



IndusInd Nippon Life

Claim Form A

(To be filled by the Nominee / Claimant)

Policy No.

Date

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

Name of the Claimant

Address



Name as per Bank Records										F	I	R	S	T							M	I	D	D	L	E							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 | <input type="checkbox"/> |
| 02. Original Death certificate | <input type="checkbox"/> |
| 03. AML/KYC Document of Claimant | <input type="checkbox"/> |
| 04. Payout form along with cancelled cheque leaf/Bank passbook copy | <input type="checkbox"/> |

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

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										
STD ISO Code	L	A	N	D	L	I	N	E						M	O	B	I	L	E					EMAIL ADDRESS									



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

Declaration by the person completing this claim form

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										M I D D L E										L A S T																			
Address C/o.										F I R 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									

(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.

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