

6) Give particulars of Doctors consulted:

Name & Address: _____
_____ Contact No.: _____
_____ Date/s of consultation

i) Family Physician _____

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

ii) Specialist _____

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

iii) Operating Surgeon _____

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

7) Particulars of Hospital/Medical Centre where admitted:

i) Name: _____
ii) Address: _____

iii) Telephone No.:

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iv) Date of Admission:

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

 Date of Operation:

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

Date of Discharge:

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

Please submit the relevant reports

Declaration

I hereby agree and confirm that the above details provided 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 by Aditya Birla Sun Life Insurance Co. Ltd. that there was any assurance in force on the life in question or of its liability there under, nor a waiver of any of its rights or defense. I hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of me /the deceased or my/ his health, to give to Aditya Birla Sun Life Insurance Company Limited, any and all information about me/ the deceased with reference to my/ his health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. I further authorize the Employers (past and present) of me/ the Life Insured to furnish to Aditya Birla Sun Life Insurance Company Limited, details of the leave availed of by me/ the Life Insured during the last three years of my/ his service together with copies of the leave applications and medical certificates, if any, submitted by me/ the Life Insured in support of such applications and details of reimbursement of medical expenses. I also consent to a personal investigation. I hereby provide my consent to receive a call from ABSLI or its authorized Service Providers in connection with any matter related to the above policy.

Date:

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

 Place: _____
Name of Claimant/Policy Owner: _____

Signature of First Claimant/Policy Owner: _____

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:

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

 Place: _____

Declarant Name: _____ Declarant Signature _____

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

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 | claims.lifeinsurance@adityabirlacapital.com | www.adityabirlasunlifeinsurance.com | CIN: U99999MH2000PLC128110

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and used by ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI) under the license

Contact Us:

1-800-270-7000

adityabirlacapital.com



Electronic Funds Transfer (EFT) Mandate Form

(Direct Transfer of funds to your bank account)

Account Holder Name: _____

(As mentioned in Bank Account)

Bank Name: _____ Branch 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, Aditya Birla Sun Life Insurance Company Limited (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 death 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 (ABSLI) 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

Date:

Life Insured's Signature

Declaration by Life Insured/Claimant:

I hereby notify the Aditya Birla Sun Life Insurance Co. Ltd. that Mr./Ms./Master _____ whose life is insured with ABSLI is suffering from _____. I hereby declare that the 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 Co. Ltd. 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 defense. I hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of the my health, to give to Aditya Birla Sun Life Insurance Company Limited, any and all information about my 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. I hereby provide my consent to receive a call from ABSLI or its authorized Service Providers in connection with any matter related to the above policy.

Date:

Place: _____

Signature of Life Insured

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

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