

WITHOUT PREJUDICE

## CLAIMANTS STATEMENT – SBI Life - SAMPOORN CANCER SURAKSHA

Affix Life Assured's  
Photograph and Sign Across

Policy Number(s):	Date Of Birth
Name of the Life Assured:	
Address of the Life Assured:	
	Tel. No
Email ID.:	
Bank Account No.:	IFSC Code
Bank Name:	
Address of Bank:	
Bank Details enclosed (any one of the below)	
<input type="checkbox"/> Cancelled cheque with your printed name and account details <input type="checkbox"/> Attested Bank passbook copy <input type="checkbox"/> Attested copy of Bank Statement	
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)	
PAYOUT OPTION – FOR SBI Life -SAMPOORN CANCER SURAKSHA	
Please tick (✓) the payout option you want to avail (Applicable for Major stage cancer claim)	
<input type="checkbox"/> Full Lumpsum <input type="checkbox"/> Monthly Payout & Balance Lumpsum (where balance is payable)	
Please note: Once the above option has been exercised it cannot be changed Refer Last page for claim payout details	

IMPORTANT: This form is to be filled by the claimant in block letters. If the space in the box is inadequate, kindly attach Annexure.

### PART 1 – INFORMATION REGARDING THE ILLNESS

Final Diagnosis :		Stage of cancer: <input type="checkbox"/> CIS <input type="checkbox"/> Early <input type="checkbox"/> Major <input type="checkbox"/> Advanced
Date of Diagnosis :		
Date of first consultation with doctor :		
Nature and Duration of symptoms at the time of consultation:		
Date of Histopathology Report:		
Treatment Details:		
Type	First Cycle Date (MM/DD/YYYY)	Last Cycle Date (MM/DD/YYYY)
Chemotherapy		
Radiotherapy		
Others (if any)		
Date of Surgery		
Usual Medial Attendant's Name and Address:		
Usual Medial Attendant's Telephone No:		

## PART 2 – EMPLOYMENT DETAILS

Employer's / Company Name and Address:

Employer's Telephone Number:

Details of Medical / Sick Leave availed in last 5 years:

Date From (DD/MM/YYYY)	Date To (DD/MM/YYYY)	Reason	Employer Insurance Availed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Please specify details of the specialist (Oncologist) consulted

Name:

Address:

Telephone Number:

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

Telephone Number of the Hospitals:

Please tell us details of the doctors who treated Life Insured during this illness along with details of hospitals where treatment was taken.

Name of Hospital	Name of Doctor	Contact details	Date of first consultation	Treatment taken

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

Please tell us about your previous Cancer Claims (if any)

Insurance Company Name	Policy Number/s	Policy Amount ₹	Policy Issuance date	Claim Status
				<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Rejected
				<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Rejected
				<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Rejected

## PART 5 – DOCUMENTS

- 1) On diagnosis of cancer, Life assured or nominee need to submit the following documents along with this claim form to process the claim.
- Copy of policy document
  - Claimant's statement and claim forms in prescribed formats
  - Treating doctor's certificate
  - Proof of the diagnosis of cancer to our satisfaction which will include following documents:
    - Consultation notes
    - Medical records
    - Discharge summary
    - OPD records
    - Radiation Therapy records
    - In patient treatment records
    - Histopathology Report
    - Tumor marker Report
    - Chemotherapy Report
  - Proof of treatment undergone (cancer surgery or radiotherapy or chemotherapy or any medically acceptable and medically necessary treatment) for previous cancer (s) for sum assured reset benefit
  - Any other document as the company may require depending on the type / cause of claim
  - Proof of occurrence of Cancer
  - Proof of occurrence of the insured event covered by this policy must be supported by:
    - Certificate from and Appropriate Specialist Medical Practitioners registered in India (or other country approved by SBI Life), not being the policy owner, Life Insured or the respective partner or spouse or relatives
    - Confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence
    - Any such documents which we may require
  - Attested copy of your Identity proof (any one of the below – specifying your complete date of birth in DDMMYYYY format)
 

<input type="checkbox"/> PANCard	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Aadhar Card
<input type="checkbox"/> Valid Driving Licence	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Other (please specify)

## 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: 100px; margin-bottom: 10px;"></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 : <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span></p> <p>Place : _____</p> <p>Telephone No. : <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span></p>	<p>Date : <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span></p> <p>Place : _____</p> <p>Telephone No. : <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span></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>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*

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

WITHOUT PREJUDICE  
**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.

## PART 10 – PAYOUT DETAILS

**Note:** You have the option to avail a second opinion on your diagnosis from medical experts. Services are provided by Mediguide India

Stage	Benefit
On diagnosis of Minor Stage (CIS)	Lump sum benefit of 30% of the Sum Assured Only one CIS claim is allowed
On diagnosis of Minor Stage (Early Stage Cancer)	Lump sum benefit of 30% of the Sum Assured Only one Early Stage Cancer claim is allowed
On diagnosis of Major Stage	<p>Sum Assured – Claims already paid = Benefit Payout Choice of availing the Benefit Payout in the following 2 ways-</p> <ol style="list-style-type: none"> <li>1. Entire payout in lump sum amount or</li> <li>2. 40 % of the Sum Assured (chosen at inception) on monthly basis for a period of 3 years and the balance, if any, as lump sum payout.</li> </ol> <p>* This works out to 1.2% of SA on monthly basis This payout will continue even after Life Assured's death or on termination of policy.</p>
On diagnosis of Advanced Stage cancer (This benefit is available under Classic & Enhanced Option)	(150% of Sum Assured) – (Previous Claims + Benefit Payout of Major Stage) = Lump Sum Benefit Payout

Under Enhanced Option, Sum assured reset benefit would be applicable: We will restore the sum assured after a period of 3 years from the date of last diagnosis of a valid Minor or Major cancer claim and subject to no further diagnosis of Minor, Major or Advanced cancer during this period of 3 years provided the life assured had undergone cancer surgery or radiotherapy or chemotherapy or any medically necessary treatment for previous cancer(s).