

Claim Intimation Form – Investment Plan

Scheme Type : Gratuity/Leave Encashment

Name of the Master Policy Holder:

Master Policy No:

I. Common details (whether the Scheme is Gratuity, Leave Encashment)

Name of the Employee (As in the data sent to us) Mr./Mrs./Ms.

Emp. Code/ Member Id. Date of Birth:

Date of Joining Service: Date of Exit :

Mode of Exit : Retirement Resignation Death Others

Mandatory Documents to be attached in case the

1. Death Certificate issued by Municipality/Nagar Parishad Gram Panchayat(Original/ Copy Attested by Trustee/ Employer) claim is due to Death

II. In case of Gratuity

Last Monthly Salary: As defined in Gratuity Rules Rs.

Eligible Period of service for Gratuity Gratuity benefit payable Rs.

III. In case of Leave Encashment

No. of days leave eligible for encashment: (In days)

Eligible leave salary: Rs. per day Rs. per month

Total leave encashment benefit payable: Rs.

Mode of Payment (Mandatory to be filled):

Mode selected would be used by the company to make payout(s) to the Claimant/Beneficiary. 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 Account number

Branch 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.

I/We hereby declare that the information provided above is true to the best of my/our knowledge.

Authorized Signatory /Signature of Trustees

Seal of Trust

Advance Discharge Voucher:

We the Trustees/Authorized Signatory/ies of _____ hereby give a valid Discharge in acknowledgement of receipt of Claim moneys in respect of the above claim as detailed below.

Please affix
Re. 1/-
revenue
stamp & sign
across

1. Gratuity / SA / Leave Encashment Amount: Rs.
2. Life Cover (to be filled by IndiaFirst Life) : Rs.
3. Others (please specify): Rs.
T O T A L : Rs.

Authorized Signatory /Signature of Trustees

Name of the signatory:

Seal of the Company /Trust:

Place: - Date:-

Instructions:

1. All fields are mandatory.
2. The Claim Form should be sent to the below address :

Claims Department

IndiaFirst Life Insurance Company Ltd

301, 'B' Wing, The Qube, Infinity Park,

Dindoshi - Film City Road, Malad (East), Mumbai - 400 097

- 3) The claim amount will be transferred as to a/c mentioned above under Mode of Payments.
- 4) For any assistance please contact at 022 39418700 or email to claims.support@indiafirstlife.com
- 5) IndiaFirst Life Insurance Company Ltd shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.