

## Reliance Wealth + Health Plan

| lealth Plan      | Date | D | D | M | M | Υ | Υ | Υ | Υ |  |
|------------------|------|---|---|---|---|---|---|---|---|--|
| tal Cach Popofit |      |   |   |   |   |   |   |   |   |  |

| (To be    |        |        |        |        |        |        | •          |         |         |        |         | <b>SEI</b><br>'Prin |       |         | ure                                     | d)    |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
|-----------|--------|--------|--------|--------|--------|--------|------------|---------|---------|--------|---------|---------------------|-------|---------|---|-------|--------|---------|-------|---------|---------|--------|--------|--------|---------|---------|--------|---------|-------|--------|-------------------|--------|---------|-------|
| Please    | ans    | wer o  | up Ilc | estior | ns ca  | refull | y. Als     | o atto  | ach c   | ору о  | f the l | health              | n car | d alor  | ıg wit                                  | h ide | ntity  | proof   |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Name      | of th  | e Pri  | ncipa  | l Insu | red    |        | F          |         | R       | S      | Т       |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       | L      | Α                 | S      | Т       |       |
| Policy ı  | าบท    | ber (  | as on  | your   | polic  | y sch  | edul       | e)      |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Date o    | of Bir | th     | D      | D      | M      | M      | Υ          | Υ       | Y       | Υ      |         |                     |       | Age     |   |       |        |         |       | Ge      | nder    |        | Male   |        | Fem     | ale     |        |         |       |        |                   |        |         |       |
| Daily I   | Hosp   | ital ( | Cash   | Bene   | fit An | nount  |            |         |         |        | Ī       | Sui                 | n As  | sured   |   |       | J      |         |       | R       | iders   |        | Yes    |        | No      |         |        |         |       |        |                   |        |         |       |
| Corres    | pone   | denc   | e Ado  | lress/ | Usu    | al pla | ce of      | resid   | ence    |        | F       |                     | R     | S       | Т                                       |       |        |         |       |         |         |        |        |        |         |         |        |         |       | L      | Α                 | S      | Т       |       |
|           | F      | L      | Α      | Т      |        | N      | 0.         |         |         |        |         |                     |       |         |   |       |        |         | В     | U       | ı       | L      | D      | ı      | N       | G       |        |         |       |        | Ī                 | 1      | İ       | Ï     |
|           | R      | 0      | Α      | D      |        | N      | Α          | M       | Е       | /      | N       | 0.                  |       |         |   |       |        |         | L     | Α       | N       | D      | M      | Α      | R       | K       | 1      |         |       |        |                   | 1      | i       | İ     |
|           | D      | 1      | S      | T      | R      | ı      | С          | Т       | /       | Т      | Α       | L                   | U     | К       | Α                                       |       |        |         | L     | Α       | N       | D      | M      | Α      | R       | K       | 2      |         |       |        |                   | 1      | İ       |       |
|           | С      | 1      | Т      | Υ      | /      | V      | ı          | L       | L       | Α      | G       | Е                   |       |         |   |       |        |         | S     | Т       | Α       | Т      | E      |        |         |         | Pin    | code    |       |        | İ                 | 1      | Ĭ       |       |
| STD ISD   | Code   | L      | Α      | N      | D      | L      | 1          | N       | Е       |        |         |                     |       | M       | 0                                       | В     | ı      | L       | E     |         |         |        |        |        |         |         | E      | MAI     | L AD  | DRES   | SS                |        |         | -     |
| Name      | of th  | ne Ins | ured   | perso  | on (in | resp   | ect of     | fwho    | m the   | clain  | n is m  | ade)                |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Relatio   | onsh   | ip wi  | th Pri | ncipo  | l Insi | ured   |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        | D      | ate o   | f Birth | D      | D       | W     | W      | Y                 | Υ      | Y       | Υ     |
| Date o    | of inj | ury s  | ustaiı | ned o  | r dis  | ease/  | 'illnes    | ss firs | t dete  | ected  | D       | D                   | M     | M       | Υ                                       | Y     | Υ      | Υ       |       | _       |         |        |        |        |         |         |        |         |       |        |                   |        |         | ,     |
| Please    | e des  | cribe  | the i  | njury  | sust   | ained  | or di      | iseas   | e/illne | ess co | ontrac  | ted (i              | ncluc | ling co | use)                                    |       |        | ] [     | 1     |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
|           |        |        |        |        |        |        |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Name      | of tl  | ne at  | tendi  | ng m   | edico  | al pra | ctitio     | ner     |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Addre     | SS O   | f the  | atten  | ding   | med    | ical p | ractit     | ioner   | F       | L      | Α       | Т                   |       | N       | 0.                                      |       |        |         | В     | U       | ı       | L      | D      | ı      | N       | G       |        |         |       |        | Ϊ                 | 1      | Ï       |       |
|           | R      | 0      | Α      | D      |        | N      | A          | M       | E       | /      | N       | 0.                  |       |         |   |       |        |         | L     | Α       | N       | D      | W      | Α      | R       | K       | 1      |         |       |        | Ϊ                 | 1      | i T     | Ϊ     |
|           | D      | 1      | S      | T      | R      |        | С          | Т       | 7       | Т      | Α       | L                   | U     | К       | Α                                       |       |        |         | L     | Α       | N       | D      | M      | Α      | R       | K       | 2      |         |       |        |                   | 1      | i       |       |
|           | С      | 1      | Т      | Y      | /      | V      | ı          | L       | L       | Α      | G       | Е                   |       |         |   |       |        |         | S     | Т       | Α       | Т      | Е      |        |         |         | Piı    | ncode   |       |        | i                 | 1      | i       |       |
| STD ISD ( | Code   | L      | Α      | N      | D      | L      | 1          | N       | E       |        |         |                     |       | M       | 0                                       | В     |        | L       | E     |         |         |        |        |        |         |         | E      | MAI     | . AD  | DRES   | 55                |        | ] [     |       |
| Fax       |        |        |        |        |        |        |            |         |         |        | Q       | ualific             | ation |         |   |       |        |         |       |         |         |        |        | Regis  | stratio | on No   |        |         |       |        |                   |        |         |       |
| Name      | of H   | lospi  | tal/N  | ursin  | g Ho   | me     |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   | 1      |         |       |
| Addre     | ss of  | Hos    | pital/ | Nursi  | ng H   | ome/   | Clinic     |         |         | R      | 0       | 0                   | M     |         | N                                       | 0.    |        |         | В     | U       | ı       | L      | D      | ı      | N       | G       |        |         |       |        | 怈                 | 1      |         | T     |
|           | R      | 0      | Α      | D      |        | N      | Α          | M       | Е       | /      | N       | 0.                  |       |         |   |       |        |         | L     | Α       | N       | D      | M      | Α      | R       | К       | 1      |         |       |        | 丅                 | 1      |         |       |
|           | D      | 1      | S      | T      | R      | ı      | С          | Т       | /       | Т      | Α       | L                   | U     | К       | Α                                       |       |        |         | L     | Α       | N       | D      | M      | Α      | R       | K       | 2      |         |       |        | T                 | 1      |         |       |
|           | С      | 1      | Т      | Υ      | /      | V      | ı          | L       | L       | Α      | G       | E                   |       |         |   |       |        |         | S     | Т       | Α       | Т      | Е      |        |         |         | Pir    | ncode   |       |        |                   | 1      | i T     |       |
| STD ISD   | Code   | L      | Α      | N      | D      | L      | ı          | N       | Е       |        |         |                     |       | M       | 0                                       | В     | ı      | L       | Е     |         |         |        |        |        |         |         | E      | MAI     | L AD  | DRES   | SS                |        | ,       | -     |
|           |        |        |        |        | F      | ах     |            |         |         |        |         | ĺ                   |       |         |   |       |        |         |       |         |         |        | J      |        |         |         |        |         |       |        |                   |        |         |       |
| Date &    | Time   | e of A | \dmi:  | ssion  | D      | D      | M          | M       | Y       | Y      | Y       | Y                   |       |         |   | Time  |        |         |       | ς       | ian 8   | k Star | on of  |        |         |         |        |         |       |        |                   |        |         |       |
| Date &    | Time   | e of l | Disch  | arge   | D      | D      | M          | M       | Y       | Y      | Y       | Y                   |       |         |   | Time  |        |         |       |         |         | ing d  |        |        |         |         |        |         |       |        |                   |        |         |       |
| No. of    | Days   | in ⊢   | lospit | al (in | a wo   | ard of | her th     | han 10  | CU)     |        |         |                     | No    | of Do   | ıvs in                                  | ICU   |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Date &    |        |        | ·      |        |        | 1      | D          | D       | M       | M      | Y       | Y                   | Υ     | Y       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Tin   | ne     |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Date &    |        |        |        |        |        | l      | D          | D       | M       | M      | Y       | Y                   | Y     | Y       |   | Tin   |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Date &    |        |        |        |        |        | Į      |            |         | D       | D      | M       | M                   | Y     | Y       | Υ                                       | Υ     |        |         |       |         |         |        |        |        | Mo      | ode     |        |         |       |        |                   |        |         |       |
| Pre-au    |        |        |        |        |        |        | Yes        |         | No      | (Atto  |         |                     |       | pleas   | e pro                                   | vide  | reaso  | on foi  | r the | same    |         |        |        |        |         |         |        |         |       |        |                   |        |         | =     |
| Have tl   |        |        |        |        |        |        | _<br>ormed | <br>d?  |         | Yes    |         |                     |       | ccider  |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| Have y    |        |        |        |        |        |        |            |         | r any   | othe   |         |                     |       |         |   |       |        | nedicl  | laim, | hospi   | ital co | ase b  | enefit | etc. I | f yes   | plea    | se pr  | ovide   | the t | follov | ving <sup>,</sup> | detail | S       |       |
| a. Nan    |        |        |        |        |        |        |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        |                   |        |         |       |
| o. Diag   |        | Γ      |        |        |        |        |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        |         |         |        |         |       |        | H                 |        |         |       |
| c. Whe    | ther   | settle | ed/re  | pudio  | ated   |        |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        |        | d. Am   | ount    |        |         |       |        |                   | М      |         |       |
| Schedu    | ıle o  | f exp  | ense   | s incl | ırred  |        |            |         |         |        |         |                     |       |         |   |       |        |         |       |         |         |        |        | Jmmo   | ary, h  | ospit   |        |         |       | ies o  | f the             | origir | ıal rep | oorts |
| atteste   | u by   | IPA (  | JUINO  | rised  | OITICI | uı etc | .) Ple     | use re  | eierio  | your   | holic   | y scne              | euule | iorco   | vera                                    | he ae | iulis. | ırı cas | se ot | IISUTTI | cient   | spac   | e, pie | ase a  | ııacn   | un ac   | OlīlDu | ııdı Si | ieet. |        |                   |        |         |       |

| Hospit  | al Co                                | ash Be                                    | enefi   |  |                              |   |  |                             |  |                             |                           |                         |                           |                            |                        |         |                          |                            |              |                         |                        |                            |              |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |
|---|--------------------------------------|---|---|--|------------------------------|---|--|-----------------------------|--|-----------------------------|---------------------------|-------------------------|---------------------------|----------------------------|------------------------|---------|--------------------------|----------------------------|--------------|-------------------------|------------------------|----------------------------|--------------|---------|-------------------------|-------------------------|------------------|-----------------------|---------------------------|---------------|-----------------------|------------------------------|---------|-------|--------|
| cu  |                                      |   |   |  |                              |   |  |                             |  | Ĭ                           |                           |                         |                           |                            |                        |         |                          |                            |              |                         | Recu                   | Jpera                      | tion B       | enefit  |                         |                         |                  |                       | Ī                         |               |                       |                              |         |       | ĺ      |
| Major   | Sur                                  | gical I                                   | Bene  | fit  |                              |   |  |                             | 1  |                             |                           |                         |                           |                            |                        |         |                          |                            |              |                         |                        | Cri                        | tical II     | Iness   |                         |                         |                  |                       | ī                         |               |                       |                              |         |       | ĺ      |
|   |                                      |   |   |  |                              |   |  |                             |  | ,                           |                           |                         |                           |                            |                        |         |                          |                            |              |                         |                        |                            |              |         |                         |                         |                  |                       | J                         |               |                       | ,                            |         |       | ,      |
| Signat  | ure                                  | of the                                    | Insu  | ıred   | Perso                        | on  |  |                             |  | -                           | ln                        | sun                     | nort (                    | of the                     | aho                    | ve clo  | im L                     | enclo                      | se th        | e follo                 | owin                   | a doc                      | umen         | ts (nle | ase i                   | ndico                   | nte hv           | / tick                | mark                      | 1             |                       |                              |         |       |        |
| Place   |                                      | D   | D   | M  | M                            | Y   | Y  | Υ                           | Υ  |                             |                           |                         |                           | ipt an                     |                        |         |                          |                            |              |                         |                        | _                          |              | is (pic | usc i                   | ridice                  | iic by           | IICK                  | mark                      |               |                       | ]                            |         |       |        |
| Date  |                                      |   |   |  |                              |   |  |                             |  | ]                           |                           | Atte                    | endin                     | jical te<br>g Doc<br>s and | tor's                  | /Surg   | eon's                    |                            |              |                         | oortir                 | ng hos                     | spitalis     | sation  | (incl                   | uding                   | ) ICU            | adm                   | nission                   | ı if an       | y),                   | ]                            |         |       |        |
| Bank /  | Acco                                 | unt C                                     | etail   | s of   | Claim                        | nant/   | Appo   | intee                       | in cas   | se the                      | e prop                    | oser                    | died                      | in the                     | e las                  | pe pe   | eriod (                  | Pleas                      | se no        | te tho                  | at all t               | the po                     | aymer        | nts wo  | uld b                   | e mo                    | ade o            | nly tl                | hroug                     | h dire        | ct tro                | ınsfer                       | to the  | 3     |        |
| Bank /  | Acco                                 | unt, l                                    | nenc  | e cai  | ncelle                       | ed ch   | eque   | is to                       | be att   | ache                        | d)                        |                         | ,                         | ,                          | 1                      |         | ,                        |                            |              |                         |                        |                            | ,            |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |
| Name  | as                                   | oer Bo                                    | ank F   | Reco   | ds                           |   | F  | 1                           | R  | S                           | T                         |                         |                           |                            |                        |         |                          |                            |              |                         |                        |                            |              |         |                         |                         |                  | L                     |                           | L             | Α                     | S                            | T       |       |        |
|   | В                                    | Α   | N   | K  |                              | N   | Α  | M                           | E  |                             |                           |                         |                           |                            |                        |         |                          |                            | В            | R                       | Α                      | N                          | С            | Н       |                         | N                       | Α                | W                     | E                         |               |                       |                              |         |       |        |
|   | A                                    | С   | С   | 0  | U                            | N   | T  |                             | N  | 0.                          |                           |                         |                           |                            |                        |         |                          |                            |              | F                       | S                      | С                          |              | С       | 0                       | D                       | E                |                       |                           |               |                       |                              |         |       |        |
| confirmacque admissaffects  Signation Date Declinere      | und<br>n arinte<br>sior<br>my<br>ure | ergor<br>nd wc<br>d. I h<br>/trea<br>phys | me treinran mereb treep | eatment that that y give that y give that the true that the true that the true that the true that the true that the true that the true that the true that the true that the true that the true that the true that the true true that the true true that the true true true true true true true tru | ent of there e my man ntal h | ftheile is e is not consulted to the interest of the interest | Illnessson of the control of the con | er info                     | odily in<br>format<br>author<br>octor fr   | tion re<br>rity fo<br>rom w | elevan<br>r you<br>vhich/ | nt to r<br>to se<br>who | my ric<br>eek n<br>m I ho | ght to<br>nedica<br>ave at | clair<br>al int<br>any | n white | ch wa<br>tion (<br>sough | ould h<br>indoc<br>at or s | nave on cash | a bea<br>se pa<br>eek n | ring<br>apers<br>nedic | upon<br>, repo<br>cal atte | your control | consid  | erati<br>ents,<br>ernin | on of<br>inclu<br>g any | my cliding disec | laim<br>phot<br>ase/s | and v<br>tocopi<br>sickne | with wies the | hich<br>ereof<br>Imen | you o<br>f, pert<br>t or inj | ught to | to be | )<br>/ |
| Date Docu   | on al C                              | ents<br>ash E                             | M ch  | eck  | list                         | for fully si  | igned  | by th                       | <b>plar</b><br>ne insu   | ıred p                      |                           |                         |                           |                            |                        |         |                          |                            |              |                         |                        |                            |              |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |
| 3) Ori<br>4) Ho<br>5) Ple<br>6) Co <sub>l</sub><br>The al | gina<br>spita<br>ase<br>by of        | l or co<br>Il Bill o<br>enclo<br>FIR (in  | ppies<br>and rose a<br>n cas<br>s not   | of the<br>eceip<br>case<br>e of c  | e origots for sumi           | ginalı<br>r payr<br>mary<br>ent)<br>ve; TP  | repor<br>ment<br>repor   | ts atte<br>rt givii<br>C ma | ested bested bested bested bested bested bested bested bested bested by the bested by the bested bested by the bested bested bested by the best by the bes | tory o                      | A auth<br>of the c        | orise<br>ase            | ed offi                   | icial re                   | port                   | ts of a | llinve                   | stigat                     | tions        |                         |                        | the c                      | laim.        |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |
|   |                                      |   |   |  |                              | •   | •  |                             | Benefit<br>diaan   |                             | انامسا                    |                         | ha                        |                            | . F:                   |         |                          |                            |              |                         |                        |                            |              |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |
| 11 500  | riali                                | CT CO                                     | TOTO  | cortif   | ICOTO                        | conti   | rmin   | TIDO                        | alaan:   | OCIC C                      | ina wit                   | aon t                   | DO CV                     | mntai                      | m tire                 | TOCCI   | irrod                    |                            |              |                         |                        |                            |              |         |                         |                         |                  |                       |                           |               |                       |                              |         |       |        |

- 2) Relevant investigation reports (Radiology, Pathology etc) confirming the diagnosis
- 3) Hospital admission & discharge card/certificate plus all documents as per 1 to 5 in respect of hospitalisation as above

ISO 9001:2008

 $Reliance\ Nippon\ Life\ Insurance\ Company\ Limited\ (formerly\ known\ as\ Reliance\ Life\ Insurance\ Company\ Limited).\ IRDAI\ Registration\ No:\ 121.\ Registered\ Office:\ Handle Company\ Limited\ (formerly\ known\ as\ Reliance\ Life\ Insurance\ Company\ Limited).$ 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. Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or

financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.



| R D A D N A M E / N O D L A N D M A R E / N D M A R E / N O D L A N D M A R E /  | comp | anlat     | D    | M    | M    | Υ   | Υ | Υ   | Υ |
|--|------|-----------|------|------|------|-----|---|-----|---|
| Name of the Insured Person   |      | ipiei     | e.   |      |      |     |   |     |   |
| Correspondence Address/ Usual place of residence F L A T N O B U I L D I N A M E / N O D L A N D M A R R D A D N A M E / N O D D D D A N A M E / N O D D D D D D D D D D D D D D D D D D   |      |           |      | L    | Α    | S   | Т |     |   |
| R O A D N A M E / N O D N A M A R R D L A N D M A R R D D I S T R I C T / T A L U K A L A N D M A R R D D I S T R I C T / T A L U K A L A N D M A R D D I S T R I C T / T A L U K A L A N D M A R D D I L E D D D D M A R D D D D D D D D D D D D D D D D D D  |      |           |      |      |      | J L | J | J L |   |
| Display the present allment a complication of a pre-existing disease?  What treatment was given/operation performed, if any?  When did the first symptom appear DDMMMYYYYYY  s the present allment a complication of a pre-existing disease?  Yes No If yes, please give details  Does the treatment given necessitate admission?  Yes No  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Signature of the Medical Practitioner  Date DDMMYYYYY  Name of attending Medical Practitioner  Dr. FR R S T   | G    |           |      |      |      |     |   |     |   |
| Nature of disease suffered by insured  What treatment was given/operation performed, if any?  When did the first symptom appear DDMMYYYYYY  When did the first symptom appear DDMMYYYYYY  So the present ailment a complication of a pre-existing disease?  Yes No If yes, please give details  Does the treatment given necessitate admission?  Yes No  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Yes No  If yes, specify the details  Signature of the Medical Practitioner  Date D M M Y Y Y Y   Name of attending Medical Practitioner  Dr. F I R S T  | К 1  | 1         |      |      |      |     |   |     |   |
| Noture of disease suffered by insured  What treatment was given/operation performed, if any?  When did the first symptom appear DDMMMYYYYY  So the present ailment a complication of a pre-existing disease?  When did the first symptom appear DDMMMYYYYY  So the present ailment a complication of a pre-existing disease?  Yes No  So the treatment given necessitate admission?  Yes No  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Yes No  If yes, specify the details  Signature of the Medical Practitioner  Date D MMMYYYYY  Name of attending Medical Practitioner  Or. F I R S T  | K 2  | 2         |      |      |      |     |   |     |   |
| Nature of disease suffered by insured  What treatment was given/operation performed, if any?  When did the first symptom appear D D M M Y Y Y Y  So the present allment a complication of a pre-existing disease? Yes No If yes, please give details Does the treatment given necessitate admission? Yes No  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceoble to any pre-existing allment/infirmities? Yes No  Was he/she under the influence of intoxicants or drugs at the time of accident? Yes No  Was any medico legal case filed? Yes No  Have you provided medical treatment to the insured previous to this treatment? Yes No If yes, specify the details  Signature of the Medical Practitioner  Date D M M Y Y Y Y  Name of attending Medical Practitioner  Dr. F I R S T  |      | Pinc      | code |      |      |     |   |     |   |
| What treatment was given/operation performed, if any?  When did the first symptom appear   |      | ΕΛ        | MAII | L AD | DRES | SS  |   |     |   |
| When did the first symptom appear D D M M Y Y Y Y S S T No If yes, please give details she present ailment a complication of a pre-existing disease? Yes No If yes, please give details Does the treatment given necessitate admission? Yes No No S the disease/disorder congenital in nature? Yes No What was the history reported to you at the time of consultation? Yes No What was the history reported to any pre-existing ailment/infirmities? Yes No No Was he/she under the influence of intoxicants or drugs at the time of accident? Yes No Was any medico legal case filed? Yes No Have you provided medical treatment to the insured previous to this treatment? Yes No If yes, specify the details Signature of the Medical Practitioner Date D M M Y Y Y Y Y  |      |           |      |      |      |     |   |     |   |
| s the present ailment a complication of a pre-existing disease?  Yes No  No If yes, please give details  Does the treatment given necessitate admission?  Yes No  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Yes No  If yes, please give details  No  If yes, please give details  No  If yes, please give details  |      |           |      |      |      |     |   |     |   |
| Does the treatment given necessitate admission?  If the disease/disorder congenital in nature?  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Was provided medical treatment to the insured previous to this treatment?  Was any medico legal case filed?  Was any medico legal case filed?  Was any medico legal case filed?  Was any medico legal case filed?  Was any medico legal case filed?  Was any medico and treatment to the insured previous to this treatment?  Was provided medical treatment to the insured previous to this treatment?  Was any medico and the details  Was any medico and the details and the details are the details and the details are the details and the details are the details and the details are the details and the details are the details and the details are the  |      |           |      |      |      |     |   |     |   |
| s the disease/disorder congenital in nature?  What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Was any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Was provided medical treatment to the insured previous to this treatment?  Was provided medical treatment to the insured previous to this treatment?  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  Was provided medical practitioner  |      |           |      |      |      |     |   |     |   |
| What was the history reported to you at the time of consultation?  For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  No  Nas any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Yes No  If yes, specify the details  Signature of the Medical Practitioner  Date D M M Y Y Y Y  No  No  No  No  No  No  No  No  No  N  |      |           |      |      |      |     |   |     |   |
| For accident case  Are the injuries traceable to any pre-existing ailment/infirmities?  Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  No  No If yes, specify the details  Signature of the Medical Practitioner  Date D D M M Y Y Y Y  Name of attending Medical Practitioner  Or. F I R S T   |      |           |      |      |      |     |   |     |   |
| Are the injuries traceable to any pre-existing ailment/infirmities?  Was he/she under the influence of intoxicants or drugs at the time of accident?  Yes No  Was any medico legal case filed?  Yes No  Idave you provided medical treatment to the insured previous to this treatment?  Yes No  If yes, specify the details  Indicate D D M M Y Y Y Y  Idame of attending Medical Practitioner  On. FIRST   |      |           |      |      |      |     |   |     |   |
| Vas he/she under the influence of intoxicants or drugs at the time of accident?  Yes No Vas any medico legal case filed?  Yes No If yes, specify the details  Signature of the Medical Practitioner Date DDMMYYYYY  Aame of attending Medical Practitioner  Or. FIRST  |      |           |      |      |      |     |   |     |   |
| Nas any medico legal case filed?  Have you provided medical treatment to the insured previous to this treatment?  Yes No If yes, specify the details  Signature of the Medical Practitioner  Date D M M Y Y Y Y  Name of attending Medical Practitioner  Or. F I R S T   |      |           |      |      |      |     |   |     |   |
| lave you provided medical treatment to the insured previous to this treatment?  Yes  No If yes, specify the details  Signature of the Medical Practitioner  Date  D  M  M  Y  Y  Y  Y  No If yes, specify the details  |      |           |      |      |      |     |   |     |   |
| Signature of the Medical Practitioner Date DDMMMYYYYY  Name of attending Medical Practitioner  Dr. FIRST   |      |           |      |      |      |     |   |     |   |
| Date DDMMYYYY  Name of attending Medical Practitioner  Dr. FIRST   |      |           |      |      |      |     |   |     |   |
| or. FIRST  |      |           |      |      |      |     |   |     |   |
| Address of the Market and Durantition and the second of th |      |           |      |      | L    | Α   | S | Т   |   |
| Address of the Medical Practitioner/Hospital/Clinic R O O M N O.   |      |           |      |      |      |     |   |     |   |
|  |      | 1         |      |      |      | 1   |   |     | F |
| DISTRICT/TALUKA LANDMAR  | K 1  |           |      |      |      | 1   | i | 1   |   |
|  |      | 2         | code |      |      | 1   | i |     |   |
| STD ISD Code L A N D L I N E Fax   | K 2  | 2<br>Pinc |      |      |      |     |   |     |   |
| Qualification Registration No.   | K 2  | Pino      |      | LAD  | DDRE | SS  |   |     |   |
| Please find attached a short case history of the patient.  | K 2  | Pino      |      | L AC | DDRE | :SS |   |     |   |

ISO 9001:2008

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.

Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.