

Claim Form A - Critical Illness

(All answers in Block Letters and No Dots and Dashes)

1. Name of the Life Assured: _____

2. Address of the Life Assured: _____
_____ Phone No.: _____

3. Policy Number: _____

4. Client Number: _____

5. Mention full particulars of all other Policies on your life, taken with our company:

| | Policy Number | Date of Commencement | Sum Assured |
|---|---------------|----------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

6. Date of diagnosis / illness: _____

7. Details of Diagnosis: _____

8. When did you first complain of illness? (Date / Month) _____

9. What was the nature of complaint? _____
_____10. Name and Address of the Doctor who diagnosed / treated your illness initially: _____

11. Name and Address of the Hospital: _____

12. Bank Account Details of Life Assured (Please note that all the payments would be made only through direct transfer to the Bank account, hence cancelled cheque leaf is to be attached).

A/c No.: _____ Name of the Bank: _____

13. Bank Branch Name & Address: _____

I am enclosing herewith:

1. The Original policy Document/s
2. Original reports including all investigation reports:
3. Doctor / hospital certificate/s:
4. Cancelled cheque leaf & bank passbook/bank statement
5. Others: _____

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.

Signature of witness:

Name: _____

Address: _____

Phone Number: _____

Signature of the Life Assured

Date: _____

Declaration by the person completing this claim form

Reliance Life Insurance requires that this form is completed by the Life Assured. If this is not possible because the Life Assured 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 Life Assured and endeavoured 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 Life Assured and confirmed that they are correct.

Name of declarant: _____

Occupation: _____

Address & Phone Number: _____

Signature of declarant:

| For Internal use: To be filled by the Branch | |
|--|--|
| Name of the Person to whom form was issued | |
| Relationship with the Life Assured | |
| Claim Form Issue Date | |
| Name and signature of issuing officer | |
| Claim Form Received date at Branch | |

ISO 9001:2008
CERTIFIED COMPANY

Reliance Life Insurance Company Limited, 6th Floor Reliance House No. 6 Haddows Road, Nungambakkam, Chennai 600 006.
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Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra - 400710

Reliance Life Insurance Company Limited is a licensed life insurance company registered with the Insurance Regulatory and Development Authority (Registration No: 121) in accordance with the provisions of the Insurance Act 1938