

**Claimant Questionnaire**

To be filled by the claimant in cases where Date of Intimation is beyond 3 months from Date of Death

Policy No

Date

Name of the Claimant

Claimant Contact No

Correspondence Address/ Usual place of residence

STD ISD Code

Pin Code

EMAIL ADDRESS

Date of Intimation

Were you aware of the policy being taken by Mr/ Mrs/ Ms.

from our company prior to the unfortunate death of the Life Assured?  Yes  No

Have you ever contacted or intimated the advisor/any other Reliance Nippon Life Insurance official/branch regarding unfortunate demise of the Life Assured.  Yes  No

If yes, please share the following details

Name of the person contacted

Date contacted

Advisor/Reliance Nippon Life Insurance official/Name of Branch

Date contacted

What was the advice given by the concerned person regarding the Claim settlement process?

Were you satisfied with the services/advice provided by the Reliance Nippon Life official/advisor?  Yes  No

Were you given any document to fill in by any Reliance Nippon Life Insurance Company employee?  Yes  No

If yes, which documents?

Who provided these documents?

What was the reason for the delay in intimating the claim to us?

Signature of the Claimant

**Reliance Nippon Life Insurance Company Limited.** IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. 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](http://www.reliancenipponlife.com) or 3. Email us at: [rnlife.customerservice@relianceada.com](mailto: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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