



Group Death Claim Form For ABSLAMC

(To be completed by the Group Policyholder)

Group Policy No.: _____ Member Id - _____

Name of Group Policyholder: _____

Full Name of deceased Member: _____

ABSLAMC Folio No.: _____ SIP Coverage Term Opted for - _____ Month(s)

Date of Birth: Policy Cover Date:

Date of Death: Time of Death: A.M. / P.M.

Cause of Death: _____ Age as on Date of Death: Years _____ Month(s)

1. ABSLAMC Application No.: _____

2. Date of acceptance of SIP Application by ABSLAMC:

3. Certify the following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Has there been Premature Closure of SIP Investment Account | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has there been Withdrawal (either Full or Partial) of any amount in the SIP Investment Account | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has there been Reduction of SIP Investment Payment | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Has the SIP Matured as on Date of Death | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Has there been 2 consecutive defaults in SIP Investment Payment on or before the death of Investor | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Has there been 4 default in SIP Investment payment at totally different time on or before the death of Investor | <input type="checkbox"/> | <input type="checkbox"/> |

Kindly provide the below details to transfer the claim proceeds electronically in the Beneficiary's Account.

Beneficiary's Name: _____

Account Holder's Name: _____

Relationship with the deceased member: _____

Bank Name: _____ Branch Name: _____

Account Type: _____ Account No.: _____

IFSC Code: _____ Contact No.: _____

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) from 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.

Name and Designation of the Authorized Person: _____

Signature of Authorized Person

Date:

Place: _____

Seal /Stamp of Group Policyholder

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 (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 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 along with Claim intimation -

- Declaration of Good Health filled & submitted by the Investor at inception of SIP
- Copy of Death Certificate issued by Municipal Organization / Gram Panchyat
- Certified Copy of Age proof taken at inception of Coverage
- Death Claim form
- Medical Attendant's Certificate including all Medical Reports duly attested by the Group Policyholder
- Employer's Certificate, if employed
- Beneficiary Bank Statement / Pre Printed Cancelled Cheque

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

- Copies of FIR
- Post Mortem Report
- Police Inquest Report
- News Paper Cutting

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.

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

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