IDBI FEDERAL
In association with Ageas
IDBI Federal Life Insurance Co Ltd

IRDA Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

ACCIDENTAL DEATH AND DISABLEMENT BENEFIT CLAIM FORM

Lodged at:

Head Office: ☐ Branch Office: ☐ _____

(To be filled by the Policy Owner/Nominee/Person legally entitled for the policy money)

General instructions and warnings:

- The death benefit under the Policy/ies will be payable to the Policy Owner/Nominee/Person legally entitled.
- While answering questions in the claim form and providing any other information in respect of the claim, the Claimant must make a full and frank disclosure of all material facts.
- Please read the policy document carefully to avail the benefits under the policy.
- All corrections made in the claim form have to be duly countersigned in full.
- All the answers must be clear and unambiguous.
- If the space provided is insufficient, please attach the annexures along with this form.
- Please submit the requisite documents along with the claim form for a faster processing.
- The Company retains the right to call for further evidence needed to process the claim.
- Submission of form duly acknowledged by us does not amount to admission of claim.
- **As per the Know your Customer (KYC) norms, certain KYC documents of the claimant(s) would be required, for processing of the claim.**

Checklist of the documents to be submitted in case of Unnatural Death (death due to accident or homicide or suicide)

- ☐ Accidental Death Claim Form to be signed and attested by the policy owner/ claimant/assignee (available on the website /can be provided by the claims department)
- ☐ Original Policy Document.
- ☐ Original Death Certificate. (will be returned after verifying)
- ☐ Proof of residence and identity of the policy owner / claimant (KYC).
- ☐ Employer`s Certificate Form, in case employed. (format will be provided by the claims department)
- ☐ Attested copies of First Information Report, Police Inquest, Police Panchnama and Final Police Report by the Police authorities.
- ☐ Attested copies of Postmortem Report and chemical analysis / viscera report by the hospital authorities
- ☐ Copy of driving license of the deceased(if the deceased was driving at the time of accident)
- ☐ Newspaper cuttings / photographs of the accident (if available).
- ☐ Succession Certificate from the relevant legal authority(in case of open title cases)
- ☐ Others (as required by IDBI Federal)

Note:

1. **If copies of any documents are being submitted then, they need to be attested by the respective authorized signatories / entities from where they were issued.**
2. **Depending on the facts and circumstances of the claim, the Company reserves the right to call for certain additional documents.**

Checklist of the documents to be submitted in case of Accidental Disablement Rider benefit

- ☐ Accident Death and Disablement Claim Form (available on the website /will be provided by the claims department).
- ☐ Disability Certificate (format will be provided by the claims department) with details given by the attending physician / institute.
- ☐ Proof of residence and identity of the policy owner/life insured (KYC)
- ☐ Attested copies of all related medical reports/X Ray Films
- ☐ Others (as required by IDBI Federal)
- ☐ Attested copies of First Information Report, final report, or any other similar statement by the Police authorities.
- ☐ Employer`s Certificate Form, in case employed (format will be provided by the claims department).
- ☐ Others (as required by IDBI Federal)

Note:

1 **If copies of any documents are being submitted then, they need to be attested by the respective authorized signatories / entities from where they were issued.**
2 **Depending on the facts and circumstances of the claim, the Company reserves the right to call for certain additional documents.**

Name of the Deceased/Life Insured:

Claim No: _____ Policy No(s): _____ Sum Insured: _____

1. Information about the Claimant:

i. Name of the claimant _____

ii. Age _____

iii. Address _____

_____

iv. Telephone number - residence (with STD code) _____

Mobile number _____

v. **Email ID & Fax No.** _____

vi. **Bank account no., Name of the Bank and address (mandatory)** _____

_____

_____

vii. Whether the Claimant is the Nominee / Appointee (in case the nominee is minor) / Assignee / Holder of Legal evidence of title _____

_____

_____

2. Information regarding the deceased / life insured:

i. Place of death or disablement _____

ii. Date and time of death or disablement _____

iii. Exact cause of death or disablement _____

iv. Period of disablement: Please specify the date of commencement of disablement and whether you have fully recovered? If recovered, then please mention the total period of disablement _____

_____

_____

v. Please specify the body parts affected by the illness / accident _____

_____

vi. Place of accident _____

vii. Please give the particulars of the accident / illness resulting in death or disablement _____

_____

_____

_____

_____

_____

viii. Registration number (s) of vehicle (s) involved (in a case of road traffic accident) _____

_____

_____

ix. Names and addresses of anyone else injured or killed _____

_____

x. Names and addresses of relatives or other persons present at the time of death _____

_____

_____

xi. Date and time of admission to the hospital _____

xii. Name, address and tel. nos. of the Doctor(s) consulted during the accident or illness _____

_____

_____

xiii Details of treatment taken for any accident/ illness _____

xiv. Name, address and tel. nos.of doctor / hospital certifying the death _____

_____

_____

_____

xv. Name of hospital(s) where treatment was received _____

_____

xvi. Date and type of treatment received _____

_____

_____

xvii. Name and address of Police Station (where accident was reported) _____

_____

_____

xviii. First Information Report (FIR) number and date of FIR _____

xix. Was a postmortem carried out? Yes / No. If Yes, then please provide name, address and tel. no. of hospital _____

_____

_____

_____

xx. Was the deceased cremated or buried? if yes, then please provide the date and place of the cremation or burial. _____

_____

xxi. Place and date of registration of death _____

xxii. Details of Last Occupation and office address and telephone numbers of the employer(s)_____

_____

_____

_____

xxiii. Last date of employment _____

3. Details of policies on the deceased / life insured taken with other life insurance companies:

S. No.	Base policy benefit	Base amount	Policy no.	Insurer	Effective Date	Riders

4. Declaration:

I _____ do hereby declare and confirm that I am the rightful Claimant of the deceased/disabled person and the statements made here in above are true in each and every respect.

I hereby authorize any medical practitioner or hospital or nursing home or medical clinic who or which has attended upon or examined or treated me/ Life Insured for any ailment or illness to divulge any knowledge or information regarding my/Life Insured's state of health which he / they may have acquired before or after the issuance of the policy, to IDBI Federal Life Insurance Co Ltd, any of its offices, representatives, Court of law, or any grievance redressal forum. I hereby confirm that this authorization is notwithstanding any law, custom or usage for the time being in force prohibiting any physician or hospital from divulging any knowledge or information, acquired by him/ them in attending upon or examining a person on the ground of secrecy.

Further, I hereby authorize any insurance company, government organization, employer, other organization, institution or person to release to IDBI Federal Life Insurance Co Ltd or its duly authorized representatives any record or knowledge about me/Life Insured. I hereby confirm that such information shall without limitation include information about my/Life Insured's health (including any information relating to the use of drugs or alcohol, AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, or any accounting information of the Life Insured's account.

I hereby declare that I am entitled to make the above authorizations. I also agree to render help to IDBI Federal Life Insurance Co Ltd or its duly authorized representatives to gather the said information or any information that may help the Company to process this claim and to use the information in whatever manner as may be deemed to be fit to process this claim further.

Address and Telephone No: _____

_____

_____

Signature/ Thumb Impression of the claimant: _____

Place: _____ Date: _____

5. Witness Declaration:

(The below Declaration is to be given if claim form is signed in vernacular or if the Claimant has used thumb impression instead of signature.)

I have explained the contents of this claim form to the claimant in _____ _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the claimant's responses to the information sought in the claim form. I have read out the responses to the life insured/claimant and he/she has confirmed that they are correct and affixed his/her thumb impression after fully understanding the same.

Name of Witness/ Declarant: _____
Address: _____
_____

Signature of the Witness/ Declarant: _____

Place: _____ Date: _____