

Bank Account Details of Life Assured / Claimant

(Please note that all the payments would be made only through direct transfer to the Bank Account, hence cancelled cheque is to be attached)

Name as per Bank Records

			F	I	R	S	T								M	I	D	D	L	E					L	A	S	T	
	B	A	N	K		N	A	M	E							B	R	A	N	C	H		N	A	M	E			
	A	C	C	O	U	N	T		N	O.						I	F	S	C		C	O	D	E					

I am enclosing herewith

The Original Policy Document/s Doctor/Hospital Certificate/s Cancelled cheque & bank passbook/bank statement Disability Certificate

FIR Copy/Police Records Others

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.

Signature of the Life Assured													Signature of the Witness												
Date																									
Name of the Witness																									
Address																									
R O A D													L A N D M A R K 1												
D I S T R I C T / T A L U K A													L A N D M A R K 2												
C I T Y / V I L L A G E													S T A T E												
Pin Code																									
STD ISD Code													EMAIL ADDRESS												

Declaration by the person completing this claim form

Reliance Nippon Life Insurance Company Ltd requires that this form is completed by the Life Assured. If this is not possible because the Life Assured 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 Life Assured and endeavoured 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 Life Assured and confirmed that they are correct.

Name of the Declarant																									
Occupation																									
Address																									
R O A D													L A N D M A R K 1												
D I S T R I C T / T A L U K A													L A N D M A R K 2												
C I T Y / V I L L A G E													S T A T E												
Pin Code																									
STD ISD Code													EMAIL ADDRESS												

Signature of the Declarant

Name of the Claimant	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T											
Correspondence Address/ Usual place of residence	F	I	R	S	T	L	A	S	T	F	L	A	T	N	O.											
	B	U	I	L	D	I	N	G	R	O	A	D	N	A	M	E	/	N	O.							
									L	A	N	D	M	A	R	K	1									
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	L	A	N	D	M	A	R	K	2		
	C	I	T	Y	/	V	I	L	L	A	G	E	S	T	A	T	E	Pin code								

Bank Account Details

Claimant Name as per bank records	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T										
	B	A	N	K	N	A	M	E	B	R	A	N	C	H	N	A	M	E							
	A	C	C	O	U	N	T	N	O.	I	F	S	C	C	O	D	E	M	I	C	R	C	O	D	E

Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Signature of the Claimant

Date

D	D	M	M	Y	Y	Y	Y
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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	
Email ID of the CCE	
Date of receiving the Claim Form at the 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.