

I am enclosing herewith

Original Policy Schedule Original Death Certificate AML/KYC Document of Claimant

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 provide to IndusInd Nippon Life Insurance any information relating to the Proposer's health or employment or any other related matters for considering the claim.

Signature of the Witness

(To be filled up by the relative of Life Assured other than the Nominee)

Date D D M M Y Y Y Y

Name of the Witness		F I R S T								M I D D L E								L A S T	
Address		F I R S T								L A S T				F L A T				N O.	
		B U I L D I N G								R O A D N A M E / N O.									
										L A N D M A R K 1									
		D I S T R I C T / T A L U K A								L A N D M A R K 2									
		C I T Y / V I L L A G E								S T A T E								Pin Code	
STD ISD Code		L A N D L I N E								M O B I L E								EMAIL ADDRESS	

Signature of the Claimant

Declaration by the person completing this claim form

Reliance Nippon Life Insurance requires that this form be completed by the Claimant. If this is not possible because the claimant cannot read, write or speak in English, then this form may be completed by another person on behalf of the Claimant, who must also complete the following declaration.

I have explained the contents of this form to the Claimant and endeavoured to ensure that they have been fully understood. I have correctly 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 the Declarant	F I R S T										M I D D L E			L A S T		
Address														F L A T		
	B U I L D I N G										R O A D N A M E / N O.					
											L A N D M A R K 1					
	D I S T R I C T / T A L U K A										L A N D M A R K 2					
	C I T Y / V I L L A G E										S T A T E			Pin Code		
STD ISD Code	L A N D L I N E										M O B I L E			EMAIL ADDRESS		

Signature of the Declarant (in English)

Date D D M M Y Y Y

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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