LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited

ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Group Death Claim Form

(To be completed by the Group Policyholder in case of Group Term Insurance)

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: D D M M Y 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 Death _____Years _____Month(s)

*Particulars of Leave availed by the employee during the last two years: If required, please attach separate sheet duly signed by the Group Policyholder.

From Date	To Date	Leave Type	Reasons	No. of Days	Date of resuming duties

Upon admissibility of Claim, the Payment is to be made in favour of - ☐ Group Policyholder ☐ Beneficiary
(Tick whichever is applicable and fill in the bank details)

If Payment to be made in favor of **Beneficiary** then please provide the below details:	If Payment to be made in favor of **Group Policyholder** (GPH) then please provide the below details
Beneficiary's Name: _____	Account Holder's Name: _____
Relationship to the deceased: _____	Bank Name: _____
Bank Name: _____	Account Type: _____
Account Type: _____	Account No.: _____
Account No.: _____	IFSC Code: _____
IFSC Code: _____	Contact No.: _____
Contact No.: _____	Email Id: _____
Email Id: _____	

(In case of Gratuity FSG Claim, Policy payment will be made in favour of Group Policyholder only & for other policies if none of the option is opted, and then payment will be made in favour of Group Policyholder)

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) from the loss suffered, if any, due to wrong statement or information given in connection with this claim. 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. 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.

Name and Designation of the Authorized Person: _____

Signature of Authorized Person: _____ Seal /Stamp of Group Policyholder: _____

Date: D D M M Y Y Y Y Place: _____

Mandatory Documents required to be submitted along with claim intimation

a) Copy of Death Certificate issued by Municipal Authority / Gram Panchyat. b) Death Claim Form. c) Bank statement/Pre - Printed Cancelled Cheque Copy

Additional Documents required for settling a Death Claim (if the death is within the first year) for Compulsory Employer-Employee schemes are -

a) Leave records & Salary slips (for 1 year) where actively at work clause is applicable.

Additional requirements duly signed by the Group Policyholder in case of Accidental Rider -

a) Copies of FIR (b) Post Mortem Report (c) Police Inquest Report (d) News Paper Cutting

For death claims beyond the Free Cover Limit (FCL) - Requirements as above along with Employers Certificate including leave records and Mediclaim records, Medical Attendant Certificate.

Copies of all documents need to be duly attested by the Group Policyholder.

ABSLI reserves the right to call for any additional requirements/information to process the Claim

FOR/10/17-18/900