kotak life

Koi hai... hamesha

GROUP INSURANCE DEATH CLAIM INTIMATION FORM - CREDIT POLICIES

Instructions For Filling Up The Form

- Please submit this form along with the requirements mentioned below at the nearest branch or at 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
- This form needs to be filled in by the policyholder and the legally valid claimant(s) under the policy (viz. if the nominee is minor / legal heir, as the case may be As per regulatory guidelines, claim payment will be done through electronic transfer mode, hence it is mandatory to submit bank account details proof along with claim documents
- The Company reserves the right to call for any information / additional document(s) / Requirement(s) as it may deem necessary. Everyfield should be properly and correctly filled up. Please ensure complete details are given.

Documents to be submitted	Policyholder		Nominee	
Mandatory Documents (Natural / Unnatural Death)	**Required**	**Submitted - Y/N**	**Required**	**Submitted - Y/N**
Duly filled Death Claim Intimation Form signed and sealed by policyholder, signed by nominee and scribe (if applicable)	✓		✓	
Original / Copy of Death Certificate issued by municipality or equivalent authority	✓		✓	
Certificate of Insurance (Kindly submit affidavit cum indemnity form in view of lost COI)	✓		✓	
Declaration of Good Health	✓		✓	
Member Age Proof	×		✓	
Nominee Photo Identity Proof	×		✓	
Nominee Bank Account Details Proof	×		✓	
Cover Schedule / Repayment Schedule	✓		✓	
Supporting Documents (Natural / Unnatural Death)	**Policyholder**		**Nominee**	
Last attending / treating doctor's certificate stating the exact cause of death with underlying conditions leading to death along with hospitalization complete medical records andtreatment papers (consultation notes, indoor case papers, investigation reports, post mortem etc)	×		✓	
A certified copy of the FIR filed with the Police authorities	×		✓	
A certified copy of the Post Mortem Report / Autopsy Report, Chemical Analysis Report (Viscera), Police case closure report	×		✓	
A certified copy of the Driving License if death occurred while driving	×		✓	

A. POLICY DETAILS

Policy No:	Loan ID:	System Generated No: (As provided by KLI in premium summary to policyholder)
Policyholders Name & Company Address:		
Date of Risk Commencement:	Original Sum Assured (A):	Original Loan Amt (B):
Recoveries made till Date of Death (C):		
Outstanding Loan Amount (as on the Date of Death) (D) _____	Balance Claim Amount (in case of flat cover (A-D)) _____	

B. MEMBER DETAILS

Name of Insured Member:	Date of Birth:
Address of Member: (with Pin Code)	Contact No:

C. DETAILS OF CLAIM EVENT

Date of Death: _____	Claim type: ☐ Natural ☐ Accidental ☐ Suicide ☐ Murder ☐ Other _____
Cause of Death (mention complete details):	
Place of Death (hospital, home, any other place):	

D. NOMINEE DETAILS		
Name of Nominee:		
Address of Nominee: (with pin code)		
Date of Birth:	Relation with Member:	Mobile No:

E. BANK ACCOUNT DETAILS OF NOMINEE (SUPPORTED WITH AUTHORISED BANK ACCOUNT PROOF (MENTIONING ALL BELOW DETAILS IN PRINTED FORM)	F. BANK ACCOUNT DETAILS OF POLICYHOLDER (SUPPORTED WITH AUTHORISED BANK ACCOUNT PROOF (MENTIONING ALL BELOW DETAILS IN PRINTED FORM)
Name of the Account Holder:	Name of the Account Holder:
Bank Name:	Bank Name:
Account No:	Account No:
IFSC:	IFSC:

G. DECLARATION AND AUTHORISATION BY THE POLICYHOLDER TO PAY THE CLAIM

I/We the undersigned, in my/our capacity as (designation) .....and duly authorized 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 the person who has claimed the benefit (nominee / beneficiary) is the same person who has been registered under the Group Policy.
iii. That he/she joined the Group on (date) …… And he/she was in Good Health on the date of commencement of cover.
iv. That the credit statement published in this form is correct and have been audited for accuracy.
v. 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.

Name: _____ Designation _____

Signature

Date:_____

Place:_____

OFFICIAL COMPANY STAMP

H. DECLARATION AND AUTHORISATION BY THE NOMINEE

I, _____ his nominee, understand that the life cover offered was under a credit plan linked to the loan taken by the deceased from above named credit institution / bank and hence request and authorize you to pay any / all claims payable under above policy to the credit institution / bank, to the extent of the outstanding amount towards loan amount (as on the date of death) and balance claim amount (if any) to me as the nominee/beneficiary/legal heir of the deceased member (after deduction of the outstanding loan balance payable to the master policyholder) I confirm that payment of claim/s to the credit institution / bank named above and to me shall be an effective discharge for the insurance company. I confirm, this to be the full and final settlement in regard to the death claim/s of 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 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.

Signature/Thumb impression of the claimant

Date: _____ Email: _____

Place: _____ Mobile: _____

Full Name of Scribe :_____ Contact No: _____

DECLARATION AND AUTHORISATION
(TO BE FILLED AND SIGNED BY CLAIMANT - CREDIT POLICIES)

Policy Details
Policy No:
Policyholders Name & Company Address:
Loan ID:
System Generated No: (as Provided by KLI in Premium Summary to Policyholder)
Name of Insured Member:

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 authorize 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 authorized representatives of Kotak Mahindra Life Insurance Company Limited or at any of its offices orin 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.

*** Note: "The company cautions against payment of any charges/monies as against claim processing fees to any authorized/unauthorized agency/person claiming the same. Company does not charge any fees for claims process and instructs any such action to be brought to its notice."

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: _____

Date:_____

Place:_____

Signature of Scribe