



<p style="text-align: center;">AFFIX BRANCH</p> <p style="text-align: center;">SEAL</p>	<p><u>Instruction for filling up the form</u></p> <ul style="list-style-type: none"> • This form is to be filled for ALL Rider Claims / IIL Health Claims. • This Form needs to be filled in by the Life Insured, as the case may be. • Please submit this form along with the requirements mentioned below at the nearest branch or Claims Department, 7th Floor, Zone 2, Kotak Infiniti, Building no. 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai – 400 097. • The Company reserves the right to call for any information / additional document(s) / Requirement(s) as it may deem necessary. • Every field should be properly and correctly filled up. Please ensure complete details are given 	<p>Photograph of the Life Insured</p> <p>(Please affix signature across the photograph)</p>
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Documents to be submitted				CIB		PDB		ILL Health	
Mandatory Documents				Req	Y/N	Req	Y/N	Req	Y/N
Duly filled Rider Claim Intimation Form									
Original Policy Documents									
Life Insured's Photo, Current Address Proof & Photo ID Proof									
Supporting Documents									
Life Insured's copy of Bank Passbook/Statement with account details									
Medical Records (Consultation notes, treatment records, admission notes, hospital indoor case papers, discharge / death summary, investigation reports etc)									
Critical Illness Questionnaire / Medical Questionnaire / Physician Statement									
Copy of duly certified First Information Report / Inquest /Panchnama (translation mandatory in case vernacular language)				×					
Copy of Driving License if the Life Insured was driving the vehicle at the time of accident.				×					
Disability Certificate from Government Authority				×					
Settlement Option Form as applicable (refer point # 4)				×		×			
Any other Document (Please specify)_____									

[illegible]

Name (Full Name)	Age	Gender	Occupation	Education Level	Marital Status	Religion	Political Affiliation	Health Status	Income Level	Home Ownership	Vehicle Ownership	Travel Frequency	Language Proficiency	Skills	Interests	Volunteer Work	Charitable Contributions	Family Size	Children's Education	Parenting Style	Spouse's Education	Spouse's Occupation	Spouse's Income	Spouse's Health	Spouse's Religion	Spouse's Political Affiliation	Spouse's Travel Frequency	Spouse's Language Proficiency	Spouse's Skills	Spouse's Interests	Spouse's Volunteer Work	Spouse's Charitable Contributions	Spouse's Family Size	Spouse's Children's Education	Spouse's Parenting Style
John Doe	35	Male	Software Engineer	Bachelor's Degree	Married	Christianity	Democrat	Good	High	Owns	Owns	Monthly	English	Python, Java	Reading, Hiking	Yes	\$500	3	High School	Authoritative	Master's Degree	Marketing Manager	Medium	Good	Christianity	Democrat	Quarterly	English	Project Management	Golfing, Gardening	No	\$300	2	High School	Permissive
Jane Smith	28	Female	Teacher	Bachelor's Degree	Single	Islam	Republican	Excellent	Medium	Rent	No	Yearly	Arabic, English	Mathematics, Spanish	Art, Music	No	\$200	1	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Michael Brown	42	Male	Business Owner	High School	Married	Hinduism	Independent	Fair	Low	Owns	Owns	Weekly	Hindi	Business, Negotiation	Traveling, Sports	Yes	\$1000	4	High School	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Emily White	22	Female	Student	Bachelor's Degree	Single	Buddhism	Democrat	Good	Low	Rent	No	Monthly	English	Psychology, History	Reading, Yoga	No	\$100	0	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
David Green	55	Male	Retired	High School	Married	Judaism	Republican	Excellent	High	Owns	Owns	Quarterly	Hebrew, English	Finance, Law	Golfing, Chess	Yes	\$800	2	High School	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Sarah Black	38	Female	Journalist	Bachelor's Degree	Single	Sikhism	Democrat	Good	Medium	Rent	No	Monthly	Punjabi, English	Writing, Research	Traveling, Cooking	No	\$400	1	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Robert Lee	60	Male	Farmer	High School	Married	Christianity	Republican	Fair	Low	Owns	Owns	Yearly	English	Agriculture, Mechanics	Fishing, Hunting	Yes	\$150	3	High School	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Alice Johnson	45	Female	Doctor	PhD	Married	Islam	Democrat	Excellent	High	Owns	Owns	Monthly	Arabic, English	Medicine, Research	Reading, Gardening	Yes	\$1200	2	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
James Wilson	30	Male	Engineer	Bachelor's Degree	Single	Hinduism	Democrat	Good	Medium	Rent	No	Quarterly	Hindi, English	Engineering, Design	Traveling, Sports	No	\$350	1	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Olivia Taylor	25	Female	Artist	Bachelor's Degree	Single	Buddhism	Democrat	Good	Low	Rent	No	Monthly	English	Art, Music	Reading, Yoga	No	\$120	0	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Benjamin Clark	50	Male	Lawyer	JD	Married	Christianity	Republican	Excellent	High	Owns	Owns	Quarterly	English	Law, Negotiation	Golfing, Chess	Yes	\$900	2	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Isabella Martinez	32	Female	Designer	Bachelor's Degree	Single	Sikhism	Democrat	Good	Medium	Rent	No	Monthly	Punjabi, English	Design, Research	Traveling, Cooking	No	\$450	1	College	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
William Davis	65	Male	Retired	High School	Married	Judaism	Republican	Fair	Low	Owns	Owns	Yearly	Hebrew, English	Finance, Law	Golfing, Chess	Yes	\$180	3	High School	Authoritative	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Grace Kim	27	Female	Teacher	Bachelor's Degree	Single	Islam	Democrat	Excellent	Medium	Rent	No	Monthly	Korean, English	Education, Research	Reading, Gardening	No																			

[illegible][illegible][illegible]

4. Payment Option Details (Applicable only in IIL health Claims & in Plans as stated)

***Kotak Retirement Income Plan (All variants except KRIP with cover**)** (107N013V01 / 107N014V01 / 107L031V01 / 107L033V01 / 107L032V01 / 107L024V01 / 107L026V01 / 107L025V01) / ***Kotak Secure Retirement Plan** (107L049V01) / ***Kotak Guaranteed Pension Builder Plan** (107L057V01)
(Please tick as applicable)

☐ Entire Amount as Lump Sum
 ☐ Entire Amount as Annuity
 ☐ Part as Annuity - Part as Lump Sum

Kotak Capital Multiplier Plan* (107N011V01)**

☐ Entire Amount as Lump Sum
 ☐ Part as Lump Sum - Part as Instalment

* I further declare that I will bear any tax liability accruing to me on account of taking the full refund of the amount instead of purchasing an annuity.

** KRIP with Cover UL (K04B) – maximum 1/3rd amount will be paid as lump sum & remaining will be paid as annuity.

*** Kotak Capital Multiplier Plan – Between 0 % and 50 % will be paid as lump sum & remaining will be paid as installments.

5. Past History of Health / Habits of Life Insured

Nature of medical condition / habit	Please write "Yes" / "No"	Duration / First Date of Diagnosis	If yes, treatment details (Kindly attach all medical documents)
Hypertension			
Diabetes Mellitus			
Coronary Artery Disease / Heart Disease			
Respiratory Disease			
Liver Disease			
Kidney Disease			
Cancer			
Any other Disease (not mentioned above)			
Alcohol in any form			
Smoking / Tobacco / Narcotics in any form			

6. Critical Illness Rider Claim
IIL Health Claim
6 (a) Critical Illness Claim Event (Please tick on the illness claimed, as is applicable as per the policy terms and conditions)

<input type="checkbox"/> Heart Attack (Myocardial Infarction)	<input type="checkbox"/> Stroke	<input type="checkbox"/> Aorta surgery	<input type="checkbox"/> Major burns
<input type="checkbox"/> Major organ transplant	<input type="checkbox"/> Kidney Failure	<input type="checkbox"/> Loss of Limbs	<input type="checkbox"/> Blindness
<input type="checkbox"/> Coronary artery by-pass graft surgery (CABG)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart valve surgery	<input type="checkbox"/> Paralysis

6 (b) IIL Health Claim

Cause of Claim Event

6 (a / b) Details of Claim Event

Date of Diagnosis	
Presenting Signs / Symptoms	
Duration of these symptoms	
Doctor / Hospital Contacted first time	
Details of the investigation carried out by the doctor	
Details of treatment	

7. Details of Permanent Disability Rider Claim

Date of Accident	D	D	M	M	Y	Y	Details of Accident	
Details of the doctor / Hospital contacted after the accident								

Describe the disability suffered	Unable to use both hands over the wrist	Unable to use one hand at or above the wrist and one foot at or above the ankle
	Unable to use both legs at or above the ankle	Blind in both eyes
	Unable to earn an income from the date of the accident onwards from ANY work, occupation or profession [commensurate with his educational qualifications, training and experience]	

8. Particulars of Other Life Insurance Policies [PLEASE MENTION DETAILS OF EVERY POLICY HERE]				
Name of the Company	Policy No	Risk Commencement Date	Basic / Rider Sum Assured	Status of Claim (Paid / Rejected / Pending)

9. Authorisation & Declaration

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital or any other authority from divulging any knowledge or information acquired by him / her / them in attending upon or examining a person on the ground of secrecy, I hereby authorise any physician and any Hospital who has attended upon or examined or treated the aforesaid deceased life assured for any ailment or illness or any other authority to divulge any knowledge or information regarding the deceased's state of health which he / she / they may have acquired whether before or after the policy was issued by Kotak Mahindra Life Insurance Company Limited., to any of the authorised representatives of Kotak Mahindra Life Insurance Company Limited or at any of its offices or in any court of law.

I, _____, do hereby; declare that the statements made herein above are true and complete in each and every respect. I understand that any incorrect or incomplete or misleading information in this form shall affect the claim settlement process and the decision of the Company. I agree to assist the Company in Claims Investigation. I also understand that in furnishing claim forms, Kotak Life Insurance has not admitted liability or waived any of its rights.

Signed at: _____ Date: ____ / ____ / 20 ____ Signature / Thumb Impression of the Claimant: _____

Witness Details:

Name of Witness: _____ Contact No: _____
Address: _____
Signed at: _____ Date: ____ / ____ / 20 ____ Signature of the Witness: _____

10. Authorisation to Company Representatives to Contact the Claimant & Family

I, Mr. /Mrs. /Ms _____, having _____ (Mobile number) _____ (Landline) _____ (email id) have applied for a claim under the aforesaid insurance policy(ies) of Kotak Life Insurance (Company), hereby authorize the Company and any of its representatives to make calls / SMS's / emails or personal visits for documentation / requirement or any other enquiry in relation to the aforesaid claim.

I, also undertake that for such enquiry calls / SMS's in relation to the aforesaid claim, made by the Company and its representative, I shall not lodge a complaint for violation of TRAI guidelines on unsolicited phone calls and SMS's.

Signed at: _____ Date: ____ / ____ / 20 ____ Signature / Thumb Impression of the Claimant: _____

Witness Details:

Name of Witness: _____ Contact No: _____
Address: _____
Signed at: _____ Date: ____ / ____ / 20 ____ Signature of the Witness: _____

[Please fill, if the claimant has signed in a vernacular language or has affixed his / her thumb impression]

Full Name of the Scribe : _____
Contact No: _____ Date of Birth: _____ Relationship with Claimant: _____
Complete Address : _____
Signed at: _____ Date: ____ / ____ / 20 ____ Signature / Thumb Impression of the Scribe: _____



**Rider / Ill Health CLAIM intimation FORM
INDIVIDUAL POLICIES**

CLAIM DISCHARGE FORM

Instructions for filling up the form:

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. This form must be filled by the **CLAIMANT** only.
3. This form must be sent to "Claims Department", Kotak Mahindra Life Insurance Company Ltd. Kotak Infiniti, 7th Floor, Zone 2, Building no. 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai – 400 097.

I Mr. / Ms. _____ residing at _____

(Complete Current Residential Address)

hereby declare and confirm that I am Life Insured Mr. / Ms. _____

I hereby acknowledge receipt from Kotak Mahindra Life Insurance Company Ltd. sum of ` _____

Rupees (in words) _____ vide cheque no. _____ dated _____ drawn on
_____ Bank _____ Branch towards full and final settlement of Claim under Policies mentioned below.

Policy No.	Amount (`)	Description (Basic Sum Assured / Rider Sum Assured)

I hereby discharge Kotak Mahindra Old Mutual Life Insurance from it's liability under the said policy (s).

Revenue
Stamp

Signed at _____ on _____ this day of _____ 20_____
(Place) (Date) (Month) (Year)

Signature of Claimant

Signature of Witness:

Name of Witness:

Address of Witness:

This should be treated as full and final settlement of the claim subject to realization of the cheque.

**Claim Discharge Form: This is Full & Final Discharge of the Claim by the Company in respect of the claim/s mentioned above
→Acknowledgmen**

