

## Accelerated Terminal Illness Premier Rider Claimant Statement

(To be completed by the Life Insured)

We draw your attention to below points which will help us in faster claim settlement:

- This form is to be filled completely and answers must be clear & unambiguous. Incomplete form(s) will not be accepted.
- All answers should be responded in bold capital letters. Please avoid overwriting and any change in statement/ink must be countersigned by the Life Assured.
- Claim processing will be initiated only post receipt of all mandatory documents along with completely Terminal Illness claimant form.
- 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.

### A. Documents to be submitted:

Mandatory Requirements:

1. Completely filled Terminal illness claimant form, Family physician statement, Attending Physician form, Certificate by Employer.
2. Medical Records (admission notes, discharge Summary, all Investigation reports supporting to diagnosis.)
3. Cancelled cheque of policy owner/ copy of passbook detailing account information for Electronic payment.
4. Original policy document or Indemnity Bond in case policy document is lost.
5. KYC Document of life Assured.

Policy No.:

1. Name and address of Life insured: \_\_\_\_\_

Age of life insured: \_\_\_\_\_ DOB:

2. Nature of Terminal Illness: \_\_\_\_\_

3. Date of 1<sup>st</sup> diagnosis and investigations undergone: \_\_\_\_\_

4. Have you previously suffered from or received treatment for a similar or related condition?  
If yes, give details. \_\_\_\_\_

5. Give particulars of Doctors consulted:

Name Address & Contact no

Date/s of consultation

i) Family Physician

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

ii) Specialist

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

iii) Operating Surgeon

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

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

6. Particulars of Hospital/Medical Centre where admitted:

(i) Name: \_\_\_\_\_

(ii) Address: \_\_\_\_\_  
\_\_\_\_\_

(iii) Tel.No. 

--	--	--	--	--	--	--	--	--	--

(iv) Date of Admission: 

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

Operation \_\_\_\_\_

Discharge \_\_\_\_\_

7. Please submit the relevant reports

**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**

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 de tails 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.

Date: 

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

\_\_\_\_\_  
Signature of Policy Owner

## Declaration by Policyholder:

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 my, to give to Aditya Birla Sun Life Insurance Company Limited, any and all information about me with reference to my 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

Name of Policy Owner: \_\_\_\_\_

Signature of the Policy Owner: \_\_\_\_\_

Date: 

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

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.

Declarant Name: \_\_\_\_\_

Declarant Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: 

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

FOR / 1/17-18/1397

"The 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."

Aditya Birla Sun Life Insurance Company Limited Registered Office: One World Centre, Tower 1, 16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. IRDAI Reg No.109 | CIN: U99999MH2000PLC128110 Toll free no. 1-800-270-7000 <https://lifeinsurance.adityabirlacapital.com>



LIFE INSURANCE