

**BIRLA SUN LIFE INSURANCE COMPANY LIMITED  
CLAIMANT'S STATEMENT FORM (DEATH CLAIMS)**

**Points to Note**

- This form is to be filled in by the beneficiary under the policy or by the person legally entitled for the due policy proceeds.
- All answers must be clear & unambiguous.
- To initiate the claim processing please submit all documents in complete form. Incomplete form(s) will not be accepted
- Submission of this form will not be construed as acceptance of claim by the company. The Company reserves the right to call for additional document/ requirements
- The person filling this form must be the claimant. If the claimant is minor, the guardian/ appointee may fill the form
- Any overwriting must be countersigned by the claimant.
- No agent has been authorized to admit any liabilities on behalf of Birla Sun Life Insurance Company Limited.

**Documents to be submitted**

<p><b>Mandatory Requirement:</b></p> <ol style="list-style-type: none"> <li>1. Copy of Death Certificate issued by Municipal Authority / Gram Panchayat</li> </ol>	<p><b>Basic Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Original Policy Document</li> <li>2. Claimant's ID, Address Proof &amp; Relationship Proof</li> </ol>
<p><b>Additional Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Medical Attendant Certificate</li> <li>2. Employer's Certificate (if employed)</li> </ol>	<p><b>Additional Requirements for Accidental Death:</b></p> <ol style="list-style-type: none"> <li>1. First Information Report</li> <li>2. Post Mortem Report</li> <li>3. Police Inquest Report</li> <li>4. News Paper Cutting (if any)</li> </ol>

*BSLI Reserves the right to call for additional requirement(s) depending on the peculiarity of the case.*

**(A) Life Insured's Details:**

Policy No.(s): \_\_\_\_\_

Name of the Life Insured in full: \_\_\_\_\_ Age (in Yrs.): \_\_\_\_\_

Date of death: \_\_\_\_\_ Time of death: \_\_\_\_A.M. / P.M Cause of death: \_\_\_\_\_

Place of death (If hospital or institution, give name, address & contact number):

\_\_\_\_\_  
\_\_\_\_\_

**In case of accidental death:**

Date of Accident: \_\_\_\_\_ Nature of Accident: Road/ Rail/ Air/ Other (specify) \_\_\_\_\_

**(B) Claimant Details:**

Name of the Claimant: \_\_\_\_\_ Age: \_\_\_\_\_

Nature of title: (Tick applicable box)

Nominee  Executor  Administrator  Trustee  Appointee  Employer  Assignee

Relationship with Life Insured: \_\_\_\_\_

**(Please furnish Claimant ID Proof & documentary evidence establishing relationship with the Life Assured relationship with the Life Assured)**

Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_

(Current Residential Address should match with address proof provided)

Contact no. (Res): \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Email id: \_\_\_\_\_

Contact details provided herein will be updated for all future communications. For customers registered under the National Do Not Call Registry, this response will be treated as a valid discharge.

Photograph  
of Claimant

1. (a) What was the occupation and Annual Income of the Life Insured ?

\_\_\_\_\_  
\_\_\_\_\_

(b) Employer's / Life Insured's business Address & Contact Details:

\_\_\_\_\_  
\_\_\_\_\_

2. (a) Was the Life Insured a smoker? Yes / No. (Strike of whichever is not applicable)

(b) If yes, since when & consumption per day

\_\_\_\_\_

(c) Was the Life Insured consuming alcohol? Yes / No. (Strike of whichever is not applicable)

(d) If yes, since when & consumption per day

\_\_\_\_\_

3. State all the facts regarding the cause and circumstances of Death

\_\_\_\_\_  
\_\_\_\_\_



4. If the life insured was ill prior to his death, state the nature and the duration of illness with date of diagnosis and names of doctors consulted in last 3 years. (Please provide self attested copies of all the medical reports)

Date of Consultation	Name of treating Doctor / Hospital & Address	Nature of complaint	Date of Diagnosis

5. Was the insured covered under any other Life insurance/ Health insurance/ Medi-claim/ personal accident insurance with any other company? If yes, give following details.

Policy No.	Policy issue date	Name of Insurance company	Total Cover	Has the Claim been lodged (Yes/ No)	Benefits Received (Yes / No)

6. Did the insured leave a will? - Yes/ No (Strike of whichever is not applicable)

If yes please submit the copy of will along with this form.

7. PEP – State whether the Beneficiary are Politically Exposed Person Yes  No

PEP. “Individuals who are or have been entrusted with prominent public functions, for example Heads of State or government, senior politicians, senior government, judicial or military officials. Senior executives or state – owned corporation and important political part officials. Business relationships with family members or close associates of PEP’s involving reputation risk is similar to those with PEP’s themselves”

**Pension Option Form (To be filled only in case of Pension Policies with or without life cover if spouse is the nominee)**

Please select one of the options below by ticking the appropriate box and submit the form at the above address. The payment will be subject to tax liability, if any.

- Receive the entire death benefit as a lump sum or
- Receive 1/3 rd of the death benefit in a lump sum and utilize the balance to purchase an Annuity or
- Utilize the entire death benefit to purchase an Annuity

For more details on risk factors, terms and conditions please read the sales brochure carefully of the then available annuity plan or consult our Insurance Advisor.

Please note if the pension policy under claim is issued prior to 1<sup>st</sup> January 2012, annuity can be purchased from any annuity provider, or else it should be purchased only from BSLI.



**Advance Discharge Receipt**

I/ We \_\_\_\_\_ the nominee (s)/ Assignee (s)/ Legal Representatives of the above named Life Insured, do hereby acknowledge receipt from the Birla Sun Life Insurance Company of the sum of Rupees (in words) \_\_\_\_\_ towards the full and final settlement and discharge of all my/ our claims and demands under the above mentioned Policy.

Date \_\_\_\_\_

Claimant's Name & Signature \_\_\_\_\_

Revenue  
Stamp

**Declarations**

I hereby notify the Birla Sun Life Insurance Co. Ltd. that Mr./Ms./Master \_\_\_\_\_ whose life was insured by the said company, under 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 by 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 the deceased or his health, to give to 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 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.

Date \_\_\_\_\_ Signed at \_\_\_\_\_ Signature of Claimant \_\_\_\_\_

Witness: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**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

Declarant Name & Signature:

Date:

Place:



## **Electronic 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:**

In case of beneficiary who is a minor, kindly provide with the account details held by the minor  
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, BSLI requires a bank statement or a Printed Bankers Authorization in original containing aforesaid details duly seal and signed by Bank Branch Manager

Submission of this form should not be construed as acceptance of claim by the company.

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 BSLI 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 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

**Date:**

**Claimant's Signature(s):** \_\_\_\_\_



## **No Objection Certificate**

(To be signed by the Claimant)

Date:

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUB: NO OBJECTION CERTIFICATE FOR OBTAINING ALL DOCUMENTS PERTAINING TO DEATH CLAIM OF MR./MS. \_\_\_\_\_ UNDER POLICY NO. \_\_\_\_\_

I, Mr. /Ms. \_\_\_\_\_ (name of Claimant) \_\_\_\_\_ (relation) of Mr. Ms. \_\_\_\_\_ (name of Life Insured), 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 Birla Sun Life Insurance Company Limited or any of its authorized representative, 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 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 hereby also give consent to M/s. Birla Sun Life Insurance Co. Ltd. and /or its representative to obtain all medical/ hospital/ other records (including attested photocopies)/ information pertaining to the Medical treatment/ other information of the deceased with any Hospital/ Clinic/ Physician etc without requiring my presence in person by these authorities.

Yours faithfully,

\_\_\_\_\_  
Name & Signature of Claimant

Birla Sun Life Insurance Company Limited 6th Floor, Claims Dept., G-Corp Tech Park, Kasarvadvali, Ghodbunder Road, Thane (W)-400601. Email: BSLI.claims@birlasunlife.com, Tel. no. 022- 39961000

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