



CRITICAL ILLNESS (CI) / ACCIDENTAL DISMEMBERMENT (AD) / PERMANENT TOTAL DISABILITY (PTD) / DREADED DISEASE (DD) CLAIM FORM (CIPTD &DDCF)

CLAIMS DOCUMENT CHECKLIST (CDCL)

Life Assured Name:

Policy No.:

- Please submit this form along with the requirements mentioned below at the nearest branch or address mentioned overleaf for faster processing of claim.
- Please note that all documents needs to be self attested.

Hospital Admission due to illness/surgery		
S.No.	CI/AD/PTD/DD Claim Requirements	Yes/No
1.	Claim Form duly filled, signed by claimant and duly attested by an authorized person as mentioned in claim form	
2.	Authorization Form duly filled, signed by claimant	
3.	Original Policy Bond for CI/PTD, Photocopy of policy schedule for Accidental Dismemberment/ Dreaded Disease	
4.	Daily records of treatment during hospitalization	
5.	Discharge summary from the hospital stating the proper diagnosis and date & time of admission and discharge	
6.	All laboratory and pathology tests conducted such as blood reports	
7.	All investigative tests such as X-Ray, scans, MRI etc.	
8.	Relevant questionnaire duly filled (as per the format)	
9.	Declaration by the attending physician on the insured's current state of health	
10.	In case of surgery: surgical notes	
11.	Final hospital bill including details of room charges (ICU/Normal) and OT charges as well	
12.	Copy of signed cancelled cheque (Mandatory) with NEFT Mandate Form	
13.	Government approved identification proof	
14.	Copy of Claimant's current address proof	
In addition to the above documents if Hospital Admission is due to accident following additional documents need to be submitted.		
1.	Copy of First Information Report (FIR)	
2.	Police Final Report	
3.	Newspaper cutting	



Aviva Life Insurance Company India Ltd.
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1. Policy No.

Section I Details of the Life Insured

2. Name of Life Insured:

First Name Middle Name Surname

3. Current Residential Address : **(Current Address should match with Address proof provided)**

Pin Code:

Mobile no.:

Phone No. with STD Code:

E-mail ID:

4. Bank Account Details: **Please find enclosed NEFT Mandate Form Mandatory (Please attach a copy of cancelled cheque and passbook copy along with this form)**

5. Date of Birth:

6. Employment Details: Name of the Employer's /Business Name

Address :

Mobile or Phone no. : Exact nature of Job/ Business:

Section II Claim Details

Nature of Illness



Date of first consultation in connection with the illness :

Have you previously suffered from or received treatment for the same illness? Yes/No

(If yes, Please provide the following details)

Name of the Doctor/ Hospital or Clinic consulted during illness	Address, Contact No of Doctor/Hospital	Date of Consultation	Nature of Illness

Part A : To be Completed in case of Critical Illness/ Dreaded Disease Claim (Please submit supporting documents)

Hospitalisation Date	Name of Hospital/ Institution	Date of Diagnosis of CI/ DD *Please provide supporting documents	Name of Attending Physician	Treatment Undergone	Nature of Hospitalisation (ICU/ Normal)	Date of Discharge	Post Discharge Treatment/ Medication/ Therapy

Part B : To be completed in case of Accidental Dismemberment/ Permanent Total Disability Claim (Please submit supporting documents)

Date of Accident/ Hospitalisation	Name of Hospital/ Institution	Name of Attending Physician	Nature of Disability	Cause of Disability	Date of Discharge	Post Discharge Treatment/ Medication/ Therapy



Section III: Details of Other Life Insurance Policies on the life of the Life Insured

Policy No.	Sum Assured	Name of Insurance Company	Date of Commencement	Claim Status	Rider Coverage (If any)

Declaration :

I hereby declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete. I hereby consent to Aviva Life Insurance seeking medical information from the doctor who has attended me concerning anything which affects my physical and mental health or any other evidence they may require in connection with my claim.

*Countersigned By: _____

Signature of the Claimant: _____

Date _____

Date _____

Designation _____

Address

Address

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

Signature _____

Name of the Witness: _____

Designation: _____

Address:

* This statement must be countersigned by any of the following: (1) an Advocate (2) A Bank Manager (3) A Medical Practitioner (4) A Gazette Officer (5) A Head Master/ Principal of a local Govt. High School (6) A magistrate (7) President Of A Village Panchayat or Local Board (8) Sales Manager of Aviva Life Insurance Company India Limited



AUTHORISATION

(To be filled & signed by the Claimant)

Life Insurance Policy No.(s) _____

I, Mr. / Mrs / Ms. _____ (*name of the Claimant*), hereby give my consent to M/s Aviva Life Insurance Company India Limited, and / or its representative to obtain all employment / medical / hospital records / police records / other records (including photocopies) / information pertaining to my treatment / occupation which I might have acquired whether before or after the policy was issued by the Company as well as details from other Life Insurance Companies regarding any existing policies which I may have sourced before or after the initiation of this contract.

Date:

Yours faithfully

Place:

(Signature of Claimant)

Contact details of the claimant:

Address:

Pin: _____

Landline: STD Code _____ No. _____

Mobile No.: _____

Email id:.....



NEFT Mandate Form: Direct Transfer of Claim amount to your

Mandatory: Copy of cancelled cheque bearing the below mentioned account number along with this form .

To,
AVIVA life Insurance Company India Limited,

Sub: E-Payments vide NEFT

I/We request and authorize you to effect E-payment vide NEFT mode to my/our Bank account as per the details given below:

Full name of the Claimant:

First Name	Middle Name	Surname

Full name of the Bank Account Holder as appearing in the Account:

First Name	Middle Name	Surname

Bank Account No.:

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Bank Name: _____

Bank Address (Including State, City, Pin Code): _____

Bank Branch contact persons' names and Tele nos with STD Code: _____

Account Type: Saving Account Current Account

Bank Branch IFSC Code No. (Mandatory for NEFT): _____

Bank Branch MICR Code: _____

I/We confirm that information provided above is correct and any consequences due to any mistake in above will be borne by me.

Thanking You,

Name & Signature of the Claimant: _____

Bank Verification:

We confirm that we are enabled for receiving for NEFT credits and we further confirm that the account number of the.....
and the signature of the authorised signatory and the IFSC and MICR codes of our branch mentioned above are correct.

Bank verification Stamp with branch address and Signature of the Banker _____

Name of the Signing authority _____



ACKNOWLEDGEMENT SLIP

Policy No.:

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Name of Claimant:

Service Request ID:.....

Documents Submitted: Please Tick

- Attested** CI/AD/PTD/DD Claim Form and Authorization Form Signed by the Claimant
- Original Policy Bond for CI/PTD, Photocopy of policy schedule for Accidental Dismemberment/ Dreaded Disease
- Daily records of treatment during hospitalization
- Discharge summary from the hospital stating the proper diagnosis and date & time of admission and discharge
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- Copy of Claimant's current address proof
- Copy of First Information Report (FIR)
- Police Final Report
- Newspaper Cutting

Processed by (Name & Signature):

BRANCH STAMP WITH DATE OF RECEIPT:

Claim Contact Points

Mailing Address: Aviva Life Insurance Company India Ltd. 3 rd Floor. Aviva Towers, Sector-43, Opposite DLF Golf Course, Gurgaon-122003 ..	For any urgent queries contact: Customer service Helpline Number 1800-180-22-66 (Toll Free) 0124-2709046	For any queries please write to: claims@avivaindia.com
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