

## DEATH CLAIM FORM

(To be filled jointly by the 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 Commencement of Risk: .....
6. Date of Death: ..... Cause of Death: .....
7. Name of Beneficiary/Nominee: .....
8. Relationship of Beneficiary with Deceased Member: .....
9. Address of Beneficiary (Complete address): .....
- .....
- ..... State .....Pin code:.....Mobile Number.....

### Declaration & Authorisation by the nominee / claimant:

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.

### Signature / Thumb Impression of the nominee / claimant

\* .....

Date:.....

Place: ... ..

F/CL/15/45/V4

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-Feb-2022-4817

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