

Claim Intimation form - Micro Insurance

Master Policyholder's details

Master Policyholder's Name: _____ Policy number: _____
Sum Assured: _____
Membership no / Certificate of Insurance no: _____
☐ Reducing Sum Assured ☐ Level 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 Gender: ☐ Male ☐ Female
Cause of death: ☐ Accidental ☐ Non-Accidental ☐ Suicide ☐ Others _____

Claimant's/ Nominee's Details.

Name: _____
Current Residential Address: _____
E Mail ID: _____ Date of birth: D D M M Y Y Y Y
Mobile: _____

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

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

Mode of Payment (Mandatory to be filled):

Bank name	Account number	IFSC code	MICR Code

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.

I hereby declare and confirm that I am the rightful claimant/ Nominee 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.

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

Declaration by Nominee / Appointee

I / We the undersigned, am / are the registered nominee/s / Appointee for the Group Policy issued by IndiaFirst Life Insurance Co. Ltd. I / We have verified and found correct, the Outstanding Loan Amount mentioned in the Credit Account Statement submitted by the Master Policy Holder against the insurance coverage details mentioned under "Master Policy Holders details" section below and I hereby authorise the Company to make the payment towards the Outstanding Loan Amount to Master Policyholder by deducting from claim proceeds payable on the happening of the contingent event covered by the Policy, in case the policy is availed through a Regulated Entity as prescribed by the authority from time to time.

Signature of the Claimant/ Nominee - Mandatory

Signature : _____ Name: _____ Email ID _____
Mobile No.: _____ Date: _____

Declaration by Master Policy Holder

Sr. No.	Particulars	Details
1	Loan Account Number	
2	Name of the Member	
3	Original amount of loan (INR)	
4	Sum Assured for which the member of the group Insurance Policy was Insured (INR)	
5	Particulars of the recoveries made by the Master Policy Holder	
6	Outstanding loan Balance as on the date of death (INR)	
7	Balance claim amount (Difference between the sum assured and outstanding loan balance) payable to the insured on the happening of the other contingent event or to the nominee / beneficiary of the deceased member in case of death (INR)	
8	Name of the Nominee	

It is hereby declared that the Insured Member/Nominee/Beneficiary are the same person who has been registered by Master policyholder under the Group Master Policy. It is hereby declared that the information submitted above is true, correct and verified for accuracy as derived from the records of _____ (Name of Bank). We understand that, in absence of the authorization from the life assured/ member to pay the outstanding loan amount to Master Policy Holder, benefits will be paid to the nominee/ beneficiary.

Name and designation: _____ Signature : _____
Company seal and address: _____

Contact Details: _____ Date: _____

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. IndiaFirst does not demand any kind of fees to process claims. Please connect with our customer service team at 1800 209 8700, if any such demand is made.