

COMPLETE IN DUPLICATE – RETAIN COPY FOR YOUR RECORDS
 (All sections to be completed)

A. PLAN DETAILS																													
(1) Name of Plan : _____	(2) Policy Number <input style="width: 100%;" type="text"/>																												
(3) Company/Policy holder Name _____																													
Address _____																													
Pin Code _____	Phone Number _____																												
B. MEMBER DETAILS																													
(1) Name of Member _____																													
(Title)	(Surname)																												
(First Name)	(Middle Name)																												
Residential Address _____																													
Pin Code _____	Phone Number _____																												
(2) Date of Birth	(6) Member ID. <input style="width: 100%;" type="text"/>																												
(3) Date of Joining	(7) Termination date																												
(4) Cover commenced date	(8) Outstanding Principal Amount as on the Date of Death																												
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">Y</td><td style="width: 12.5%; text-align: center;">Y</td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	D	D	M	M	Y	Y							D	D	M	M	Y	Y	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 100%; height: 20px;"> </td></tr> <tr><td style="width: 100%; height: 20px;"> </td></tr> <tr><td style="width: 100%; height: 20px;"> </td></tr> <tr><td style="width: 100%; height: 20px;"> </td></tr> </table>				
D	D	M	M	Y	Y																								
D	D	M	M	Y	Y																								
D	D	M	M	Y	Y																								
C. CLAIM EVENT DETAILS (FOR DEATH CLAIMS ONLY)																													
(1) Date of Death	(2) Type																												
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">Y</td><td style="width: 12.5%; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Natural /Accidental / Suicide / Murder / Others*																						
D	D	M	M	Y	Y																								
(3) Cause of Death _____																													
(4) Place of Death with address _____																													
D. ADDITIONAL DETAILS (FOR FAMILY BENEFIT CLAIMS OF INSURED FAMILY MEMBERS ONLY)																													
(1) Name of the deceased _____																													
(Title)	(Surname)																												
(First Name)	(Middle Name)																												
(2) Date of Birth	(3) Relationship to member																												
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">Y</td><td style="width: 12.5%; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	<input style="width: 100%;" type="text"/>																						
D	D	M	M	Y	Y																								
E. BENEFIT DETAILS																													
(1) Bank Account Details (mandatory) <input type="checkbox"/>																													
Name of Account Holder _____	<input type="checkbox"/>																												
Account No _____	<input type="checkbox"/>																												
Name of Bank and Branch _____	<input type="checkbox"/>																												
(2) Address to which cheque and confirmation of payment should be sent:																													
Contact Person _____	_____																												
E-mail Address _____	_____																												
Postal Address _____	_____																												

* In case of 'others' please provide details while mentioning the cause of death

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 on the date of death
- ii. That he/she joined the Group on (date) and he/she was 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 Old Mutual Life Insurance Ltd's liability in respect of that member under the said Plan.

Signed at: this.....day of..... 20.....



Designation

Name

Signature

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
- Proof of membership (e.g. Certificate Of Insurance,,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 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
- 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 Kotak Mahindra Old Mutual Life Insurance 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:.....