

Claim Form A

(All answers to be in Block Letters – No Dots and Dashes)

1. Name of Claimant: _____
2. Address for Correspondence: _____

3. Landline No / Mobile No: _____ Email ID: _____
4. Name of the Deceased Life Assured: _____
5. Relationship of Claimant to Life Assured: _____
6. Nature of title under which the claim for Policy Monies is submitted: Nominee / Assignee/ Trustee / others: _____
7. Policy Number: _____ Client Number: _____

8. Mention full particulars of all other Policies on the Life of the deceased taken with other companies which has now resulted into claim by death:

	Policy Number	Date of Commencement	Sum Assured	Name of the Company
1				
2				
3				
4				

09. Date of Death of Life Assured: _____ Age at Death: _____
10. Cause of Death of Life Assured: _____
11. Details of Last Illness: _____
12. When did he/she first complain of Illness? _____
13. Name & Address of Business/Employer of Life Assured: _____

14. Name and Address of the doctor/ hospital who/where treated the Life Assured in his/her last illness: _____

15. Bank Account Details of Claimant / Nominee (Please note that all the payments would be made only through direct transfer to the Bank account, hence cancelled cheque leaf is to be attached).

Name as per Bank Records: _____

Bank Name: _____ Branch: _____

Bank Account No: _____ IFSC Code: _____

Signature of Claimant

Date: [D D M M Y Y Y Y]

*Payment will be credited to the given participating in Electronic Clearing

Attach Cancelled Cheque Here

Nominee's signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the nominee/account holder's name & IFSC / RTGS / NEFT Code. In the absence of these details, the applicant needs to submit a recent bank statement of the same Bank Account. The bank a/c number should be clear & visible (please do not cross on a/c no.). If such details are not available direct transfer would not be an option.

I am enclosing herewith:

1. Original Policy Schedule
2. Original Death Certificate
3. AML / KYC Document of Claimant
4. Payout form along with cancelled cheque leaf / Bank passbook copy

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 life Insurance Company limited any information relating to the Life Assured's health or employment or any other related matters for considering the claim.

Signature of Witness:

*(To be filled up by the relative of
Life assured other than the nominee)*

Witness

Name: _____

Address: _____

Phone / Mobile Number: _____

Signature of Claimant

Date: _____

Declaration by the person completing this claim form

Reliance 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.

Name of declarant: _____

Address & Phone Number: _____

Signature of Declarant: (in English) _____

Date: _____

For Internal Use: To be filled by the Branch CCE

Claimant Name / Relation ship	
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	