

Affinity-Group Death Claim Intimation Form

Documents to be Submitted	
Mandatory Documents	Supporting Documents
1) Copy of death certificate issued by appropriate authority (e.g: Municipal Corporation) 2) KYC documents of claimant i) PAN or Form No. 60 ii) Copy of any one of the following (Identity & address proof of claimant) a. Aadhaar Card b. Passport (unexpired) c. Driving License (unexpired) d. Voter's Identity Card e. Job card issued by NREGA duly signed by an officer of the State Government iii) One recent photograph of the claimant 3) Copy of self-attested cancelled cheque/bank passbook of the beneficiary 4) Copy of certificate of insurance	For Death due to accident/suicide: i) Copy of First Information Report (FIR) ii) Inquest Report / Panchnama iii) Copy of Post-Mortem Report For Death due to natural cause: i) Copy of cause of death certificate issued by treating doctor ii) Medical records (admission notes, discharge/death summary, test reports etc.)

- Form to be filled by the beneficiary in BLOCK LETTERS
- Policy benefit will be payable subject to policy being in force as on date of event & subject to fulfilment of all conditions as stated in the Certificate of Insurance
- Submission of this form should not be construed as acceptance of claim.
- Bandhan Life reserves the right to call upon supporting/additional documents as deemed necessary.
- Regulatory guidelines require insurers to pay all payouts due to policy holder/nominee/assignee by directly crediting the money into their bank accounts.

Group Policyholder's Details:

1) Name of Master Policy Holder : _____

2) Master Policy No : _____ 3) Certificate of insurance number: _____

Information of the Member Insured:

Details of Deceased Life Assured

A: Personal Details

Name: _____ Date of Birth: _____

Last Occupation: _____ Employer's Name: _____

B: Details of Claim

Date of Death : Cause of Death: Natural Accident Suicide

Place of Death: Hospital/Clinic Residence Office Others

C: Any history of hospitalisation / illness in the last 5 years? If yes, please provide details.

Nature of illness / ailment: _____

Date of diagnosis: Date of admission:

Date of discharge:

Name & address of doctor last visited: _____

Beneficiary Information:

Beneficiary Name: _____ Relation with the Deceased _____

Address: _____

Bank Name: _____

Account Type: _____

Account No.: _____

IFSC Code: _____

Contact No.: _____

E-Mail ID: _____

Declaration & authorization by beneficiary/beneficiaries

I/We , the above mentioned claimant/s do solemnly declare the foregoing statements are true & agree that furnishing this form, or any other form supplemental thereto, shall not constitute an admission by it that there was any insurance in force on the life in question or a waiver of any rights or defence. We agree that submission of this form will not be construed as acceptance of claim by Bandhan Life Insurance Ltd. I/we hereby give our / my consent to Bandhan Life Insurance Ltd. and/or its representative to obtain all past / present employment/birth & death registrar / medical / Govt. or Pvt Hospital records / Police records / other records (including photocopies) / information pertaining to the treatment/occupation of the deceased and/ or conduct such investigations as it may deem fit. We agree that payment of claim amount shall constitute discharge of liability of Bandhan Life Insurance Ltd

Signature of Claimant/Beneficiary

Name:

Date:

Vernacular Declaration (if the Claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration):

Certified that the contents of this form were explained to the claimant in vernacular and he/she has affixed his/ her signature/thumb impression hereto after fully understanding the same.

Signature of the Witness:

Address:

Name of the Witness:

Contact No. of the Witness:

Note: Witness declaration to be signed by any of these: Official of MPH or any other person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazetted Officer.

