

I am enclosing herewith:

<input type="checkbox"/>	Photo copy of policy docs	<input type="checkbox"/>	Original reports including all investigation reports	<input type="checkbox"/>	Doctor/hospital certificate/s	<input type="checkbox"/>	Cancelled cheque & bank passbook/bank statement
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	F I R S T					L A S T					
Address	F I R S T					L A S T					
	B U I L D I N G					R O A D					
						N A M E / N O.					
						L A N D M A R K 1					
						L A N D M A R K 2					
	C I T Y / V I L L A G E					S T A T E					
						P i n c o d e					
STD ISD Code	L A N D L I N E					M O B I L E					
						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	F I R S T					L A S T				
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. 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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