

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	
Email ID of the CCE	
Date of receiving the Claim Form at the Branch	
Signature of the CCE	

Details of the person filling up the form/Certificate of identity

(This form is to be completed and signed by a person associated with but not related to the Deceased or to the Claimant but who attended the Burial/Cremation of the deceased)

Name of the Life Assured Mr. Ms. F I R S T L A S T F L A T N O.

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.

D I S T R I C T / T A L U K A L A N D M A R K

C I T Y / V I L L A G E S T A T E

Pincode M O B I L E 1 M O B I L E 2

STD ISD Code L A N D L I N E EMAIL ADDRESS

Occupation Salaried Professional Student Housewife Retired Agriculture landless labourer Agriculture landlord/Farmer

Business Armed Forces Others

* Type of Business Trading Manufacturing Retail Tuitions Beauty parlour/Boutique Carpenter/Electrician/Tailor

*Please elaborate on the type of business by choosing one of the options given above Hawker (Vegetable vendor) Others

Nature of Duties

How long was the deceased/Life Assured known to you?

Were you present at the time of death of the Life Assured? Yes No

Was he/she buried or cremated? Buried Cremated

Give address of the burial ground or cremation ground where the last rites were performed

N A M E A D D R E S S C I T Y P I N C O D E

If the deceased/Life Assured was employed, mention his occupation and the address of the Employer. If he had a business, please mention details.

N A M E A D D R E S S C I T Y P I N C O D E

Are you aware that the deceased/Life Assured was insured with Reliance Life Insurance (formerly known as AMP Sanmar Life Insurance) Yes No

Was he/she related to you? Yes No If so, how?

I certify that the body which was buried or cremated in my presence was that of the person named above (Deceased/Life Assured), and do hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date D D M M Y E A R Mobile No. Address Occupation

Signature of the Declarant

Note

- Claim proceeds are payable as per terms & conditions mentioned in the policy document and subject to the policy being in force as on the date of event/death
- Early & Complete submission of requirements would enable the Company to process claims at the earliest
- The company reserves the right to call for additional documents / requirements Submission of ID proof of the claimant is mandatory along with this form

Reliance Life Insurance Company Limited (Reg. 121) Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: 9th and 10th Floor, R-Tech Park, Nirlon Compound, Goregaon (E), Mumbai, Maharashtra 400 063. Insurance is the subject matter of the solicitation. Trade Logo displayed above belongs to M/s Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance Life Insurance Co. Ltd. under license.

For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on Call Centre number - **3033 8181** (Local call charges apply) or our Toll Free Number **1800 300 08181** or 2. Visit us at www.reliancelife.com or 3. Email us at: rlife.customerservice@relianceada.com or 4. Fax: **022 3000 2222**.

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