

Group Policy Number: _____

1) Name of the Deceased:									
2) Date of Birth:						3) Gender:			
4) Date Of Death:						5) Age at Death: _____ Cause of Death : _____			
Place of Death (Hospital/Residential/Fields/any other, Please specify): _____									
6) Occupation (Business / Service): _____						7) Annual Income: _____			
8) Name Of doctor/ hospital certifying death:						Name: _____			
						Address: _____			
						Tel. No. :			

[illegible]

a) Address: _____ _____		Tel. No. : <input type="text"/>
b) Date & Time of accident : _____ Time : _____		c) How did the accident occur ? _____
d) Place of Accident : _____		e) Postmortem done : <input type="checkbox"/> Yes <input type="checkbox"/> No
f) Date of Post mortem examination : _____		

a) Nature of Illness:	
b) Date of Diagnosis:	
c) If Hospitalized then, Name of the Hospital:	
d) Date of Admission: ____/____/____	e) Date of Discharge/Death: ____/____/____

1. Name of the Bank A/c holder: _____

2. Bank Name: _____ Branch Name: _____

3. A/c No.: _____

4. A/c Type: ☐ Saving ☐ Current ☐ NRI ☐ NRO

5. IFSC code: _____ MICR Code: _____

☐ Personalised cancelled cheque required along with this form

Payouts would be in accordance and subject to the terms and conditions of the policy. Further, the company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Electronic payout method. I will not hold Edelweiss Life Insurance Company Ltd. responsible in case of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information.

Date:

Signature / Thumb impression of the claimant: _____

Declaration

I/We _____ do hereby declare that this statement made herein above are true in each and every respect.

I/We agree to provide and furnish details and reports as and when required by Edelweiss Life Insurance Co. Ltd. for processing this claim.

I/We _____ do hereby declare that details filled in the claim form is of the same person who is registered by master policy holder under the Group policy.

Declared at: _____

Signature: _____

Documents attached herewith (Please Tick Below):

Documents for Nominee: (Provide Click Option instead of numbers)

- ☐ Copy of the Death Certificate
- ☐ Claimant Statement in our format completely filled and signed by Nominee clearly stating the Cause of Death, Date of Death and Nominee details of the member
- ☐ Copy of Certificate Of Insurance (COI)
- ☐ On Accidental Death: Copy of FIR & Postmortem report need to be submitted in addition to point 1 to 3
- ☐ Cancelled cheque and KYC " of Nominee to be provided, if differential amount becomes payable:

" KYC (Photo ID) of the nominee that are acceptable:

1. Copy of voter id, 2. Copy of PAN card 3. Copy of Aadhar card 4. Copy of Bank passbook containing photo 5. Copy of Driving License

Advance Discharge Voucher: Nominee

Date: _____

Re: Death Claim of Late Mr./Mrs. _____ under Group Policy No. _____ G with COI no: _____ E

I, Mr/Mrs. _____, wife/Husband/brother/sister of member Mr/Mrs. _____ and Nominee under the Group Master Policy No. _____, hereby declare that I am aware that the claim benefit of Rs. _____/- has been paid to ERFL/EHFL/ECL towards the outstanding loan amount availed by Mr/Mrs. _____ from ERFL/EHFL/ECL.

I hereby declare that the Company stands fully discharged of its liabilities under the captioned master policy.

I confirm that the Company owes no further liability under the group policy for Mr/Mrs. _____ and my entitlements have been fulfilled by the company.

Signed at _____ this _____ day of _____ 20____

Rs.1
Revenue
Stamp

Mr/Mrs. _____

Witness

Name: _____

Address: _____

Relation with Nominee: _____

Signature: _____

Note:

The Nominee should sign across the Revenue stamp of Re.1.

Loan Details of the Insured- (To be filled by Master Policy Holder):**Credit Account Statement:**

Name of the Group Master Policyholder:	
Group Master Policy No	
COI No:	
Date of Commencement of Risk:	
Sum Assured for the Insured Member:	
Original Loan Amount (in Rs.):	
Name of Insured Member:	
Loan Account Number:	
Particulars of recoveries made by Master policyholder towards the loan (in Rs.):	
Outstanding loan balance as on date of death of Insured Member (in Rs.):	
Balance Claim Amount payable to the Insured Member or to nominee/beneficiary (in Rs.):	

Advance Discharge Voucher: Master Policy Holder

Date: _____

Re: Death Claim of Late Mr./Mrs. _____ under Group Policy No. _____ G with COI no: _____ E

We hereby acknowledge receipt from Edelweiss Life Insurance Company Limited, an amount of Rs. _____, which is to the extent of the loan amount in full satisfaction of the death claim of Mr./Mrs. _____ under the Certificate of Insurance no. _____ E issued under the Group Policy Number _____ G.

We hereby declare that, we have received the above said amount and the company stands fully discharged of its liabilities under the captioned master policy. We confirm that the company owes no further liability under the group policy for the above said member and the entitlements have been fulfilled by the company.

We here by undertake and confirm that details furnished above are verified based on our records and is accurate.

Signed at _____ this _____ day of _____ 20____

Rs.1
Revenue
Stamp

Master Policy Holder Name

Witness

Name: _____

Address: _____

Relation with Nominee: _____

Signature: _____

Note:

The MPH should sign across the Revenue stamp of Re.1.