


**COMPLETE IN DUPLICATE - RETAIN COPY FOR YOUR RECORDS**

(All Sections To Be Completed)

**CONDITIONS TO BE READ BEFORE FILLING THE FORM**

- In respect of redemption received up to 3.00 p.m. by the insurer, the closing NAV of the day on which request is received shall be applicable.
- In respect of redemption received after 3.00 p.m. by the insurer, the closing NAV of the next business day shall be applicable.

 Single claim form (In case of single claim please fill Annexure I)

 Multiple claim form (In case of multiple claims please fill Annexure II)

**A. PRODUCT DETAILS (ANNEXURE I & ANNEXURE II)**

Scheme name	_____	UIN	_____
Policy number	_____	Name of policy holder	_____
Address	_____		
Pincode	_____	Contact No.	_____

**ANNEXURE I - SINGLE CLAIM FORM**
**B. MEMBER DETAILS**

Name of the member	Title	_____	First name	_____	Middle name	_____	Last name	_____
Residential Address	_____							
			Pincode	_____	Contact No.	_____		
Date of birth	_____ / _____ / _____	Member ID	_____					
Date of joining	_____ / _____ / _____	Category and salary grade	_____					
Cover commencement data	_____ / _____ / _____	Last drawn salary (Basic + DA)	_____					
Annual salary	_____		Leave encashment amount	_____				
Cover amount	_____		Past service gratuity amount	_____				

**C. CLAIM EVENT DETAILS**

Resignation     Retirement     Death    Last working date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If death

Date of death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of death     Natural     Accidental     Suicide     Murder     Others    (Incase of others please provide details while mentioning the cause of death.)

Cause of death \_\_\_\_\_

Address of place of death \_\_\_\_\_

**D. ADDITIONAL DETAILS (FOR FAMILY BENEFIT CLAIMS OF INSURED FAMILY MEMBER ONLY)**

Name of the deceased	Title	_____	First name	_____	Middle name	_____	Last name	_____
Date of death	_____ / _____ / _____	Relationship with the member	_____					

**REMARK**

\_\_\_\_\_

## ANNEXURE II - MULTIPLE CLAIM FORM

Death /  Resignation for the year 20 \_\_\_\_\_

Transfer of funds to \_\_\_\_\_

(Account details of the Trust)

Incase of multiple claim's process please fill the below details in a separate sheet and attach along with this form

Sr. No.	Employee number	Employee name	Date of birth	Date of joining	Last working date	Last drawn basic (Basic + DA)	Gratuity/Leave encashment amount	Reason

### BENEFITS DETAILS (ANNEXURE I & ANNEXURE II)

Basic life cover benefit payable to

Beneficiary\*\*

Rider benefit (if any) payable to

Beneficiary\*\*

Policy holder

Benefit to be paid by  Electronic fund transfer

Policyholder's bank account details (mandatory)

Account holder name \_\_\_\_\_

Bank and branch name \_\_\_\_\_

\*\*Beneficiary form to accompany this form

## DECLARATION OF AUTHORITY

I/We the undersigned, in my/our capacity as (designation) \_\_\_\_\_ and duly authorised to make this declaration, hereby declare:

i. That the person whose resignation / retirement / death gave rise to this claim has in fact resigned / retired / died and was in fact a legitimate member of the plan on the date of resignation / retirement / death.

ii. That he/she joined employment / the group on (date) \_\_\_\_\_ and he/she was actively at work / in good health on the date of commencement of cover.

iii. That in the event the claim is admitted, the payment of the proceeds due in respect of the above member in terms of the aforementioned plan shall represent the full and final discharge of Kotak Mahindra Life Insurance Company Ltd's liability in respect of that member under the said plan.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Official Company Stamp

Designation \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_

### PRIMARY DOCUMENTATION REQUIRED FOR DEATH CLAIMS NEEDS TO BE ATTACHED ALONG WITH THIS FORM

- Original death certificate issued by the municipal authority
- Last attending doctor's certificate stating the exact cause of death
- Proof of age (e.g. birth certificate, school leaving certificate etc.)
- Proof of membership (e.g. certified copy of the latest pay slip, certified copy of membership card etc.)
- If death has occurred in a hospital, all case history papers
- If the death is due to an accident or any other unnatural cause, we require:
  - a. A certified copy of the FIR filed with the police authorities
  - b. A certified copy of the post mortem report / autopsy report
  - c. A certified copy of the driving license if death occurred while driving
- Beneficiary nomination form if claim is payable to the beneficiary (all BLC claims will be payable only to beneficiary)
- Proof of relationship with member (for family benefit claims only)

(The above mentioned documents are indicative and additional documents may be called for where necessary)

#### FOR OFFICE USE ONLY

#### KOTAK MAHINDRA LIFE INSURANCE COMPANY LTD.

I confirm that I have checked the details on this form and have satisfied myself that they are correct.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

**Kotak Mahindra Life Insurance Company Ltd.**

CIN: U66030MH2000PLC 128503 | IRDAI Reg. No.: 107

#### Registered Office:

6th Floor, Plot #C-12, G-Block, BKC, Bandra (E), Mumbai - 400051

#### Corporate Office

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 Hum hain... hamesha