

INDIVIDUAL DEATH CLAIM FORM



For official use only

Branch Name: _____ Branch Code: _____
Interaction ID: _____
Employee Name: _____
Employee Code: _____ Sign: _____
Date: DDMMYY Time: ☐ On or Before 3PM ☐ After 3PM

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.

Section A*

Policy details

Policy number(s): _____

Section B*

Details of life assured (la)

Name of life assured: ☐ Mr. ☐ Ms. FIRST MIDDLE LAST
Father's name: FIRST MIDDLE LAST
Date of death: DDMMYY
Place of death: ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (please specify) _____
Family doctor: Name _____ Registration no. _____ Contact no. _____
Last treated/attended doctor: Name _____ Registration no. _____ Contact no. _____

Detailed of life assured (la)

Last Employer details (If applicable):

Name of the Company: _____ Name of contact person: _____ Contact No.: _____
Nature of Death: ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide
Cause of Death: _____

Nature of illness and habit of the insured

☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease
☐ Kidney disease ☐ Cancer ☐ Other _____
☐ Smoking ☐ Tobacco ☐ Drugs If yes, Duration of Consumption _____ & Quantity Consumed

Date of diagnosis of illness

Other Insurance details: (Life/Medicaid/Health)

Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

Details of Claimant

Claimant Name: ☐ Mr. ☐ Ms. FIRST MIDDLE LAST
Date of Birth: DDMMYY
Address: BUILDING ROAD NAME / NO
LANDMARK
CITY / VILLAGE DISTRICT STATE
Pin code: _____

Contact No.:

O F F I C E

R E S I D E N C E

M O B I L E

Office & / or Personal Email ID: _____

Relation with the Life Assured: _____

☐

Spouse

☐

Children

☐

Parents

☐

Others

S P E C I F Y

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ BeneficiaryClaimant's PAN details: Or Form 60 ☐Politically exposed person: ☐ Yes ☐ NoUS Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

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

Contact No. _____ Email ID _____

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

☐ Please tick on the box if you wish to receive communication in electronic form as well as Physical copy.**Claimant NEFT mandate/ bank account details**

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

Bank account no. : _____

Account holder name: _____

Bank name & branch: _____

Account type: ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: _____ MICR: _____

Mandatory for Pension Plans, please indicate how you would like to receive the benefits

☐ Entire amount as lumpsum ☐ Entire amount as Annuity ☐ Part as annuity Part as Lumpsum ☐ As Installments

Blank space for companies to input product specific payout methods

IFSC Code (11 Characters) _____

MICR Code (9 Characters) _____

Account Holder's Name _____

Authorized Signatory _____

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 wrongs 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.

Section C***DECLARATION AND AUTHORISATION:**

- I hereby declare all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to Bharti AXA Life Insurance, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Bharti AXA Life Insurance to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.
- 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 voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by Bharti AXA Life Insurance

D. Note: claimant neft mandate/ bank account details

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
 - This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Bharti AXA Life Insurance.
 - In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.
- # Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.
- ## In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

Customer acknowledgement copy-individual death claim form

Policy No. _____ Claimant Name _____
Branch Name / Interaction ID _____ Claimant Client ID _____
Employee Name _____ Date _____
Employee Sign _____ Employee Code _____

Branch Stamp

Online Claim Service

You can also make use of our following online claim services by visiting www.bhartiata.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 7 pm Monday to Saturday],

Visit to the nearest Bharti AXA Life Insurance branch or mail it to service@bhartiata.com

Bharti AXA Life Insurance Company Limited, 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: 1800-102-4444 | Website: www.bhartiata.com |

BEWARE OF SPURIOUS/FRAUD PHONE CALLS and FICTITIOUS/FRAUDULENT OFFERS!

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