

Have you claimed any benefit under Accelerated Terminal Rider from previous Insurer for this member? Yes No

If Yes, then specify the claim details as mentioned below:

1) Sum Assured Claimed: Rs. _____

2) Sum Assured Claimed: Rs. _____

3) Date of Claim lodged:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4) Date of Claim Settled:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 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 Terminal Illness 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: _____

Documents to be filed:

- 1) Claimant Statement
- 2) Doctor's Questionnaire
- 3) Family Physician's Certificate
- 4) Copies of all Medical / Treatment Reports duly attested by Group Policyholder
- 5) Certificate from the treating physician mentioning the expected life expectancy of the LA from the date of certification

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)

IRDAI Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | claimnotification.lifeinsurance@adityabirlacapital.com | www.adityabirlasunlifeinsurance.com | CIN: U99999MH2000PLC128110
Trade Logo "Aditya Birla Capital" displayed above is owned by ADITYA BIRLA MANAGEMENT CORPORATION PRIVATE LIMITED (Trademark Owner) and used by ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI) under the license

Contact Us:
1-800-270-7000

adityabirlacapital.com

