

Claim Intimation form – Accidental Total and Permanent Disability

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 Disability Certificate issued by appropriate Authority 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.

Life Assured's details

Name: Policy number:
 Date of birth: PAN No.: Occupation:
 Address:
 City: Pin code: State:
 E Mail ID: Mobile:

Accident details

Date of Accident : Place of Accident:
 Type of Accident: Road accident: Accident at home: Accident at work: Homicide: Suicide: Other:
 In case of other, please specify:
 How did the accident occur ?

Police Investigation details

Police Station: FIR/ Case No:
 Findings:

Attending Doctor's details

Name of Doctor:
 Clinic / Hospital Address:
 City: Pin code: State:
 Relationship with patient since: Days Month Yrs
 Contact No: Residential Clinic / Hospital
 Mobile:

Employment/Occupation Details

Prior to Disability:
 Name of the Company/ Business:
 Address:
 List of Job Duties:
 Occupation: Service Professional Business Student Housewife Retired
 Post Disability:
 Are you currently employed? Yes No
 If "No", please state the Date of Termination of Employment
 Are you currently self employed? Yes No
 If "Yes" for both the above options, please provide the Employer/Business entity Name and address below.

Other doctors/specialists/hospitals consulted

Name of the doctor/ hospital	Address	Phone Number	Reason for consultation/admission (Complaints and Diagnosis)	Date of Consultation

Other life insurance details

Name of the company	Issue date	Sum assured	Policy No.	If proposal Rejected provide reason

Declaration and Authorisation

I hereby declare and confirm that I am the rightful claimant 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 I am the same person as the life assured under the plan issued by IndiaFirst Life Insurance Company Ltd.

Through this statement, I hereby authorize any hospital, institution, nursing home, medical clinic or medical practitioner who has treated or examined me for any kind of illness or ailment, to provide IndiaFirst/any court of law/ any grievance redressal forum with any medical information and documents regarding the Life Assured's state of health which he/she may have acquired before or after the issuance of the plan on its request. I also hereby authorize my past and present employer to share my employment and health benefit details. 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 me. Such information shall without limitation include information about my health (including any information relating to the use of drugs or alcohol, AIDS, Tuberculosis 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.

Date of birth:

Name of the claimant:

Location:

Contact Details:

Name and Signature of the Claimant:

Name and Signature of the Witness:

Name and Signature of the Witness:

Claims process requirements

S. No	List if Mandatory Documents required	Tick whichever Submitted
1	Completely Filled and Signed Claim Intimation form - Accidental Total and Permanent Disability	
2	Attending Doctor's Certificate duly filled and signed in original.	
3	Disability Certificate issued by Attending Neuro physician/Surgeon/Civil Surgeon etc, providing the detail of the Physical Severance and its Nature (Permanent/Temporary)	
4	First Information Report, Panchnama and Inquest report, duly attested by the police.	
5	All Hospitalization documents including discharge summary, Admission Notes and all investigation reports.	
6	Self attested Copy of bank pass book of Policy Holder along with cancelled cheque with preprinted name.	

The company may call for any additional document or information that may be needed to process the claim depending on the cause or nature of claim Kindly mail this completely filled form along with the documents to:

IndiaFirst Life Insurance Company Ltd.,

301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 Fax: +91 22 6270 0600 Toll Free: 1800-209-8700

E-mail: customer.first@indiafirstlife.com Website: www.indiafirstlife.com