



GROUP TERM CLAIM FORM

Master Policy Number	
Name of the Master Policyholder	
Full name of the deceased Member	
Employee/Loan/Account/Membership No	
Date of Birth of the deceased member	
Date of Employment/Joining the Scheme	
Member Number (as provided by Reliance Nippon Life)	
Cause of death	
Date of death	
Place of death	
Proof of death (to be enclosed)	
Sum Assured	
To whom the claim is payable	Master Policyholder* or Nominee (Strike out whichever is inapplicable)
If claim is payable to Nominee, please provide following details of the Nominee	
Full Name	
Date of Birth	
Gender	
Relationship to the deceased	
If Nominee is a minor, state name and address of the guardian	

*Claim amount is payable to the Master Policyholder only in the case of employer-employee insurance or a lender-borrower relationship between the Master Policyholder and member, subject to prescribed conditions.

“DECLARATION”

We hereby declare that the answers to all the above questions are true in every aspect. We enclose an extract from the death registers in proof of death of the member. We further confide that the above said deceased member was covered under the group insurance policy number at the time of death and we further certify that the member was of sound health at the time of joining the scheme.

Place:

Date:

Signature of the authorized
Master Policyholder with Office Seal

We are always here for you. You just have to call us by another name.
We are now Reliance Nippon Life Insurance Company Limited.

Reliance Nippon Life Insurance Company Limited. (Formerly known as Reliance Life Insurance Company Limited)
IRDAI Registration No: 121.
Corporate Office: Reliance Nippon Life Insurance Company Limited, Reliance Centre, Off Western Express Highway, Santacruz East, Mumbai 400 055
CIN: U66010MH2001PLC167089



**NIPPON LIFE
INSURANCE**

ACKNOWLEDGEMENT RECEIPT

Master Policy Number :

To be filled if the claim settlement is to be made in favour of the Nominee

We hereby authorize and request Reliance Nippon Life Insurance Company Limited to draw the cheque for the within mentioned amount of Rupees -----
-----only) in favour of Shri/Smt----- , who is the legal nominee of the deceased member-----

To be filled if the claim settlement is to be made in favour of the Master Policyholder

We by virtue of Master Policy Number ----- granted to us by Reliance Nippon Life Insurance Company Ltd are entitled legally to receive the insurance benefits on the life of

Mr/Mrs/Ms-----

Who passed away on.....

We also hereby acknowledge receiving from Reliance Nippon Life Insurance Company Ltd, the sum of

Rs. _____ (Rupees -----

Only) in full and final satisfaction and discharge of all our claims and demands under the above mentioned Group Term Insurance Policy.

Signed by the Authorized Signatory with office seal

Please affix your signature on a Rs 1 Revenue Stamp