

6) Did the Life Assured suffer from any ongoing or recurrent health problems? : Yes No
 If yes, please furnish the details below. _____

I) Nature of illness/ ailment/ disorder : _____

II) Duration of illness/ ailment/ disorder : _____

III) Name of the doctor/ hospital where the Life Assured was treated for the same : _____

7) Name & Addresses of the Doctor/ Hospital(s) who treated him / her during the last three years & the ailments treated by them:

Name of the Doctor/ Hospital	Address	Contact No.	Date of Consultation / Admission	Disease/ Condition

8) Particulars of other Life Insurance/ Mediclaim policies held by the Life Assured

Policy Details	Policy 1	Policy 2	Policy 3	Policy 4
Policy Number				
Name of the Company				
Commencement Date				
Sum Assured				
Riders				
Year of Claim				
Cause of Claim				
Amount Claimed				

9) Any other information, which you consider would be vital in the claim review process under this policy? _____

III. Declaration And Authorization

I/We, the above-named claimant(s), do declare that the foregoing answers and statements are true in all respects, and further agree that the furnishing of this form, or any other form supplemental thereto, to the Aegon Religare Life Insurance Company Ltd (the "Company") and acceptance of the same by the Company shall not constitute an admission by the Company that there was any insurance in force on the life in question or a waiver of any rights or defence. Notwithstanding, any law, custom or usage, prohibiting the furnishing of secret information obtained during the medical treatment / investigation of Life Insured, I/We hereby authorize any doctor or other person, or any hospital, sanatorium, medical professional, hospital or other medical care institution, insurance support organization, pharmacy, governmental agency, insurance company, employer, benefit plan administrator accountant, or financial adviser or other entity to provide to AEGON RELIGARE LIFE INSURANCE COMPANY LTD., any of its offices, or Court of Law, or any investigative agency of the said Company acting on its behalf, information concerning employment, finances or insurance, advice, care or treatment provided to deceased, or any information that may be required concerning the health of the deceased (Life Insured) including information relating to mental illness, use of drugs, use of alcohol, HIV(AIDS Virus) and /or sexually transmitted diseases. A Photostat copy of this authorization shall be considered as effective and valid as the original.

Signature of Claimant (No.1) _____ (No.2) _____
 Signed at _____ (Place) Date _____

Signature of Witness - Mandatory

Name : _____
 Address : _____
 _____ Phone _____ Signature: _____

The form must be **witnessed** by any one of the following: (1) An Agent (2) Sales Manager / Branch Manager of the company (3) Block Development officer, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) An officer of the Company not below the rank of Manager, (6) A Gazetted Officer, (7) A Head Master / Principal of a Govt. School, (8) A Magistrate

Declaration in case of an illiterate Claimant where authentication of his/her left thumb impression should be made by a person of standing unconnected with the Company and whose identity can be easily established.

"I hereby certify that the contents of above form have been explained by me to the Claimant in the language understood by the Claimant and that he/she has affixed his/her thumb impression to this form in my presence after fully understanding the contents thereof."

Name: : _____
 Address : _____

 (Full Signature of the Witness)

Document Checklist

- 1. Claimants Statement
- 2. Medical Attendant Certificate
- 3. Proof of Age (if not submitted earlier)
- 4. Post Mortem report - Duly Certified (Accidental death)
- 5. Police report for accident claims
- 6. Consent letter duly signed
- 7. Original Policy document
- 8. Hospital Certificate confirming disability

✓ **All payments shall be made according to terms and conditions of the policy. The company retains the right to call for further evidence needed to process the claim and to entertain or repudiate the claim.**

✓ **Acceptance of forms does not amount to admission to claim**