

The Claims Department,
DHFL Pramerica Life Insurance Company Limited.

Please read the instructions mentioned on the last page before filling up this form.

Document’s checklist

- 1. All past and current medical/hospital records - admission notes, test records, discharge summary etc. (where applicable)
- 2. Original Policy Bond _____

In connection with Claim under Policy No. _____ for Rs. _____
on the life of _____ I, _____ the claimant
under the Policy make the following statement:

Particulars of the Life Insured

Policy No(s): _____

Name of the Life Insured:

Title: Mr/Mrs/Ms/Dr. First name Middle name Surname

Date of Birth Gender: Male Female Marital Status: Married Single
 Widowed Divorced
DDMMYYYY

Residential Address: _____
_____ Pin Code: _____

STD Code Landline Number Mobile Number

Name of Employer: _____

PF No.(For Staff Cases): _____

Employer contact details:

Address: _____
_____ Pin Code: _____

STD Code Landline Number Mobile Number

Details of critical illness

Nature of critical illness/diagnosis: _____

First complaint of symptoms: _____

Date of first diagnosis: _____

How long has the Life Insured been under treatment? _____

Details of consultations

Consultation	Name(s) of Doctor/Hospital	Address of Doctor/Hospital	Contact No of Doctor/Hospital	Date	Disease/Condition
a) The first doctor consulted for this illness					
b) The doctor who referred the Life Insured to hospital for treatment					
c) All other doctors/hospitals consulted for this/other illness					
d) Usual medical attendant/family doctor					

Any other relevant information:

Authorisation

I/We _____ hereby authorise and give my/our consent to DHFL Pramerica Life Insurance Company Limited and/or its representatives to seek information, obtain all information, records in relation to employment, medical, hospital records, police records, other records (including photocopies) in connection with any treatment, occupation, personal details in connection with this claim.

Signature of the Life Insured

Declaration

I/We hereby declare that the statements made herein above are true and correct. I/ We further declare the written statement of all the physicians, and all papers furnished in support of this claim shall constitute proofs of critical illness. I/ We further declare and agree that the furnishing of this form or any other forms supplemental thereto or any acts of enquiry or investigation by DHFL Pramerica Life Insurance Company Limited shall not constitute or be considered as an admission of the claim by the Company.

Signature of the Life Insured

Name, Designation and Address of the Life Insured

Declaration (in case this form is filled by a person other than the Policy holder or signed in vernacular)

I hereby declare that the contents in this form have been fully explained to me and that whatever is stated herein above has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policy holder/Trustee on Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Assignee on Date:

D	D	M	M	Y	Y	Y	Y
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(In case of Absolute Assignment of policy)

I hereby declare that I have explained the contents of this form to the Policy holder in _____ language and I have correctly recorded the information provided to me and I further declare that the Policy holder has signed/affixed his/her thumb impression in my presence.

Signature of the Declarant filling the form

Name and Address of Declarant: (Please leave a space between each part of the name)

Title: Mr/Mrs/Ms/Dr. First name Middle name Surname

Address: _____

City: _____ State: _____ Pin Code:

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Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____

Instructions

- All fields are mandatory
- All payments shall be subject to the terms and conditions of the Policy
- DHFL Pramerica Life Insurance Company Limited retains the right to call for additional evidence to process the claim
- The Company reserves the right to entertain or to repudiate the claim
- All alterations/corrections made, need to be counter signed by the Life Insured
- All copies of evidence must be attested by any of the following: A Notary Public, Block Development Officer, Magistrate, Commissioner of Oaths, Class 1 Gazetted Office, Head Postmaster, Head master of a High School
- Each page of this form must be counter signed by any of the following: Advocate, Bank Manager, Block Development Officer, Commissioner of Oaths, Gazetted Officer, President of Village Panchaat, Magistrate, Head Postmaster, Head master of a High School

DHFL Pramerica Life Insurance Company Limited
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Fax: 0124 - 4697100/7200
IRDA Registration Number: 140. Insurance is the subject matter of solicitation.