

Life Insurance

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

Idea Cellular Limited - Death Claim Form

(To be completed by the Group Policy Holder)

Group Policy No.: Name of GPH: **Idea Cellular Limited**

Full Name of deceased Member: Member Id:

Date of Birth: Date of Joining Policy:

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

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

In case of accidental death: Date of Accident: Nature of Accident: Road/Rail/Air/Other (specify) _____

Upon admissibility of Claim, the Payment to be made in favour of Beneficiary. Beneficiary 1 Beneficiary 2 Beneficiary 3

If Payment to be made in favour of Beneficiary then please provide the below details.	Beneficiary 1	Beneficiary 2	Beneficiary 3
Beneficiary Name :			
Bank Name :			
Relation with Member:			
Type of Bank :			
Account No :			
IFSC Code :			
Contact No :			
Email id :			

Declaration by Group Policy Holder:

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.

Name and Designation of the Authorized Person: _____

Signature of Authorized Person: _____

Seal/Stamp of Group Policy holder

Date:

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 (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:

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 addition requirements/Information to process the Claim.

