

5. Attach a copy of the FIR and the Final Police Investigation Report certified by the police. If the accident was not reported to the police, please state the reasons thereof and mention the names, addresses and telephone no.s of the persons who witnessed the accident and your relationship with them, if any.

Electronic Reelectronic Funds Transfer (EFT) Mandate Form (Direct Transfer of funds to your bank account)

Account Holder Name: _____

(As mentioned in Bank Account)

Bank name: _____

Type of Bank Account: _____

Bank Account Number:

Branch Address: _____

MICR code:

(9 digit code as appearing on the cheque copy issued by bank)

IFSC code (Indian Financial Security code):

Note:

Please attach Pre Printed Cancelled Cheque bearing the above mentioned Account Number and IFSC Code along with this form. In case of non-availability of Pre Printed Cheque, ABSLI requires a bank statement or a Printed Bankers Authorization in original containing aforesaid details duly seal and signed by Bank Branch Manager

In case of submission of incomplete / incorrect form Company will not transfer the Claim Proceeds Electronically and provide an account payee cheque mentioning account number and bank name if provided in the mandate or else company will draw an account payee cheque in case of admissibility of claim.

Declaration:

I / We hereby

- Declare that the details provided as above are correct and complete.
- Authorize ABSLI to process the proceeds under the claim of the aforesaid policy/s through EFT to the above mentioned account details
- Agree to not hold Aditya Birla Sun Life Insurance Company Limited or its associate / agent responsible in case of any non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of error/ misrepresentation/incomplete/incorrect information furnished by me in this EFT mandate

Declaration by Life Insured:

I hereby notify the Aditya Birla Sun Life Insurance Company Limited that Mr./Ms./Master _____ whose life was insured by the said company, under group policy no. _____ is/was suffering from the above mentioned disease/condition and 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 . 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, 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, 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.

Signature of Life Insured (Member)

Date of report:

Place: _____

Vernacular Declaration:

Declaration to be made by Third Person where the claimant signs in vernacular or affix a thumb impression or has not filled the form:

I hereby certify that the contents of this form were explained to the claimant in _____ language and have truthfully recorded the answers provided to me. The claimant has affixed his/her impression in my presence.

Date of report:

D	D	M	M	Y	Y	Y	Y
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Life Insured's Signature

Place: _____

FOR/1/17-18/1520

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,

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