# Life Insurance

Aditya Birla Sun Life Insurance Company Limited

ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Group Death Claim Form

(To be completed by the Group Policyholder in case of EDLI Policy)

Group Policy No.: Member Id:

Name of Group Policyholder:

Full Name of deceased Member:

Date of Birth: D D M M Y Y Y Y Date of Joining Policy: D D M M Y Y Y Y Date of last attended duties: D D M M Y Y Y Y

Date of Death: D D M M Y Y Y Y Time of Death: H H M M A.M / P.M.

Cause of Death: _____ Age as on Date of Death _____Years _____Month(s)

**Kindly provide the below details to transfer the claim proceeds electronically in the Beneficiary's Account.**

Beneficiary's Name: _____

Account Holder's Name: _____

Relationship with the Deceased Member: _____

Bank Name: _____

Account Type: _____ Account No.: _____

IFSC Code: Contact No.:

Email Id: _____

**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) against 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 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: _____

**Mandatory Documents required to be submitted along with claim intimation -**

a) Copy of Death Certificate issued by Municipal Authority/Gram Panchyat
b) Death Claim Form.
c) Bank statement/Pre-Printed Cancelled Cheque Copy.

Copies of all documents need to be duly attested by the Group Policyholder.

**ABSLI reserves the right to call for any additional requirements/Information to process the Claim**

FOR/10/17-18/898