

Group Insurance Death Claim Form (Employer - Employee)

COMPLETE IN DUPLICATE - RETAIN COPY FOR YOUR RECORDS

(All sections to be completed)

A. PLAN DETAILS	
(1) Name of Plan _____	(2) Policy Number <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
(3) Company Name _____	
Address _____	
Pin Code _____	Phone Number _____
B. MEMBER DETAILS	
(1) Name of Employee _____	
(Title)	(Surname)
(First Name)	(Middle Name)
Residential Address _____	
Pin Code _____	Phone Number _____
(2) Date of Birth	(6) Employee ID. <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
(3) Date of Joining	(7) Category & Salary Grade <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
(4) Cover commenced date	(8) Last Drawn PF based Salary <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
(5) Date of Death	(9) Annual Salary <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
	(10) Cover Amount <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>
C. CLAIM EVENT DETAILS (FOR DEATH CLAIMS ONLY)	
(1) Date of Death <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>	(2) Type Natural/Accidental / Suicide / Murder / Others*
(3) Cause of Death _____	
(4) Place of Death with address _____	
* In case of 'others' please provide details while mentioning the cause of death	
D. ADDITIONAL DETAILS (FOR FAMILY BENEFIT CLAIMS OF INSURED FAMILY MEMBERS ONLY)	
(1) Name of the Nominee _____	
(Title)	(Surname)
(First Name)	(Middle Name)
(2) Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table>	(3) Relationship to member
E. BENEFIT DETAILS	
(1) Bank Account Details (mandatory)	
Name of Account Holder _____ Account No _____	
Name of Bank and Branch _____	
(2) Address to which cheque and confirmation of payment should be sent:	
Contact Person _____	
E-mail Address _____	

** Beneficiary details form to accompany this form

Remarks _____

DECLARATION AND AUTHORITY TO PAY CLAIM

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

- i. That the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the Plan eligible in all respects, for insurance cover under the aforesaid Policy, on the date of his/her 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 afore-mentioned 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....



Designation

Name

Signature

Claimant's Aadhar consent

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)

Full name of scribe : _____ Contact no: _____
Relation with claimant: _____

Please attach to this form Primary documentation required for death claims:

- Original death certificate issued by the Municipal Authority
- Last attending doctor's certificate stating the exact cause of death
- 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 certified copy of the FIR filed with the Police authorities
 - A certified copy of the Post Mortem Report/Autopsy Report
 - A certified copy of the Driving License if death occurred while driving
- Beneficiary nomination form if claim is payable to the beneficiary
- Proof of relationship with member (for family benefit claims only)
- Leave Records

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

For Kotak Mahindra Life Insurance Company Ltd. (OFFICE USE ONLY)

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

Name

Designation

Signature

Contact No

E-mail Add

Kotak Mahindra Life Insurance Company Ltd

Registered Office: 8th Floor, Plot #C-12, G- Block, BKC, Bandra (E), Mumbai-400 051. Maharashtra, India.

Corporate Office: 9th Floor, Intellion Square, Building No. 4, Infinity IT Park, Gen. A K Vaidya Marg, Malad (E), Mumbai - 400 097

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