RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Claim Form - Cancer Protection Plus

Policy No

Date

(A) DETAILS OF LIFE INSURED / PERSON DIAGNOSED WITH CANCER

Full Name

Gender ☐ Male ☐ Female Age Date of Birth

Address

Pincode

Landline Mobile

Email

Occupation Nature of Work

Employer Name & Address

Pincode

Landline Mobile

Email

(B) DETAILS OF CLAIMANT

Name

Gender ☐ Male ☐ Female Age Date of Birth Relationship to Life Insured (if other)

Address

Pincode

Landline Mobile

Email

(C) DETAILS OF CLAIM

Name of the Hospital where admitted / diagnosed

Reason for hospitalisation

Date of Admission Time

Date of Discharge Time

If Medico Legal ☐ Yes ☐ No

Reported to Police ☐ Yes ☐ No If yes Date Time

Medico Legal Certificate ☐ Yes ☐ No FIR attached ☐ Yes ☐ No

Type of Cancer ☐ Carcinoma in situ ☐ Early Stage Cancer ☐ Major Stage Cancer

Final Diagnosis ☐ Yes ☐ No

Date of Diagnosis Date of first consultation with Doctor

Nature and duration of complaints necessitating medical attention

Date when these complaints first became evident Site of Tumor

Date of Death (where applicable)

(D) PAST HEALTH HISTORY OF LIFE INSURED

1. Any other illness / Surgery prior to the current illness: _____

Date when this illness was first detected: ☐☐☐☐☐☐☐☐

2. Any Previous Malignancy (Cancerous) or Pre Malignancy conditions ☐ Yes ☐ No

If yes, provide details in the table below:

Sr.No.	Name of Hospital / Doctor	Contact Details of Hospital / Doctor	Date of Admission & Discharge / Consultation	Diagnosis
1.				
2.				
3.				
4.				
5.				

(NOTE - If the space provided for any of the above is inadequate,please attach annexures)

(E) DETAILS OF HABITS OF LIFE INSURED

Description	Details	Quantity Per Day	Duration
Tobacco	☐ Cigarettes ☐ Bidis ☐ Chewing Tobacco ☐ Any other _____		
Alcohol	☐ Beer ☐ Whisky ☐ Wine ☐ Any other _____		
Drugs			
Any other			

(NOTE - If the space provided for any of the above is inadequate,please attach annexures)

(F) DETAILS OF MEDICAL / SICK LEAVES TAKEN BY THE LIFE INSURED IN LAST 5 YEARS

Dates From	Dates To	Reasons for the Leave as per Application / Medical Certificate	Name & Contact No. of Treating Doctor

(G) DETAILS OF OTHER INSURANCE OF LIFE INSURED(including Health & Mediclaim Policies):

Policy No	Company Name	Sum Assured	Commencement Date	Current Policy Status

(NOTE - If the space provided for any of the above is inadequate,please attach annexures)

(H) BANK ACCOUNT DETAILS OF LIFE INSURED / CLAIMANT

Name as per Bank Records ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAN Number ☐☐☐☐☐☐☐☐☐☐

Self-attested photocopy to be attached of a) Personalized cancelled Cheque or b) Completed Bank Authorization Form, attested by the Bank; along with self-attested copy of Passbook / Bank Statement with IFSC and Bank Account number mentioned thereon

(I) DECLARATION CUM AUTHORIZATION BY THE LIFE INSURED / CLAIMANT

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 the Witness

(To be filled up by the relative of Life Assured other than the Nominee)

Signature of Claimant

Date D D M M Y Y Y Y

Witness Name 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

(J) DECLARATION BY THE WITNESS

Declaration by the person completing this claim form

Important Note: Please ensure to send all Claim Forms and documents to Claims Department, Mumbai at Reliance Nippon Life Insurance Limited, 9th Floor, R Tech Park, Nirlon Compound, Goregaon (East), Mumbai - 400063

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 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.

Witness Name FIRST LAST

Address C/o. 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

Date D D M M Y Y Y Y

Signature of Declarant

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	
E-mail ID of the CCE	
Claim form Received date at Branch	
Signature of the CCE	

(K) VERNACULAR DECLARATION

Reliance Nippon 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 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.