



jeevan suraksha ka
naya nazariya

Bharti AXA Life Insurance Company Limited

Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

www.bharti-axalife.com

Toll Free: 1800-102-4444

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

DEATH CLAIM FORM

(To be filled by the Group Policyholder & nominee under the policy)

1. Group Policy No.....
2. Name of Group Policyholder:
3. Name of Insured Member:
4. Member ID: Date of Birth:
5. Date of Commencement of Risk:Date of Joining Policy:
6. Date of Death: Cause of Death:
7. Name of Beneficiary/Nominee:
8. Relationship of Beneficiary with Deceased Member:
9. Address of Beneficiary:

StatePin code.....Contact Number.....

10. Death Certificate has been verified with original copy, as submitted by Nominee Yes No
(Tick the appropriate Box)

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 Nominee / Beneficiary who has submitted the Claim Discharge form is the same person who has been registered by me / us as the Nominee / Beneficiary under the Group master policy.

I/We hereby lodge this claim with 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 a part of this Notification. I/We further agree and accept that the furnishing of this Notification, or of any other forms supplemental hereto shall not be deemed by Bharti AXA Life Insurance Co. Ltd. as an acceptance or 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 authorize any organization, 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.. 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 including but not limited to 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, the nominee(s) as appointed by the Life Insured, hereby authorize Bharti AXA Life Insurance Co. Ltd. to credit the claim amount as due under the policy, if any, to my bank account bearing no.

I/We hereby lodge this claim with 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 a part of this Notification. I/We further agree that the furnishing of this Notification, or of any other forms supplemental hereto shall not be deemed by Bharti AXA Life Insurance Co. Ltd. as an acceptance or 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 authorize any organization, 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/organizations 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 including but not limited to other financial products and services, direct marketing, and data matching, and to communicate with me/us for such purposes.

Signature / Thumb Impression of the nominee / claimant *.....

Date:..... Place: