

DEATH CLAIM FORM

(All fields are mandatory to be filled jointly by the Group Policyholder & nominee under the policy)

1. Group Master Policy No:
2. Name of Group Master Policyholder:
3. Name of Insured Member:
4. Member ID: Date of Birth:
5. Date of Joining Group:
6. Date of Commencement of Risk:
7. Date of Encashment of Loan Cheque:
8. Date of Death: Cause of Death:
9. Name of Beneficiary:
10. Relationship of Beneficiary with Deceased Member:
11. Address of Beneficiary (Complete address):
.....
..... State: Pin code:
- PAN Number: Mobile Number:
- Email ID:
12. Sum assured at the inception of the policy:
13. Original amount of the loan:
14. Particulars of the recoveries made by the Group Master Policy Holder towards the loan:
.....
15. Outstanding loan balance as on date of death of the Life Insured:
16. Balance claim amount payable to the nominee (*difference between 12 & 15*):
17. Bank Details:
Full Name of the Nominee:
IFSC: Bank Name:
Bank Account Number:
- Account Type: ☐ Saving Account ☐ Current Account

Declaration & Authorisation by the Group Master Policy Holder:

I/We hereby declare that the information given on this Death Claim Form (hereinafter called Notification) is true and complete to the best of my knowledge and belief and are verified for accuracy.

I / We hereby certify that the Insured Member / Nominee / Beneficiary who had submitted the Claim Discharge form is the same person who has been registered by me / us as the Insured Member / Nominee / Beneficiary under the Group master policy.

I/We hereby make claim to Bharti AXA Life Insurance Co. Ltd. by submitting this Notification and agree that the written statements of all the physicians who attended or treated the Insured and all other proofs and supporting

documents associated with this Notification shall constitute and are hereby made part of this Notification. I/We further agree that the furnishing of this Notification, or of any other forms supplemental hereto by the Company, shall not be deemed an acceptance of an existence of any assurance in force on the life in question, nor a waiver of any of its rights of defenses.

I/We hereby irrevocably authorise any organisation, institution, or individual that has any record or knowledge of the Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted, other personal information or details of related accident/injury to disclose to Bharti AXA Life Insurance Co. Ltd. such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

I/We hereby declare and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals/organisations associated with the Company or any selected third party (within or outside of India, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me/us for such purposes.

Seal and Signature of the Authorized Signatory of the Group Policyholder:

Authorised Signatory for

Place:

Date:

Declaration & Authorisation by the nominee / claimant:

I / We hereby authorise Bharti AXA Life Insurance Company Pvt Ltd to pay the Outstanding Loan Balance Amount to the Master Policyholder, and the balance, if any, to the nominee appointed by the Life insured at the time of commencement of coverage

I/We hereby make claim to Bharti AXA Life Insurance Co. Ltd. by submitting this Notification and agree that the written statements of all the physicians who attended or treated the Insured and all other proofs and supporting documents associated with this Notification shall constitute and are hereby made part of this Notification. I/We further agree that the furnishing of this Notification, or of any other forms supplemental hereto by the Company, shall not be deemed an acceptance of an existence of any assurance in force on the life in question, nor a waiver of any of its rights of defenses.

I/We hereby irrevocably authorise any organisation, institution, or individual that has any record or knowledge of the Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted, other personal information or details of related accident/injury to disclose to Bharti AXA Life Insurance Co. Ltd. such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

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Signature / Thumb Impression of the nominee / claimant

*

Date:.....

Place:

Vernacular Declaration

Declaration by person filling the form:

I have explained the contents of this claim form to the claimant _____ in _____ language, ensuring he/she has fully understood the content. I have accurately recorded the responses by claimant in the claim form. I have read out the responses to the claimant and he/she confirmed it to be correct and has signed after fully understanding the contents and responses thereof.

Signature: Date:.....

Place:

Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bharti-axa.com | Comp-Nov-2024-7088.

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