

Claim Application Form



Sr. No	Details	
1	Branch Name	
2	COI / Policy Number	
3	Member ID	
4	Member Name	
5	Deceased Person's Name	
6	Deceased Person (ONLY in Joint Life cover)	Primary / Joint
7	Date Of Death	DD/MM/YYYY
8	Cause of death	Natural / Accident / Suicide / Health
9	Death Certificate Number	
10	Death Certificate Issued Date	DD/MM/YYYY
11	Death Certificate Issued in State	
12	Nominee / Appointee Name	
13	Relationship with Deceased Person	

KYC document provided (✓ Any)	KYC Document Number Insured	KYC Document Number Nominee / Appointee
Voters Identity Card <input type="radio"/>		
Driving Licenses <input type="radio"/>		
PAN Card <input type="radio"/>		
AADHAR Card (issued by UIDAI) (AADHAR number to be masked) <input type="radio"/>		
Passport <input type="radio"/>		

Bank Account of Nominee / Appointee				
Nominee Name in Bank Account	Bank Account Number	Bank Account Type	IFSC Code	Bank Branch

Death claim amount as applicable for the policy will be made to the above bank account of the nominee

Declaration:

I hereby voluntarily submit at my own discretion a copy of my KYC details for the purpose of establishing my identity, I understand that any pay-out under the policy shall be strictly in accordance with the policy terms and conditions. I hereby declare that the details given in this form are true, correct and complete in all aspects and I take full responsibility for the genuineness and correctness of the details filled herein. If any transaction is delayed or not affected at all or for non-receipt of any payment on account of wrong/ incorrect/incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever. I hereby give my consent to CreditAccess Life Insurance Limited and/or its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to CreditAccess Life Insurance Limited and its representatives.

I understand that the submission of my AADHAR number is for the purpose of identity verification and is a voluntary submission in support of the claim process.

I am aware that the policy is ASSIGNED to < assignee name > and < assignee address >, to the extent of the outstanding loan including interest / defaults if any. I give my consent towards splitting of the death benefit amount for settling the outstanding loan due to the Assignee and balance – if any – to be remitted to the above-mentioned bank account.

I give my consent to CreditAccess Life Insurance Limited to send communication related to my policy(s) on above mentioned Mobile/Email/By calling/WhatsApp.

Signature of Nominee / Appointee	DD/MM/YYYY

This is with reference to the death claims of the “Deceased Members”, whose details are attached herewith and who were covered under the policy bearing number < Policy Number > (the “Master Policy”) issued by CreditAccess Life Insurance Limited.

We certify that as per our records, the corresponding nominees/ beneficiaries, as shared in detail, are entitled to receive the claim proceeds payable against each of the Deceased Members under the Master Policy. We hereby declare that we have collected and verified the KYC (Know Your Customer) documents of the said nominees/beneficiaries and have obtained consent from them, in accordance with the applicable laws, to share their KYC documents with the Company or any other authority. These details submitted will supersede all nominee details provided at the time of issuance and can be used for claims payout processing.

Further, we confirm that the copies of KYC, Banking details and other relevant documents relating to the nominee/beneficiary due diligence requirements will be always maintained with us and made available to the Company upon request. We understand that the Company shall rely on the nominee/ beneficiary due diligence conducted by us for processing of claim payment.

In view of the above, we request the Company to make the claim payment to the nominee/ beneficiary in the corresponding bank accounts provided as per attached file.

On behalf of < MPH Name > hereby acknowledge receipt of all the below mention documents towards death claim. The claim shall be processed subject to approval by insurer.

ONLY for Credit Linked Insurance Cover		
Sno.	Headers	Details
1	Original Loan Amount	
2	Loan Account Number	
3	Loan Disbursement Date	DD/MM/YYYY
4	Loan Amount Outstanding as on Date of Death	
5	Claim Amount to be Settled with Nominee	
6	Claim Amount to be Settled with Assignee	

List of MANDATORY documents	Checklist for MPH
Death Certificate Copy	<input type="radio"/>
KYC of Deceased Person	<input type="radio"/>
Original Loan Application / Insurance Proposal Form (copy)	<input type="radio"/>
Outstanding Loan Statement (Raksha Series Only)	<input type="radio"/>
Nominee / Appointee KYC	<input type="radio"/>
Bank Details Copy of Nominee / Appointee	<input type="radio"/>
1 For Employer – Employee Policy Cover ONLY	
Latest copy of the salary slips ¹	<input type="radio"/>
ID Card Copy ¹	<input type="radio"/>

Bank Account of Master Policy Holder / Assignee				
Name in Bank Account	Bank Account Number	Bank Account Type	IFSC Code	Bank Branch
Death claim amount as applicable for the policy will be made to the above bank account of the Master Policy Holder / Assignee				

Vernacular declaration in case form is filled in regional language or nominee / appointee has signed in a language other than English or provided Thumb Impression in lieu of Signature.

We hereby certify that we have explained to the nominee / appointee of the policy benefits and due amount payable and/or receivable by nominee / appointee towards the above claim details submitted.

Date of Claim Document Receipt	DD/MM/YYYY
Name of Staff	
Staff ID	
Signature of Staff with Company Seal/Stamp	

Terms and Condition:**Section 41 of the Insurance Act, 1938, as amended from time to time:**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

Non – Disclosure: Extract of Section 45 of Insurance Act, 1938, as amended from time to time:

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For complete details of the section and the definition of ‘date of policy’, please refer to Section 45 of the Insurance Act, 1938.