

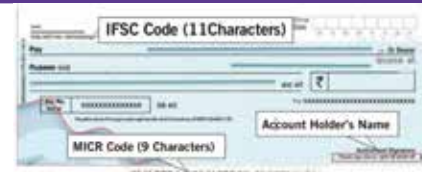
Individual Death Claim Form

For Official Use Only										
Branch Name					Branch Code					
Interaction ID										
Employee Name										
Employee Code					Sign					
Date					Time		☐ On or Before 3PM ☐ After 3PM			
DD / MM / YYYY										
SECTION A*										
Policy Details										
Policy Number(s)										
SECTION B*										
Details of Life Assured (LA)										
Name of Life Assured Mr./Ms.										
Father's Name										
Date of Death										
DD / MM / YYYY										
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										
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										
SECTION B*										
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										
DD / MM / YYYY										
Other Insurance details: (Life/Mediclaim/Health)										
Policy No.		Company Name			Sum Assured			Status (Active/Lapsed/Applied/Matured)		
DETAILS OF CLAIMANT										
Claimant Name										
Date of Birth										
DD / MM / YYYY										
Address										
City										
State										
PIN										
Mobile										
Email										
Relation with the Life Assured:										
☐ Spouse ☐ Children ☐ Parents ☐ Others										
Claimant's Title										
☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary										
Claimant's PAN details										
☐ Politically exposed person ☐ Yes ☐ No										
US Person										
☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)										

Photograph of Claimant

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

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

[illegible]

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

Account Type	☐ Entire amount as lumpsum	☐ Entire amount as Annuity	☐ As Installments
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Blank space for companies to input product specific payout methods

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 Ageas Federal Life Insurance Co. Ltd, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Ageas Federal Life Insurance Co. Ltd 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.

For Group Policies

- I/We, the Nominee/Nominees in respect of the insurance availed by the Member, consequent to the death of the Member. I/we instruct and authorise Ageas Federal Life Insurance Co Ltd to pay the outstanding loan amount to the Master Policyholder/ Assignee directly, and the balance amount be paid to me/us. Upon such payment by Ageas Federal Life Insurance Co Ltd on my/our instructions and on my/our behalf to the Master Policyholder/ Assignee, Ageas Federal Life Insurance Co Ltd shall stand fully discharged in respect of the claim amount due to me/us.

Date: / / Place:

Signature of Claimant

SECTION C*

The Claimant has affixed his/her thumb impression/has signed in vernacular/has not filled the form. I hereby declare that the content of this form has been explained to the Claimant in _____ language and have truthfully recorded the answers provided to me. I further declare that the Claimant has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Date: / /

Place: _____

Signature of Third Person

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: support@ageasfederal.com

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

(1) Original policy document (Not necessary in case of dematerialised policy document) (2) Death certificate issued by local authority
(3) Claimant's PAN Card/ Form 97* (If Pan card not available) (4) Claimant's passport size photograph (5) Cancelled cheque

ADDITIONAL DOCUMENTS

HOSPITALISATION/ DEATH DUE TO ILLNESS (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past.
(Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.) (3) Claimant's passport size photograph (5) Cancelled cheque

ACCIDENTAL DEATH (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers:

1. Copies to be submitted and originals to be presented at the time claim submission,
2. Ageas Federal Life Insurance Co. Ltd. reserves the right to ask for more information/ documents, if required

C. List of officially valid documents.

- ☐ Passport
- ☐ Voter's identity card issued by Election Commission of India
- ☐ Driving License
- ☐ Job card issued by NREGA duly signed by an officer of the State Government
- ☐ Letter issued by the National Population Register containing details of name, address
- ☐ Any other document as notified by the Central Government in consultation with the Regulator
- ☐ Optional Aadhaar (Mask Aadhaar card to be shared. First eight digit should be masked and last four digit should be visible.)

* I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by Ageas Federal Life Insurance Co. Ltd.

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 Ageas Federal Life Insurance Co. Ltd.
- 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.

IRDAI Registration No. 135. Ageas Federal Life Insurance Co Ltd (Formerly known as IDBI Federal Life Insurance Co Ltd.), 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (East), Mumbai 400013, India. CIN: U66010MH2007PLC167164. Customer Service Helpline (Toll Free): 1800 209 0502, Email: support@ageasfederal.com. Website: www.ageasfederal.com. Trade Logo displayed above belongs to Ageas International Insurance N. V. and The Federal Bank Limited and used by Ageas Federal Life Insurance Company Limited under license from respective partners.

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CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

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

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