

GROUP INSURANCE DEATH CLAIM INTIMATION FORM - CREDIT POLICIES

CLAIM DISCHARGE FORM (TO BE FILLED BY THE NOMINEE)

Mr. /Ms. _____ (member name) who was insured under credit policy no. _____ under loan a/c. no/s. _____ with _____ (policyholdersname) I, _____ his / her wife / husband / father / mother / son / daughter / brother / sister residing at address mentioned in point (d) hereby confirm that I am the nominee /beneficiary under the said policy.

I hereby confirm that I have received the claim settlement as under:

1. Outstanding Loan Amount as on date of death of the Insured Member to the Master Policyholder.
2. Over and above amount of ` _____ has been paid to me.

I confirm, this to be the full and final settlement in regard to the death claim/sof the deceased member (under above named policy) and thus, hereby discharge your company, Kotak Mahindra Life Insurance Company Ltd. from any liability under this claim/s.

I hereby voluntarily submit at my own discretion to Kotak Mahindra Life Insurance Company Limited (hereinafter referred to as "Kotak Life") a copy of my Aadhaar card, as issued by UIDAI, for the purpose of establishing my identity.

I hereby give my consent to Kotak Life to verify my Aadhaar to establish its genuineness through Quick Response (QR) code (embedded in the Aadhaar card), e-verification or through other such acceptable manner as per UIDAI guidelines or under any Act or law from time to time.

I hereby expressly declare that I have been informed by Kotak Life that:

1. My Aadhaar details will be used for KYC (Know Your Customer) purposes only for all policies that I may procure from Kotak Life and that the information submitted to Kotak Life shall not be used for any other purpose, unless the same is required under any law.
2. During offline verification process, my information such as Name, Age, Gender and address may be verified by Kotak Life.
3. I may submit any other officially valid identity document in place of Aadhaar.

Date: _____ Email: _____

Place: _____ Mobile: _____

Signature/Thumb impression of the claimant

SCRIBE DETAILS - Declaration by the person filling this form (Applicable only where the declaration is filled in by the scribe or signed in vernacular language)

Fullname of scribe: _____ Contact no: _____

Relation with claimant: _____

Date: _____

Place: _____

Signature of scribe

CLAIM DISCHARGE FORM (TO BE FILLED BY THE POLICYHOLDER)

This is with reference to the death claim of our above mentioned customer who was covered under the Credit Policy No. _____

Mr./Ms. _____ (the "deceased Member")

residing at _____

Tel Nos. _____ was covered under the above referred policy by virtue of loan disbursed to him/ her vide Loan Agreement No/s. _____, Dated _____,

We hereby certify that the Nominee / beneficiary mentioned above who has submitted the Claim Discharge Form is registered with us as the Nominee / beneficiary under the Group Master Policy and is entitled to the claim proceeds.

We hereby confirm receipt of ` _____ /- (` _____ only) to the extent of the outstanding amount towards loan amount (as on the date of death) and balance claim amount (if any) to be remitted to above mentioned nominee/beneficiary/legal heir of the deceased member (after deduction of the outstanding loan balance payable to the master policyholder) vide electronic transfer / cheque no _____ towards the claim under the above policy in respect of above referred member. We also confirm that the claim amount received shall be credited to Members above mentioned loan account/s.

Name: _____ Designation: _____

Date: _____

Place: _____

Signature

OFFICIAL COMPANY STAMP