IndusInd Nippon Life

Claim Form A - Total Permanent Disability

Policy No.

Date D D M M Y Y Y Y

(All answers in BLOCK LETTERS and No Dots & Dashes)

Name of the Life Assured FIRST MIDDLE LAST

Correspondence Address/ Usual place of residence FLAT NO. BUILDING

ROAD NAME/NO. LANDMARK 1

DISTRICT/TAUKA LANDMARK 2

CITY/VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Date of Birth D D M M Y Y Y Y Date of disability D D M M Y Y Y Y

Phone number

Please describe when, how and where the Accident occurred

Nature of illness Date when the symptoms first developed D D M M Y Y Y Y

Date last worked D D M M Y Y Y Y

Are you still totally disabled? Yes No

Type of employment in which you are engaged

Have you been able to perform any work since the onset of disability? Yes No

Please provide name(s), address(es) of all medical practitioners who have treated you during your current disability and the date(s) of all such treatment(s)

Name FIRST MIDDLE LAST

Address FLAT NO. BUILDING

ROAD NAME/NO. LANDMARK 1

DISTRICT/TAUKA LANDMARK 2

CITY/VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Date of treatment D D M M Y Y Y Y

Please provide name(s), and address(es) of all hospital(s) in which you were treated during your current disability and the date(s) of all such treatment (s)

Name(s) of hospital(s)

Address(es) ROAD NAME/NO. LANDMARK 1

DISTRICT/TAUKA LANDMARK 2

CITY/VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Date of treatment D D M M Y Y Y Y

If you have any other insurance which provides disability benefits, please give name of company(ies) and policy number(s)

Earnings as of date of disability

Treatment dates

Date of first visit for current condition D D M M Y Y Y Y Date of most recent visit D D M M Y Y Y Y

Frequency of visits Weekly Monthly Other

Nature of treatment

Medications (including prescribed dosages)

Surgeries (completed or anticipated)

Other

Current Status: Neurological

Physical Status:

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Bank Account Details of Life Assured / Claimant
(Please note that all the payments would be made only through direct transfer to the Bank Account, hence cancelled cheque is to be attached)

Name as per Bank Records FIRST MIDDLE LAST

BANK NAME BRANCH NAME

ACCOUNT NO. IFSC CODE

I am enclosing herewith

☐ The Original Policy Document/s ☐ Doctor/Hospital Certificate/s ☐ Cancelled cheque & bank passbook/bank statement ☐ Disability Certificate

☐ FIR Copy/Police Records ☐ 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 the Life Assured

Signature of the Witness

Date DD MM YYYY

Name of the Witness FIRST MIDDLE LAST

Address FLAT NO. BUILDING

ROAD NAME / NO. LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Declaration by the person completing this claim form

IndusInd Nippon Life Insurance Company Ltd 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 the Declarant FIRST MIDDLE LAST

Occupation

Address FLAT NO. BUILDING

ROAD NAME / NO. LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Signature of the Declarant

Name of the Claimant | FIRST | MIDDLE | LAST |

Correspondence Address/ Usual place of residence | FIRST | LAST | FLAT NO. |

BUILDING | ROAD NAME / NO. |

LANDMARK | 1 |

DISTRICT/TALUKA | LANDMARK | 2 |

CITY/VILLAGE | STATE | Pin code |

Bank Account Details

Claimant Name as per bank records | FIRST | MIDDLE | LAST |

BANK NAME | BRANCH NAME |

ACCOUNT NO. | IFSC CODE | MICR CODE |

Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Signature of the Claimant

Date DD MM YYYY

For Internal Use: To be filled by the Branch CCE	
Claimant Name/Relationship	
Claimant Contact No.	
Name of the Branch CCE	
SAP Code of the CCE	
Contact No. of the CCE	
Email ID of the CCE	
Date of receiving the Claim Form at the branch	
Signature of the CCE	

IndusInd Nippon Life Insurance Company Limited (Formerly 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 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

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CIN: U66010MH2001PLC167089

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