ABSLI. ABSLI reserves the right to call upon additional documents.	
Signature of Authorized Person:	Seal /Stamp of Group Policyholder:
Date:	Place:
Declaration by Claimant I hereby notify the Aditya Birla Sun Life Insurance Company Limited (ABSLI) that Mr./Ms./Master	

Signature of Claimant:

Signed at: _

Mandatory Documents required to be submitted along with claim intimation

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

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.



LIFE INSURANCE



Aditya Birla Sun Life Insurance Company Limited

PROTECTING INVESTING FINANCING ADVISING

Medical Attendant's Certificate (Group Death Claim) Member Id: Group Policy No.: Name of Group Policyholder: Full Name of deceased Member: Date of Death: D D M M Y Time of Death: H H M M A.M / P.M. Place of Death: _ Cause of Death: (a) Immediate _ (b) Primary _ Age as on date of death ___ Years Month(s) 1. Are you the patient's regular attending physician? Yes If Yes, since how long had you been acquainted with the deceased? _ When and for what illness did you treat the patient in the past?_ Date on which you first attended the patient for the present illness. __ State exact duration of last illness prior to death Was the deceased hospitalized during his illness? Yes 5. If yes, kindly fill in the details of the patient as per hospital records? Name of the Hospital: _ Address of the Hospital: _ Discharge date: D D M M Y Admission Date: D D M M Y IP NO. _____ Was a Post Mortem examination conducted? Yes No If yes, please provide details. Name of the Doctor: _ Address: _ Contact Details: Mobile No.: E-mail Id: Registration No.: Seal of the Doctor: Signed at _____ On ____ day of ____ 20 ___

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