

LIFE INSURANCE CORPORATION OF INDIA

Claim Form: AD(C)-1

Divisional Office:

Branch Office:

Re:Cancer Claim under Asha Deep Policy No. _____
favouring _____

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(Note: This form should be completed by the Life Assured)

1) Full Name:

Address:

2) i) When Cancer was diagnosed? Date: / /

ii) a) The organ from where the cancer arose : :

b) Organ(s) to which cancer has spread : :

3) Whether you had suffered from tumor/cancer
in the past?

Yes / No

If Yes, give details

(a) Date of diagnosis : / /

I

(b) Details of tumor/cancer :

(c) Treatment taken :

4) Give below the dates on which you **FIRST** consulted
the following doctor(s) for cancer:

Name & Address Date(s)

(i) Medical Attendant

(ii) Oncologist/Medical Specialist

5) State the name & address of the Hospital Name:

or Medical Centre where you were undergoing

treatment for cancer Address:

Tel. No.

Date of first admission : : / /

Details of treatment :

Please submit in original:

i) Hospital Discharge Card

ii) Biopsy Reports (Histopathology Reports)

iii) Blood Reports, X-Ray Plates & report/s and any other investigation report/s done

6) Do you have any other Asha Deep policy? If so, give details:

Policy Date of Sum Servicing LIC

No. Commencement Assured Branch Office

I, . do hereby declare that the statements made herein above are true and complete in each and every respect. Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining a person on the ground of secrecy, I hereby authorize the Physician or Hospital who has attended upon or examined or treated me for any ailment or illness to divulge any knowledge or information regarding my state of health which he/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisers or in any court of law.

Name & Signature of witness

Signature/thumb impression of the Life Assured

Designation :

Address :

If the claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration:

Certified that the contents of this form were explained to the declarant in vernacular and he/she has affixed his/her signature/thumb impression hereto after fully understanding the same.

Signature of witness.