

| Cl | laim Form B – Medical Attendant Certificate | | | | | | | | | | | | | | P | olicy | No. | | | | | | | | | | | | | | | | | |
|---|--|--------|--------|-----------------|--------|---------|-----------------|-----------------|---------|-------|-----------------|-------|---------|----------------------|--------|-------|-----------------|---------|----|-----|---|---|-----------------|---|---|---|-------|---------|--------|---------|--------|-------|-------|----------|
| | (To be filled in by Last Treating Doctor) | | | | | | | | | | | | | | | | Oate | D | D | M | M | Υ | Υ | Υ | Υ | | | | | | | | | |
| (All answers to be in Block Letters No Dots and Dashes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Life Assured F R S T | | | | | | | | | | | | | | $\wedge \wedge$ | | D | D | L | Е | | | | | | | | L | А | S | Т | | | | |
| Age of the Life Assured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corr | espor | dend | e Ad | dress | / Usu | al pla | ace of | resid | lence | F | L | А | Т | | N | 0. | | | В | U | | L | D | | N | G | | | | | | | | |
| | R | 0 | А | D | | N | А | \wedge | Е | / | N | 0. | | | | | | | | А | N | D | $\wedge \wedge$ | А | R | K | 1 | | | | | | | |
| | D | | S | Т | R | | С | Т | / | T | А | L | U | K | А | | | | L | А | N | D | M | А | R | K | 2 | | | | | | | |
| | С | - | Т | Υ | / | \vee | ı | L | L | А | G | Е | | | | | | | S | Т | А | Т | Е | | | | Pin (| Code | | | | | | |
| STD IS | D Code | L | А | N | D | L | | N | Е | | | | | M | 0 | В | | L | E | | | | | | | | | | | | | | | |
| Name and Address of the Hospital/Clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | 0 | А | D | | N | А | $\wedge \wedge$ | Е | / | Ν | 0. | | | | | | | L | А | Ν | D | $\wedge \wedge$ | А | R | K | 1 | | | | | | | |
| | D | - | S | Т | R | | С | Т | / | Т | А | L | U | K | А | | | | L | А | Ν | D | M | А | R | K | 2 | | | | | | | |
| | С | - | Т | Υ | / | \vee | | L | L | А | G | Е | | | | | | | S | Т | А | Т | Е | | | | Pin (| Code | | | | | | |
| STD IS | D Code | L | А | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are | Are you satisfied regarding the identity of the Life Assured whose name and address are furnished above? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who | t was | the | diagr | nosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | wher | diag | gnose | ed first | D | D | $\wedge \wedge$ | $\wedge \wedge$ | Υ | Υ | Υ | Υ | | | | | | | | | | | | | | | | | | | | | | |
| Dire | ct Cau | ise(s) | of III | ness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whe | n did | he/sl | ne fir | st con | nplain | of Illi | ness? | D | D | M | $\wedge \wedge$ | Υ | Υ | Υ | Υ | | | | | | | | | | | | | | | | | | | |
| Who | t was | the | natur | e of c | omp | laint? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What was the nature of complaint? What was the history reported to you at the time of consultation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By w | hom | was | it rep | orted | ? (Me | ntion | Nam | ne & R | Relatio | onshi | p to tl | ne Po | tient) | | | | | | | | | | | | | | | | | | | | | |
| How long has he/she been suffering from the illness? Years Months Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were any tests conducted? If so, mention the tests and findings of the tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time of Admission D D M M Y Y Y Y TIME Admission No. | | | | | | | | | | | | | | $\overline{\square}$ | | | | | | | | | | | | | | | | | | | | |
| What was the condition of the patient at the time of Discharge? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eı | nclo | sure | es | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. At | estec | cop | y of i | nvesti | gatio | n rep | orts/l | hospi | tal re | ports | (case | sum | nmary |) | Ye | s | No | 0 | | | | | | | | | | | | | | | | |
| 2. Di | schar | ge S | umm | ary | | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. O | her, i | fany | | Yes | | No | If y | es, pl | lease | spec | ify | | | | | | | | | | | | | | | | | | | | | | | |
| The | above | e par | ticulo | ırs ar | e furn | ished | d on t | he bo | isis o | f the | record | ds m | aintaiı | ned b | by the | Hos | pital | /Clinio | Ξ. | | | | | | | | | | | | | | | |
| Date | D | D | M | $\wedge \wedge$ | Υ | Υ | Υ | Υ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | F | | R | S | Т | | | | | | | | | | | $\wedge \wedge$ | | D | D | L | Е | | | | | | | | L | А | S | Т | |
| Nan | e of t | he D | octor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desi | gnatio | on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | J L | | | | |] | لــــا | | | | | | | J [| | | | | | | | | | | | | | لــــا ا |
| Hosi | oital/(| Clinic | Seal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | Siana | ture (| of the | Δtto | nding | . Doc | tor |
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