RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Claim Form A

Policy No.

Date D D M M Y Y Y Y

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

Name of the Claimant FIRST MIDDLE 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

Name of the Deceased Life Assured

Relationship of Claimant to Life Assured

Nature of title under which the claim for Policy Monies is submitted: Nominee / Assignee/ Trustee / others

Policy Number Client Number

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No

(If "Yes" then mandatory to fill the FATCA/CRS declaration)

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				

Date of Death of Life Assured Age at Death

Cause of Death of Life Assured

Details of Last Illness

When did he/she first complain of Illness? D D M M Y Y Y Y

Name & Address of Business/Employer of Life Assured FIRST MIDDLE 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

Name and address of the doctor/hospital who/where treated the Life Assured in his/her last illness

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

Claims/FormC/Ver 2/June2020

Bank Account Details of Claimant/Nominee (Please not that all the payment would be made only through direct transfer to the Bank account, hence cancelled cheque leaf is to be attached).

Name as per Bank Records FIRST LAST

BANK NAME BRANCH NAME

ACCOUNT NUMBER IFSC CODE

Signature of Claimant

Date DD MM YYYY

*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:

01. Original Policy Schedule ☐
02. Original Death certificate ☐
03. AML/KYC Document of Claimant ☐
04. 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 the Witness

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

Signature of Claimant

Date DD MM YYYY

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

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 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

Signature of Declarant

Date DD MM YYYY

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	

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. 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.

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