

For Office Use				
Date of Receipt				
Time of Receipt				

Policy No.				
Client No.				

CLAIM FORM A - INDIVIDUAL DEATH CLAIM

• The form needs to be completed by the beneficiary under the policy or by the legally entitled person
• Places enough all fields are filled. Enough to put NA for "Not Applicable" instead of legging it black. (All answers to be in BLOCK LETTERS – No Dots & Dashes)

CLAIM FORM A - INDIVIDUAL	DEATH C	LAIM																							
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ddress F I R S																									
incode																									
lame of the deceased/Life Assured																									
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Relationship of the Claimant with th	e Life As	sured																							
lature of title under which the claim	for Policy	/ benef	its is s	submi	itted		Nom	inee		Assignee		Trus	tee		Appo	intee		Other	'S						
lention details of all other policies o						with (other	comp			now	resul	ted in												
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Bank account details of the Claimant/Nominee (Please note the	Form No. 15CB, duly signed by a qual nat all the payments would be made on				
Name as per Bank Records F I R S					
A C C O U N T N O.					
Bank authorisation form is manadatory. Kindly collect it from brand	ch.				
Signature of the Claimant				Date D D M M Y	
*Payment will be credited to the given participating in Electron					
If the Claim is on an ANNUITY product, please tick the approp	oriate option of benefit required#	Lump sum	Annuity #Subje	ct to applicable Terms & Conditions of	the Policy.
	Attach Cancelled	Cheque Here			
Nominee's signature to be taken on cancelled cheque. Cance applicant needs to submit a recent bank statement of the sa direct transfer would not be an option. I am enclosing herewith 1. Original Policy Schedule Yes No			risible (please do not cr	ross on A/c no.). If such details are	
Payout form along with cancelled cheque leaf/bank passb			res No		No
I hereby declare that the statements made in this claim for					
employer, police or any other related authorities to provide related matters for considering the claim.					
Deta D D M M V E A D	re of the Witness (To be filled up by	the relative of Life A	Assured other than nor	ninee)	
Namo					
Address			Dete D D M		
Mobile Declaration by the person completing this claim for			Date D D M	MITEAR	
I (Name of the Declarant) Mr. Ms. F	I R S T			LA	s T
Son/Daughter of Mr. Ms. F I					
Adult and friend Acquaintance Relative of the	he Proposer Life Assured [Pl	ease select as appro	opriate]		
residing at (full residential address) F L A	T N O	R II I I	D I N G		
B O A D N A M E /					
Pincode					
do hereby state and declare on solemn affirmation as under					
I have read out and explained the contents of the claim form	and all other documents in the lang	juage understood by			
Mr. Mrs. Ms. F I R S					
for availing the Insurance Policy from Reliance Life Insurance		have fully understoo			n above
is true and correct to the best of my knowledge and belief. S	Solemnly affirmed at		on	DDMMYE	

Fo	or Int	erna	l Use	: To b	e fill	ed by	the E	Branc	h CCI	E																									
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Give	addr	ess o	f the	buria	ıl grou	ınd o	r crer	ı natioı	ı grol	und w	/here	the la	ast rit	es w	ere p	erfor	med																		
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Are y	ou av	vare t	that t	he de	cease	d/Life	e Assu	red w	as ins	sured	with	Reliar	nce Li	fe Ins	urand	e (foi	merly	y knov	vn as	AMP	Sann	nar Lit	e Insi	ıranc	e)		Yes		No						
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Note

- Claim proceeds are payable as per terms & conditions mentioned in the policy document and subject to the policy being inforce 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

ISO 9001:2008

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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