

**Claim Form A – Critical Illness**

(All answers in Block Letters and No Dots and Dashes)

1. Name of the Life Assured: \_\_\_\_\_

2. Address of the Life Assured: \_\_\_\_\_

Phone No.: \_\_\_\_\_

3. Policy Number: \_\_\_\_\_ 4. Client Number: \_\_\_\_\_

5. Mention full particulars of all other Policies on your life, taken with our company:

	Policy Number	Date of Commencement	Sum Assured
1			
2			
3			
4			
5			

6. Date of diagnosis / illness: \_\_\_\_\_

7. Details of Diagnosis: \_\_\_\_\_

8. When did you first complain of illness? (Date/ Month) \_\_\_\_\_

9. What was the nature of complaint? \_\_\_\_\_

10. Name, address and telephone number of the Doctor who diagnosed/treated your illness initially: \_\_\_\_\_

11. Name and Address of the Hospital: \_\_\_\_\_

12. Bank Account Details of Life assured (Please note that all the payments would be made only through direct transfer to the Bank Account, hence cancelled cheque leaf is to be attached).

A/c no: \_\_\_\_\_ Name of the Bank: \_\_\_\_\_

13. Bank Branch Name &amp; Address: \_\_\_\_\_

**Life Insurance****Claim Form A Cont.....**

I am enclosing herewith:

1. The Original policy Document/s
2. Original reports including all investigation reports:
3. Doctor / hospital certificate/s:
4. Cancelled Cheque leaf & Bank Passbook/bank statement
5. Others: \_\_\_\_\_

**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.**

\_\_\_\_\_  
**Signature of witness:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Life Assured**

Date: \_\_\_\_\_

**Declaration by the person completing this claim form**

Reliance Life Insurance requires that this form is completed by the Life Assured. If this is not possible because the Life Assured 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 Life Assured and endeavoured 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 Life Assured and confirmed that they are correct.

Name of declarant: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Signature of declarant: \_\_\_\_\_

**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 Received date at Branch	
Signature of the CCE	

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