

WITHOUT PREJUDICE

CRITICAL ILLNESS CLAIM FORM

Affix Life Assured's
Photograph and Sign Across

Policy Number(s):	
Name of the Life Assured:	
Address of the Life Assured:	
	Tel. No
Bank Account No.:	Bank Name:
Address of Bank:	
In case the claim is admitted, I agree for direct deposit of claim amount into my Bank Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Tick the option you want to choose)	

IMPORTANT: The person filling the form must be the Life Assured/ Life Assured of the policy(s). If the space in the box is inadequate, kindly attach Annexure

PART 1 – INFORMATION REGARDING THE ILLNESS

Date on which Life Assured consulted the doctor for first time for the illness:	D	D	M	M	Y	Y	Y	Y
Name of the tests performed :								
Illness Diagnosed :								
Date of Diagnosis :	D	D	M	M	Y	Y	Y	Y
Usual Medical Attendant's Name and Address:								
Usual Medical Attendant's Telephone Number:								

PART 2 – EMPLOYMENT DETAILS

Employer's Name and Address:	
Designation at work place:	
Employer's Telephone Number:	
Date left employment, if any:	D D M M Y Y Y Y

PART 3 – DETAILS OF SPECIALIST/DOCTOR/HOSPITAL TREATING THE LIFE ASSURED

Please specify details of the specialist consulted (Cardiologist/Oncologist/Nephrologists/Neurologist/any other specialist, please specify):	
Name:	
Address:	
	Telephone Number:
Name and address of the Hospital he/she is attached:	
	Telephone Number of the Hospital:

Please specify details of the operating surgeon, if any surgery has been performed:

Name:

Address:

Telephone Number:

Name and address of the Hospital he/she is attached:

Telephone Number of the Hospital:

I.P. No. : Date of Admission: Date of Discharge :

PART 4 – INFORMATION ON OTHER INSURANCE POLICIES

A. Policy Number/s:

Sum Assured: ₹

Insurance Company Name:

B. Policy Number/s:

Sum Assured: ₹

Insurance Company Name:

PART 5 – DOCUMENTS

Please provide the following documents in original/Xerox Copies attested by the hospital

- Original Certificate of Insurance
- All consultation notes in connection with the diagnosis of the illness
- Admission notes and discharge summary from the treating hospital /s
- All test reports such as blood test, X – Ray, ECG, CT scan and surgery notes
- Certificate by treating doctor / hospital

Note: The Company reserves the right to call for additional documents

PART 6 – DECLARATION

Note – In the event the Life Assured with Illness is unable to complete this form, ignore Part 6. Part 7 should be completed.

I, _____, do hereby declare that this statement made here in above is true in each and every respect.

I authorize the Hospital/s and Doctor/s, who have examined or treated me for any ailment or illness and my Employer or its officers or any other person to provide information regarding the Illness which they may have acquired before or after the policy was issued by SBI Life Insurance Co. Ltd., to the Company and its officers.

I agree to provide and furnish details and reports as and when required by SBI Life Insurance Co. Ltd. for processing this critical illness claim.

<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>(Signature / Thumb Impression of Life Assured)</p>	<p>Signature of the witness: <div style="border: 1px solid black; height: 50px; width: 100%;"></div></p> <p>Name of the witness: _____</p> <p>Relationship with the Life Assured: _____</p>
<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Place : _____</p> <p>Telephone No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Place : _____</p> <p>Telephone No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

This declaration must be witnessed by an Advocate, Bank Manager, Block Development Officer, Commissioner of Oaths/Notary, Doctor, Gazette Officer, Head Master of a High School, Head Post Master or Departmental Sub-Post Master, Magistrate or President of a Village or Local Body or SBI Life officers above Asst. Manager designation.

If the declarant signs in vernacular or affixes a thumb impression, the witness should also sign the following.

I certify that the contents of this form were explained to the Life Assured in _____ (language) and he/she has affixed his/her thumb impression after fully understanding the same.

Date:

Signature of Witness

PART 7 – DECLARATION

Note – This should only be completed if the Life Assured with illness is unable to complete this form.

I, _____, do hereby declare that this statement made here in above is true in each and every respect.

On behalf of _____ (the Life Assured), I authorise the Hospital and Doctor/s who have examined or treated _____ (the Life Assured) for any ailment or illness and his/her Employer and its officers or any other person to provide information regarding the Illness which they may have acquired before or after the policy was issued by SBI Life Insurance Co. Ltd., to the Company and its officers.

On behalf of _____ (the Life Assured), I agree to provide and furnish details and reports as and when required by SBI Life Insurance Co. Ltd. for processing this critical illness claim.

Aadhaar Consent:

I, **< Name of the Customer >**, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>(Signature / Thumb Impression of Life Assured)</p>	<p>Signature of the witness: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
	<p>Name of the witness: _____</p>
	<p>Relationship with the Life Assured: _____</p>
<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>Place : _____</p>	<p>Place : _____</p>
<p>Telephone No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Telephone No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

This declaration must be witnessed by an Advocate, Bank Manager, Block Development Officer, Commissioner of Oaths/Notary, Doctor, Gazette Officer, Head Master of a High School, Head Post Master or Departmental Sub-Post Master, Magistrate or President of a Village or Local Body

If the declarant signs in vernacular or affixes a thumb impression, the witness should also sign the following.

I certify that the contents of this form were explained to the Life Assured in _____ (language) and he/she has affixed his/her thumb impression after fully understanding the same.

Date:

Signature of Witness

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PART 8 - AUTHORISATION

(To be signed by the Life Assured)

To,

I, Mr/Ms. _____ (name of the Life Assured) hereby give my consent to SBI Life Insurance Co.Ltd., and/or its representative to obtain (including photocopies) all the employment/medical/hospital records/other records/information pertaining to my treatment.

Yours faithfully,

Name of the Life Assured : _____

Policy No. : _____

Date :

D	D	M	M	Y	Y	Y	Y
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Signature of the Life Assured

PART 9 – NOTE OF AUTHORITY

I _____ (Life Assured Name) hereby request/authorize M/S SBI Life Insurance Company Limited to credit the claim proceeds to my SB A/c No. _____ of _____ Bank at _____ Branch _____ (Branch Code).

Affix
Revenue
stamp and
sign across

Name of the Life Assured : _____

Signature of the Life Assured

Counter Signed:

Name: _____ Designation : _____

SS. No.: _____ Contact No. : _____

Address : _____

(To be counter signed by the Bank officer where the Life Assured holds his/her account)

Note:

- This note of authority is purely optional
- This form is sent only for the convenience of the Life Assured
- This note of authority will be considered by SBI Life Insurance Company Limited if and only if the claim has been admitted by SBI Life Insurance Company Limited.
- A mere receipt of this blank form shall not give any right to the Life Assured to deem that the claim has been/will be admitted by the SBI Life Insurance Company Limited.