

I am enclosing herewith:

<input type="checkbox"/> Policy document	<input type="checkbox"/> Original reports including all investigation reports	<input type="checkbox"/> Doctor/hospital certificate/s	<input type="checkbox"/> Cancelled cheque & bank passbook/bank statement
<input type="checkbox"/> Other			

I hereby declare that the statements in this claim form by me are true and correct to the best of my knowledge and belief.

Signature of the Witness

Signature of the Life Assured

Date

D	D	M	M	Y	Y	Y	Y
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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
	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	
STD ISD Code	L A N D L I N E	M O B I L E	Pin Code
			E M A I L A D D R E S S

Declaration by the person completing this claim form

IndusInd Nippon 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 endeavored to ensure that they 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	F I R S T	M I D D L E	L A S T
Address of Declarant			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	
STD ISD Code	L A N D L I N E	M O B I L E	Pin Code
			E M A I L A D D R E S S

Signature of Declarant

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	
E-mail ID of the CCE	
Claim form received date at 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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