RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Claim Form A - Critical Illness/MSBR

Date D D M M Y Y Y Y

(All answers in BLOCK LETTERS and No Dots & Dashes)

Name of the Life Assured FIRST LAST

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Policy Number Client Number

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
1.			
2.			
3.			
4.			
5.			

Date of diagnosis/illness D D M M Y Y Y Y Date of Admission D D M M Y Y Y Y Date of Discharge D D M M Y Y Y Y

Details of diagnosis

When did you first complain of Illness? (Date/Month) D D M M

What was the nature of complaint?

Name, address and telephone number of the Doctor who diagnosed/treated your illness initially

Address FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Name, address of the Hospital

FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Bank Account Details of Life assured (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).

Bank Details ADDRESS

BANK NAME BRANCH NAME

ACCOUNT NO. IFSC CODE

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I am enclosing herewith:

☐ Photo copy of policy docs ☐ Original reports including all investigation reports ☐ Doctor/hospital certificate/s ☐ Cancelled cheque & bank passbook/bank statement

☐ Other

I hereby declare that the statements in this claim form by me are true and correct to the best of my knowledge and belief.

Signature of the Witness

Signature of the Life Assured

Date D D M M Y Y Y Y

Name of the Witness FIRST LAST

Address FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

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 they 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 the Declarant FIRST LAST

Occupation Phone Number

Signature of the Declarant

Date D D M M Y Y Y Y

For Internal use: To be filled by the Branch

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 receipt date at branch	
Signature of the CCE	

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 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.

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CIN: U66010MH2001PLC167089

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