



**kotak life**

**DEATH CLAIM DISCHARGE FORM INDIVIDUAL POLICY CLAIMS**

**Instructions for filling up the form:**

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. This form must be filled by the CLAIMANT only.
3. This form must be sent to "Claims Department", Kotak Mahindra Life Insurance Company Ltd. Kotak Infiniti, 7th Floor, Zone 2, Building no. 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai – 400 097.

I Mr. / Ms. \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ (Complete Current Residential Address) hereby declare and confirm that I am the beneficiary in the capacity of Policyholder/ Nominee/ Assignee/ Appointee/ Trustee/ Legal Heir of the Policies mentioned below of the Insured Person Mr./Ms.

I hereby acknowledge receipt from Kotak Mahindra Life Insurance Company Ltd. a sum of Rs. \_\_\_\_\_ (in figures) Rupees (in words)

\_\_\_\_\_ vide \_\_\_\_\_ Cheque no. \_\_\_\_\_ dated \_\_\_\_\_

\_\_\_\_\_ drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch towards full and final settlement of Claim under Policies mentioned below.

Policy No.	Amount (Rs)	Description ( Basic Sum Assured or Rider Sum Assured )

I hereby discharge Kotak Mahindra Life Insurance from its liability under the said policy/policies.

Signature of Claimant

Signed at \_\_\_\_\_ on \_\_\_\_\_ this day of \_\_\_\_\_ 20\_\_\_\_\_

(Place)

(Date)

(Month)

(Year)



Signature of Witness:

Name of Witness:

Address of Witness:

This should be treated as full and final settlement of the claim subject to realization of the Cheque.

**Claim Discharge Form: This is Full & Final Discharge of the Claim by the Company in respect of the claim/s mentioned above**

**Acknowledgment**