

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
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Signed at _____

Signature of Claimant _____

Mandatory Documents required to be submitted with this claim form:

- 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.

In case of Unnatural death

Copies of FIR, Post Mortem Report, Police Inquest Report attested by the Group policy holder would be required to be submitted. ABSLI reserves the right to call for any additional requirements/Information to process the Claim.

