LIFE INSURANCE





PROTECTING INVESTING FINANCING ADVISING

Group Death Claim Form

(To be completed by the	Group Po	olicyh	olde	r in	case	e of	f Gro	up	Ter	rm	Ins	ura	nc	e)																									
Group Policy No.: Member Id:																																							
Name of Group Policyholo	der:																															\mathbb{L}		\perp		L			
Full Name of deceased Member:																														\mathbb{L}		\mathbb{L}							
Date of Birth: D D M M Y Y Y Y Date of Joining Policy: D D										М	М	Υ	Υ	′ Y		Υ		ate	of	la	st a	atte	end	ed	dut	ies:	D	D	М	1 N	1 Y	Y	′ \	()	/				
Date of Death: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$												1/	P.M	١.																									
Cause of Death:										_ /	٩ge	e as	01	n Da	ate	e of	De	ath	_		\	'ear	S	_			Mor	nth	(s)										
*Particulars of Leave avai	led by th	ne em	ploy	ee	durin	g t	he la	st	two	э у	ear	s:	lf r	equ	iire	ed, p	olea	ase	at	tacl	n se	epai	rat	e s	hee	et d	duly	si	gne	d by	/ the	e G	rou	p F	Polic	yhc	olde	er.	
From Date	To Date					Leave Type								Reasons									No	. 0	f D	ays	s		Date of resuming duties										
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Upon admissibility of Claim, the Payment is to be made in favour of - Group Policyholder Beneficiary (Tick whichever is applicable and fill in the bank details)																																							
If Payment to be made in favor of Beneficiary then please provide the below details:												If Payment to be made in favor of Group Policyholder (GPH) then please provide the below details																											
Beneficiary's Name:											Account Holder's Name:															_													
Relationship to the deceased:										Bank Name:																													
Bank Name:											Account Type:															-													
Account Type:												Account No.:																											
Account No.:												IFSC Code:																											
IFSC Code:													Contact No.:																										
Contact No.:													Email Id:																										
Email Id:														Littati tu.																									
(In case of Gratuity FSG Claim, Policy payment will be made in favour of Group Policyholder only & for other policies if none of the option is opted, and then payment will be made in favour of Group Policyholder)															n																								
Declaration by Group Poli	-																									,													
We agree to save and hold A (including attorney fees'), exp. Fund Transfer which may be We hereby declare that the paif any, due to wrong stateme ABSLI. ABSLI reserves the rig by Aditya Birla Sun Life Insur constitute discharge of liability.	penses, or instituted articulars ent or info ght to cal rance Cor	r damag d, prefe given a ormatic Il upon mpany	ges s erred, above on gi addi	suffe , cla e are ven tion	ered b imed true in co al doo	oy o or and nne	r take made d correction ection	en a ag ect. wi . W	gaingaing aing . We ith the	nst st <i>A</i> e ur this gree	AB BS Ider cla	SLI LI, i tak aim. at f	ts s ts s e to We ron	sing succ o inc e ag n th	on ces den gree is s	sors nnify tha	oui or Ac at s	nt of assi ditya subn ent a	f ar ign Bi nis:	ny ei s by rla S sion l all	ror an Sun of oth	or n y pe Life this er p	rso Ins fo	epr n o sura rm ers	ese r pe nce will and	erso e Co no l de	ntion ons omp ot be eclar	n in ma any e co atio	the king Lim onstr	info a cl iited ued n co	rmat aim I (AB as a	tion to BSLI acce	furr the :) fro epta on w	nish said om t ance vith	ned f d Po the l e of this	or E licy oss the cla	lec ber suf cla im	tron nefit fere im l	nic ts. ed, by
Name and Designation of the	• Authoriz	zed Per	son:																																				
Signature of Authorized Person:												S	eal	/St	am	p of	Gr	oup	Po	icyh	olo	ler:												_					
Date: D D M M Y Y Y Y										Pl	ace	e:	_				_	_		_	_			_															
Mandatory Documents red	quired to	be su	ıbmi	itte	d alo	ng	with	cl	aim	in	tim	ati	on																										
a) Copy of Death Certificate is: Additional Documents requi	-				-			-																							-	e -							

a) Leave records & Salary slips (for 1 year) where actively at work clause is applicable.

Additional requirements duly signed by the Group Policyholder in case of Accidental Rider -

a) Copies of FIR (b) Post Mortem Report (c) Police Inquest Report (d) News Paper Cutting

For death claims beyond the Free Cover Limit (FCL) - Requirements as above along with Employers Certificate including leave records and Mediclaim records, Medical Attendant Certificate.

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

Contact Us: