



IndusInd Nippon Life

# Group Term Claim Form / Discharge Form

Master Policy No: \_\_\_\_\_

Date: \_\_\_\_\_

We acknowledge receipt of a sum of Rs. \_\_\_\_\_ in words \_\_\_\_\_ from IndusInd Nippon Life Insurance Company Ltd, being the discharge of instructions received from the Master Policyholder towards Superannuation Benefit / being the Death Claim proceeds in respect of the assurance effected on the life / lives of the following members:

Master Policy Number	
Name of the Master Policyholder	
Full name of the deceased Member	
Employee/Loan/Account/Membership No	
Date of Birth of the deceased member	
Date of Employment/Joining the Scheme	
Member Number (as provided by IndusInd Nippon Life)	
Cause of death	
Date of death	
Place of death	
Proof of death (to be enclosed)	
Sum Assured	
To whom the claim is payable	Master Policyholder* or Nominee (Strike out whichever is inapplicable)
If claim is payable to Nominee, please provide following details of the Nominee	
Full Name	
Date of Birth	
Gender	
Relationship to the deceased	
If Nominee is a minor, state name and address of the guardian	

\*Claim amount is payable to the Master Policyholder only for processing employee claim through employer for an employer-employee insurance or a lender-borrower relationship between the Master Policyholder and member to the extent of outstanding loan obligation, subject to prescribed conditions.

## “DECLARATION”

We hereby declare that the answers to all the above questions are true in every aspect. We enclose an extract from the death registers in proof of death of the member. We further confide that the above said deceased member was covered under the group insurance policy number at the time of death and we further certify that the member was of sound health at the time of joining the scheme. We further declare that the Insured Member / Nominee / Beneficiary who has submitted the claim form is also registered with us as Insured Member / Nominee / Beneficiary under the Master Policy issued to us. We hereby declare that the details / information furnished in the claim discharge form and/or Credit Account Statement as may be applicable are correct and verified for accuracy by us. The KYC of the Claimant has been verified by seeing the original document.

Place :

Date :

Signature of the authorized  
Master Policyholder with Office Seal

## Acknowledgement Receipt

Master Policy Number :

**To be filled if the claim settlement is to be made in favour of the Nominee**

We hereby authorize and request IndusInd Nippon Life Insurance Company Limited to draw the cheque for the within mentioned

amount of Rupees \_\_\_\_\_ only) in favour of

Shri/Smt \_\_\_\_\_, who is the legal nominee of the

deceased member \_\_\_\_\_

**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](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto: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.

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