



Claim Form A

(To be filled by the Nominee / Claimant)

Policy No.

Date

D	D	M	M	Y	Y	Y	Y
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(All answers to be in Block Letters - No Dots and Dashes)

Name of the Claimant		F	I	R	S	T							M	I	D	D	L	E									L	A	S	T		
Address		F	I	R	S	T											L	A	S	T					F	L	A	T		N	O.	
	B	U	I	L	D	I	N	G								R	O	A	D		N	A	M	E	/	N	O.					
																L	A	N	D	M	A	R	K	1								
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A			L	A	N	D	M	A	R	K	2						
	C	I	T	Y	/	V	I	L	L	A	G	E					S	T	A	T	E				Pin Code							
STD ISD Code	L	A	N	D	L	I	N	E					M	O	B	I	L	E					EMAIL ADDRESS									

Name of the Deceased Life Assured

Relationship of Claimant to Life Assured

Nature of title under which the claim for Policy Monies is submitted: Nominee / Assignee/ Trustee / others

Policy Number Client Number

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No (If "Yes" then mandatory to fill the FATCA/CRS declaration)

Mention full particulars of all other Policies on the Life of the deceased taken with other companies which has now resulted into claim by death

	Policy Number	Date of Commencement	Sum Assured	Name of the Company	Claim Status
1					
2					
3					
4					

Date of Death of Life Assured Age at Death

[illegible][illegible]

When did he/she first complain of illness? D D M M Y Y Y Y

Name & Address of Business/Employer of Life Assured

Correspondence Address/ Usual place of residence

	B	U	I	L	D	I	N	G										R	O	A	D		N	A	M	E	/	N	O.					
																			L	A	N	D	M	A	R	K	1							
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A				L	A	N	D	M	A	R	K	2							
	C	I	T	Y	/	V	I	L	L	A	G	E							S	T	A	T	E				Pin Code							
STD ISD Code	L	A	N	D	L	I	N	E					M	O	B	I	L	E						EMAIL ADDRESS										

Name and address of the doctor/hospital who treated the Life Assured during his/her last illness

	F	I	R	S	T																							L	A	S	T	.
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Address C/o.	F	I	R	S	T										L	A	S	T			F	L	A	T		N	O
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B U I L D I N G										R O A D										N A M E / N O.									
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D I S T R I C T / T A L U K A L A N D M A R K 2

C	I	T	Y	/	V	I	L	L	A	G	E				S	T	A	T	E		Pin Code					
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STD ISD Code	L	A	N	D	L	I	N	E				M	O	B	I	L	E					EMAIL ADDRESS
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Name as per Bank Records										F	I	R	S	T											L	A	S	T				
	B	A	N	K		N	A	M	E								B	R	A	N	C	H		N	A	M	E					
	A	C	C	O	U	N	T		N	U	M	B	E	R				I	F	S	C		C	O	D	E						

Date

D

D

M

M

Y

Y

Y

Y

Attach Cancelled Cheque Here

I am enclosing herewith:

- | | |
|---|--------------------------|
| 01. Original Policy Schedule/Document | ☐ |
| 02. Original Death certificate | ☐ |
| 03. AML/KYC Document of Claimant | ☐ |
| 04. Payout form along with cancelled cheque leaf/Bank passbook copy | ☐ |

I hereby declare that the statements made in this claim form by me are true and correct to the best of my knowledge and belief. I also hereby authorize and direct any doctor, hospital, employer, police or any other related authorities to provide to IndusInd Nippon Life Insurance Company limited any information relating to the Life Assured's health or employment or any other related matters for considering the claim.

Signature of Claimant

(To be filled up by the relative of Life Assured other than the Nominee)

Date	D	D	M	M	Y	Y	Y	Y
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Witness Name					F	I	R	S	T								M	I	D	D	L	E							L	A	S	T							
Address					F	I	R	S	T												L	A	S	T				F	L	A	T		N	O					
		B	U	I	L	D	I	N	G									R	O	A	D		N	A	M	E	/	N	O										
																			L	A	N	D	M	A	R	K	1												
		D	I	S	T	R	I	C	T	/	T	A	L	U	K	A				L	A	N	D	M	A	R	K	2											
		C	I	T	Y	/	V	I	L	L	A	G	E							S	T	A	T	E				Pin Code											
STD ISD Code		L	A	N	D	L	I	N	E						M	O	B	I	L	E					EMAIL ADDRESS														

**For Pension Plans (Only):**

We would like to avail annuity at the time of claim or would like to have full death benefit amount.

Please indicate how you would like to receive the benefits.

☐ Entire amount as lumpsum ☐ Entire amount as Annuity ☐ Part as annuity, part as Lumpsum

Nominee signature

We would like you to opt from the below death benefit payout option (For Term Plan only)

Please indicate how you would like to receive the death claim benefits

☐ Lumpsum Payout Option ☐ Income Payout Option ☐ Lumpsum and Income Payout Option

Please specify the percentage for income payout (to be filled only if Lumpsum & Income Payout option is selected)

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Please note: Monthly income instalment must be minimum 25% of the total death benefit and maximum of 95% of the total death benefit

Nominee signature

Declaration by the person completing this claim for

IndusInd Nippon Life Insurance requires that this form is completed by the Claimant. If this is not possible because the claimant does not read, write or speak English, then this form may be completed by another person who must complete the following declaration.

I have explained the contents of this form to the claimant and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by this Claim form and I have read the responses back to the claimant and confirmed that they are correct.

Declarant Name				F	I	R	S	T								M	I	D	D	L	E									L	A	S	T			
Address C/o.			F	I	R	S	T													L	A	S	T						F	L	A	T		N	O.	
	B	U	I	L	D	I	N	G									R	O	A	D		N	A	M	E	/	N	O.								
																	L	A	N	D	M	A	R	K	1											
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A			L	A	N	D	M	A	R	K	2										
	C	I	T	Y	/	V	I	L	L	A	G	E						S	T	A	T	E														
STD ISD Code		L	A	N	D	L	I	N	E							M	O	B	I	L	E						EMAIL ADDRESS									

(Declarant should not be an employee/advisor of **IndusInd** Nippon Life Insurance Company)

Signature of Declarant

Date

For Internal Use: To be filled by the Branch CCE	
Claimant Name/Relationship	
Claimant Contact No.	
Name of the Branch CCE	
SAP Code of the CCE	
Contact No. of the CCE	
E-mail ID of the CCE	
Date of Claim form Received at Branch	/ /
Signature of the CCE	

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.