

**LETTER TO THE LIFE ASSURED FOR REQUIREMENTS FOR SETTLING THE
BENEFITS OF
CRITICAL ILLNESS RIDER**

Dear Sir/Madam,

**Re : Requirements needed for processing the claim under Critical Illness Benefits of
Pol.No._____**

This has reference to your letter dated _____ informing us of the Critical Illness suffered by you. In order to enable us to process the claim, we request you to forward the following Claim Forms alongwith Original Discharge Summary furnished by the Hospital if discharge obtained in support of your claim. Besides these evidences, kindly send us the Policy Document with completed Claim Forms.

- 1) Claimant s Statement (Claim Form No.CIRB 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Kindly arrange to send us the requirements at the earliest. Assuring you of our best services,

Thanking you,

Yours faithfully,

p.Sr./BRANCH MANAGER