IndiaFirst
LIFE INSURANCE

A Joint Venture of Bank of Baroda · Legal & General · Andhra Bank

Claim Intimation form - Group Term Life

Disclaimer: All claim payments would be made through the electronic fund transfer only.
(Issuance of this form does not amount to admission of any claim/liability under the policy on the part of the insurers.)
Please attach this form fully completed along with original death certificate to help us process your claim promptly.

Master Policyholder's details

Master Policyholder's Name:

Group Term Life Policy number:

Membership no / Certificate: of Insurance no :

Sum Assured :

Member's (Life Assured) Details.

Name :

Date of birth: D D M M Y Y Y Y Date of death: D D M M Y Y Y Y Place of death:

Gender : Male Female Time of death : Duration of Illness which lead to death: Days Month Yrs

Cause of death: Occupation:

Address:

City: Pin code: State:

Claimant's / Nominee's Details.

Name :

Current Residential Address:

E Mail ID: Date of birth: D D M M Y Y Y Y

Contact No: Residential Mobile:

Bank Account Details of Claimant/ Nominee : Bank Name -

(Please enclose a copy of Bank Passbook / Bank Statement)

A/C No: IFSC Code:

Claimant's relationship with the life assured (Check Relevant Option):

Son : Daughter : Father : Mother : Spouse : Others (Please specify) : _____

Doctor's details (In case of death to medical reason):

Name:

Address:

City: Pin code: State:

Contact No: Residential Mobile:

Other doctors/specialists/hospitals consulted

Name of the doctor/ hospital	Address	Phone Number	Date of Consultation	Reason for consultation/ admission

Accident details (in case of death due to accident)

Date ofAccident : D D M M Y Y Y Y Place:

Cause of death: Road accident: Accident at home: Accident at work: Homicide: Other:

In case of other, please specify:

How did the accident occur ?

Police Investigation details (please provide copies of FIR, police inquest report, Panchnama, post mortem report etc.) (Applicable in case of death due to accident)

Police station : FIR / Case No :

Findings :

I hereby declare and confirm that I am the rightful claimant/ Nominee's of this plan and that the details provided above are correct and true to the best of my knowledge. I have not withheld any relevant information and believe that the deceased is the same person as the life assured under the plan issued by IndiaFirst Life Insurance Company Ltd.

Through this statement, I authorize any hospital, institution, nursing home, medical clinic or medical practitioner who has treated or examined the deceased to provide IndiaFirst/any court of law/ any grievance redressal forum with any medical information regarding the deceased's state of health which he/she may have acquired before or after the issuance of the plan on its request. This authorization is notwithstanding any law, custom or usage for the time being in force which prohibits any physician or hospital from divulging any knowledge or information, acquired by him/them in attending upon or examining a person on the ground of secrecy.

Further, I authorize any insurance company, government organization, employer, other organization, institution or person to release to IndiaFirst or its duly authorized representatives any record or knowledge about deceased. Such information shall without limitation include information about deceased's health (including any information relating to the use of drugs or alcohol, AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information of the life assured's account.

Lastly, I declare that I am entitled to make the above authorizations and agree to help IndiaFirst or its duly authorized representatives to gather any information and use it as may be deemed fit to help process this claim.

Mode of Payment (Mandatory to be filled):

Mode selected would be used by the company to make payout(s) to the Claimant. Payout would be in accordance and subject to the terms and conditions of the policy. Direct Credit (Bank of Baroda and Andhra Bank only) ☐ NEFT / RTGS ☐

Bank name		Branch	
Account number		Type of account	
IFSC code		MICR Code	
Name as per Bank Records			

It is mandatory to provide a cancelled cheque and copy of bank pass book & A/C statement.

Disclaimer: The payout mode selected in this form would be used by the company to make all payout(s) to the claimant. Payouts would be in accordance and subject to the terms and condition of the policy.

I declare and state that the company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. 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.

Authorised Signature of the Group Policy Holder

Name and designation : _____

Company seal and address : _____

Contact Details :_____

Signature :

Date : _____

Signature of the Claimant/ Nominee - Mandatory

Name and address : _____

Contact Details :_____

Signature :

Date : _____

Claims process requirements

S.No	List Of Mandatory Documents required	Tick whichever Submitted
1	Completely Filled and Signed Claim Intimation Form	
2	Original Death Certificate	
3	Bank Application form (Applicable only for Jeevan Abhaya & Jeevan Suraksha)	
4	Health declaration form (Applicable only for Jeevan Abhaya & Jeevan Suraksha)	
5	Nomination form (Applicable only for Jeevan Abhaya & Jeevan Suraksha)	
6	Copy of Leave Records (Applicable only for Employer Employee Group Term Life)	
7	Copy of Certificate of Insurance (Applicable only for Employee Group Term Life)	
8	Copy of Identification & Address proof of Nominee/Claimant	
9	Copy of Bank Pass book of Nominee/Claimant along with Cancelled Cheque	
10	Bank A/C statement of Life Assured showing the Insurance Premium Debit. (Applicable only for Jeevan Abhaya & Jeevan Suraksha)	
In case of death due to unnatural causes including Accidents, Murder, Suicide etc, Please provide following documents.		
11	Copies of First Information Report Duly attested by Police Officials.	
12	Copies of Post Mortem Report Duly attested by Police Officials.	
13	Copies of Panchanama Report Duly attested by Police Officials.	
In case the Life Insured was treated for any illness related to cause of death, Please provide following documents.		
14	Discharge / Death Summary of Hospital	
15	All investigation/Diagnostic Reports	
16	Hospital Summary/Indoor Case Sheets	

IndiaFirst may call for any additional document or information that may be needed to process the claim, depending on the cause or nature of the claim.