

Claimant Questionnaire

Policy No

Date

Name of the Life Assured

Claimant Contact No

Correspondence Address/ Usual place of residence

Cause of Death

Date of Death Date of Intimation

Were you aware of the policy being taken by Mr from our company prior to the unfortunate death of the Life Assured? Yes No

Have you ever contacted or intimated the advisor/any other Reliance Life Insurance official/branch regarding unfortunate demise of the Life Assured. Yes No

If yes, please share the following details

Name of the person contacted

Date contacted

Advisor/Reliance Life Insurance official/Name of Branch

Date contacted

What was the advice given by the concerned person regarding the Claim settlement process?

Were you satisfied with the services/advice provided by the Reliance Life official/advisor? Yes No

Were you given any document to fill in by any Reliance Life Insurance Company employee? Yes No

If yes, which documents?

Who provided these documents?

What was the reason for the delay in intimating the claim to us.

Name of the Claimant

Signature of the Claimant

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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