

Claim	Form -	Cancer	Protection	Plus
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Date of Death (where applicable)

Date of first consultation with Doctor

Site of Tumor

Type of Cancer $\$ Carcinoma in situ $\$ Early Stage Cancer $\$ Major Stage Cancer

Yes No

Date when these complaints first became evident

Nature and duration of complaints necessitating medical attention

Final Diagnosis

Date of Diagnosis

1. Any other illness /	Surgery prior to the cur	rent illness:										
Date when this illnes	ss was first detected:											
2. Any Previous Mali	ignancy (Cancerous) or	Pre Malignancy conditions	Yes N	0								
	ls in the table below:											
Sr.No. Name o	of Hospital / Doctor	Contact Details of Hospital	/ Doctor	Date of	Admission &	k Discha	ırge / Co	nsultation		Diagn	osis	
1.												
2.												
3.												
4.												
5.												
	provided for any of the	above is inadequate,please atte	ach annexu	ıres)								
(E) DETAILS OF HABI	ITS OF LIFE INSURED											
Description	Details		Quantity	Per Day	Dura	ntion						
Tobacco		Bidis 🗆 Chewing Tobacco	dodrimy	Torbay	2010							
lobacco	☐ Any other	5										
Alcohol	Beer □ Whisk											
7 ((6)16)	☐ Any other	-, I will										
Drugs												
Any other												
·	provided for any of the	above is inadequate,please atto	l ach annexu	ures)								
		KEN BY THE LIFE INSURED IN LA										
Dates From	Dates To	Reasons for the Leave as pe	r Applicatio	n/Medical Co	ertificate			Name & Con	tact No. of	Treating D	octor	
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						-						
(G) DETAILS OF OTH	IER INSURANCE OF LIFE	INSURED(including Health &	Mediclaim	Policies):								
Policy No		Company Name		Sum A	ssured	Co	ommenc	ement Date		Current Po	licy Statu	JS
(NOTE - If the space	provided for any of the	above is inadequate,please atte	ach annexu	ıres)								
(H) BANK ACCOUN	T DETAILS OF LIFE INSU	RED / CLAIMANT										
Name as per Bank R		RST	M	I D	D L E					L	A S	Т
Bank Name												
Branch Name												
Account Number												
IFSC Code												
PAN Number												

Self-attested photocopy to be attached of a) Personalized cancelled Cheque or b) Completed Bank Authorization Form, attested by the Bank; along with self-attested copy of Passbook / Bank Statement with IFSC and Bank Account number mentioned thereon

(D) PAST HEALTH HISTORY OF LIFE INSURED

(I) DECLARATION CUM AUTHORIZATION BY THE LIFE INSURED/CLAIMANT

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. I also hereby authorize and direct any doctor, hospital, employer, police or any other related authorities to provide to Reliance Nippon Life Insurance Company limited any information relating to the Life Insured's health or employment or any other related matters for considering the claim.

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Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400063. India.

(J) Declaration by the person completing this claim form

Reliance Nippon Life Insurance requires that this form is completed by the Claimant. If this is not possible because the claimant 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 claimant and endeavored 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 claimant and confirmed that they are correct.

Decl	arant	Nam	ne	F		R	S	Т								M	-	D	D	L	Е									L	А	S	Т	
Add	ress				F		R	S	Т													L	А	S	Т			F	L	А	Т		Ν	Ο.
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Date	D	D	M	M	Υ	Υ	Υ	Υ	
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Signature of Declarant

	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	
E-mail ID of the CCE	
Claim form received date at branch	
Signature of the CCE	

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. 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 / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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