



## 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:

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## 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

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**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: \_\_\_\_\_

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 (erstwhile DLF Pramerica Life Insurance Co. Ltd),  
**Registered Office and Communication Address:** 4th Floor, Building No. 9B, Cyber City, DLF City Phase III,  
Gurgaon - 122002, Haryana. CIN: U66000DL2007PLC165153

**Contact Us:** Customer Service Helpline: 1800 102 7070 (Toll Free)  
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Fax: 0124 - 4697100/7200  
IRDA Registration Number: 140. Insurance is the subject matter of solicitation.