

**Claim Form A**

(All answers to be in Block Letters – No Dots and Dashes)

1. Name of Claimant: \_\_\_\_\_
2. Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_ Phone No. with STD Code \_\_\_\_\_
3. Name of the Deceased Life Assured: \_\_\_\_\_
4. Relationship of Claimant to Life Assured: \_\_\_\_\_
5. Nature of title under which the claim for Policy Monies is submitted: Nominee/ Assignee/ Trustee/ others: \_\_\_\_\_
6. Policy Number: \_\_\_\_\_ Client Number: \_\_\_\_\_
7. Mention full particulars of all other Policies on the Life of the deceased taken with other companies which has now resulted into claim by death:

	Policy Number	Date of Commencement	Sum Assured	Name of the Company
1				
2				
3				
4				

8. Date of Death of Life Assured: \_\_\_\_\_ Age at Death \_\_\_\_\_
9. Cause of Death of Life Assured: \_\_\_\_\_
10. Details of Last Illness: \_\_\_\_\_
11. When did he/she first complain of Illness? \_\_\_\_\_
12. Name & Address of Business/Employer of Life Assured \_\_\_\_\_  
\_\_\_\_\_
13. Name and Address of the doctor who treated the Life Assured in his/her last illness: \_\_\_\_\_  
\_\_\_\_\_
14. Name and Address of the hospital where the Life Assured was treated in his/her last illness: \_\_\_\_\_

**Please enclose proof of Identity of Nominee / Claimant:** Passport copy/ Bank passbook copy / Marriage Certificate / School or college certificate / Ration Card / Election Card/ Attested recent photograph / other documentary proof to establish identity \_\_\_\_\_

**Cont...**

**Claim Form A Cont....**

I am enclosing herewith:

1. The Original policy Document/s
2. Original Death Certificate
3. Claim Form B
4. Hospital reports and Discharge summary from Hospital if any
5. \_\_\_\_\_

**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. I also hereby authorize and direct any doctor, hospital, employer, police or any other related authorities to disclose to Reliance Life Insurance Co. Ltd. any information relating to the Life Assured's health or employment or any other related matters for considering the claim.**

Signature of witness:  
(To be filled up by the relative of Life Assured other than the nominee)

Signature of Claimant

Name:

Name of Claimant in BLOCK LETTERS:

Address:

Relationship to Life Assured:

Date:-.....

Phone Number:

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

Reliance 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 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 claimant and confirmed that they are correct.

Name of declarant.....

Occupation .....

Address & Phone Number:

Signature of Declarant: (in English)

**For Internal use: To be filled by the Branch**

Name of the Person to whom form was issued	
Relationship with the Life Assured	
Claim Form Issue Date	
Name and signature of issuing officer	
Claim Form Received date at Branch.	