



jeevan suraksha ka
naya nazariya

BAR CODE

Policy Number:

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CLAIMANT STATEMENT FORM (DEATH CLAIMS)

Important Points to be noted:

- The Claimant statement Form must be filled by the Nominee under the policy or by the legally entitled person
- Early submission of this form along with the required documents, will enable us to process your claim faster
- Copy of Death Certificate to be attested by Bharti AXA Life Insurance BIC / BH / COM / CLM / RCOM / MOM / BSM / ABSM
- Submission of this form should not be considered as acceptance of the claim
- No fees, commission or charges of whatever nature are payable to Agents or Employees of the Company in respect of this claim

1. Deceased Information

Name

Age at Death

Last Occupation

2. Claim Type

Death Claim

Premium Waiver Rider Claim

3. Particulars of Death

Date of death

Cause of Death

Place of Death

Hospital

Residence

Office

Others, Please specify: _____

Name and address of last attended clinic/hospital:

Nature of Illness and Habit of the insured

Hypertension Diabetes Heart disease Liver disease

Kidney disease Cancer Other

Smoking Alcohol Tobacco Drugs If yes, Duration of Consumption..... & Quantity Consumed.....

Date of diagnosis of illness

4. Your contact information

Full Name

Address (Current Residential Address should match with address proof provided)

City:

Pincode:

State:

Residential Status: Indian Non-Resident Indian (NRI) Foreign National.

If NRI or Foreign National, please provide country of residence or nationality: _____

Contact Number:

Landline:

Mobile 1:

Mobile 2:

Email Address:

All communications will be on the e-mail ID mentioned above. The mode of communication to and from company would include electronic mode like SMS, e-mail etc.

Please tick on the box if you wish to receive communication in electronic form as well as Physical copy.

5. Electronic Payout Mandate

- As per the regulatory notification, insurers are required to make all payouts through electronic mode only. Hence, amount would be credited to your below mentioned bank account details through NEFT / RTGS
- Submit a personalised cancelled cheque along with this form to process the payment

Payment Mode: <input type="checkbox"/> NEFT <input type="checkbox"/> ECS	MICR Code* (Mandatory for ECS):																			
Bank Name:	IFSC Code (Mandatory for NEFT):																			
	Account Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account																			
Bank Address (Including State, City, Pin code):	Telephone with STD code:																			
	E- mail:																			

* 9 digit MICR code of the bank and branch appearing on the cheque issued by the bank.

Disclaimer:

- I understand that any payout under this Policy shall be strictly in accordance with the policy terms and conditions.
- I understand that submission of this document does not mean acceptance of claim
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
- I take full responsibility of the genuineness and correctness of the details filled herein.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- Further, I understand that the Company shall not be held responsible for any receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.
- I also understand and agree that the Company reserves the right to use any alternative payout option.

Bank Account No.:

Please put a tick in the box below to indicate the identity of the bank account holder in the policy

Insured or covered person Policy owner Trustee Assignee (absolute assignment)

I hereby take the sole responsibility for the correctness of my Bank Account number and other details of this form. I undertake that I will not hold the company responsible in any manner for any transactions affected by the company due to incorrect Bank Account No. Or these details stated by me.

6. Declaration & Authorization

Declaration and Authorization:

- I/We, Mr/Mrs/Ms do hereby declare that all the statements and answers to all questions given by me above are best to my knowledge and belief, correct, complete and true.
- I/We, Mr/Mrs/Ms authorize any doctor/hospital/laboratory/institution/past and present employer/business associates/any life & non-life insurance company / organization or the Life Insurance Association's medical register to provide any knowledge or information concerning the Life Insured's health including information relating to HIV (AIDS Virus), habits or employment to the Company.
- I/we agree that the Company may provide/transfer/retain any information available with the Company related to life insured/me/us, obtained in connection with processing of proposal/claim to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing / claim related activities without any further reference to me/us;
- I/we agree that the Company may share life insured's/my/our information with other insurers for the claims settlement purposes;
- I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services.
- In case of Family Income Secure Plan &/or, Monthly Income Plan+, I/We request the company to provide me the Death Benefit in (Pl tick whichever is to be opted).
 Lumpsum Installments

Signature of the claimant: x.....

Date:

Relationship to deceased:

7. Document Requirements

<input type="checkbox"/> Mandatory Documents <input type="checkbox"/> Original Policy Bond <input type="checkbox"/> Copy of Death Certificate issued by Local Authority <input type="checkbox"/> Claimant Statement Form <input type="checkbox"/> Claimant's Current Address Proof <input type="checkbox"/> Claimant's Photo Identity Proof <input type="checkbox"/> Personalized Cancelled Cheque/Copy of bank pass book/bank statement	Additional Documents (Not applicable for Zero Death Benefit Pension Plan)
	Death due to Accident/Suicide/Murder <input type="checkbox"/> Copy of FIR/Panchnama/Inquest Report <input type="checkbox"/> Copy of Post Mortem Report <input type="checkbox"/> Copy of Driving License, if Insured was driving at the time of accident
	Non Accidental Death <input type="checkbox"/> Copy of Medico Legal Cause of Death Certificate <input type="checkbox"/> Copy of Medical Records (Admission notes, Discharge/Death Summary, Test Reports) etc <input type="checkbox"/> Treating Doctor's Certificate (Form available at branch/on website) <input type="checkbox"/> Family Doctor's Certificate (Form available at branch/on website) <input type="checkbox"/> Employer's Certificate, for salaried individuals only (Form available at branch /on website)

8. Online Claim Service

You can also make use of our following online claim services by visiting www.bharti-axalife.com/claims:

- Online submission of claim and facility to upload the documents
- Track the status of your claim
- Submit feedback on your experience

You can also contact us for any queries or requests in any of the following ways.

Call us at toll free number 1800-102-4444 [9 am to 9 pm Monday to Saturday],

Visit to the nearest Bharti AXA Life Insurance branch or mail it to Service@bharti-axalife.com



We are here to help you through difficult times.

Emotional Counselling | Financial Planning | Second Opinion on Will

Toll-free No.:
1800 227 023

For more details, visit
www.bharti-axalife.com/claims